

SERFF Tracking Number: INMX-125410146 State: Arkansas  
Filing Company: InsureMax Insurance Company State Tracking Number: #8135 \$250  
Company Tracking Number: 10AR0108 ID CARD  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: AR Forms- ID Card  
Project Name/Number: /

## Filing at a Glance

Company: InsureMax Insurance Company

Product Name: AR Forms- ID Card

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Filing Type: Form

SERFF Tr Num: INMX-125410146

SERFF Status: Closed

Co Tr Num: 10AR0108 ID CARD

Co Status:

Author: Jennifer Capozziello

Date Submitted: 01/02/2008

State: Arkansas

State Tr Num: #8135 \$250

State Status: Fees verified and received

Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding

Disposition Date: 04/17/2008

Disposition Status: Approved

Effective Date (New): 04/17/2008

Effective Date (Renewal):

Effective Date Requested (New): 01/02/2008

Effective Date Requested (Renewal): 01/02/2008

State Filing Description:

They sent a check for two filings in the amount of \$100 and Serff numbers are INMX-125410146 and INMX-125406107.

## General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 04/17/2008

State Status Changed: 04/17/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We are filing a revision to our Arkansas Private Passenger Automobile Program. This revision contains our ID card.

We cordially request an effective date of January 2, 2008 for new business and renewal business.

Please contact me directly at (877) 858-4100 ext. 277 with any questions regarding this filing.

Sincerely,

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Jennifer Capozziello  
Product Analyst

## Company and Contact

### Filing Contact Information

Jennifer Capozziello, Product Analyst  
4976 SR 261  
Newburgh, IN 47630

jcapozziello@insuremax.net  
(812) 858-4100 [Phone]  
(812) 858-4124[FAX]

### Filing Company Information

InsureMax Insurance Company  
4976 SR 261  
PO Box 607  
Newburgh, IN 47630  
(812) 858-4100 ext. 277[Phone]

CoCode: 10922  
Group Code:

State of Domicile: Indiana  
Company Type:

Group Name:  
FEIN Number: 35-2042563  
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State ID Number:

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	04/17/2008	04/17/2008

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## Disposition

Disposition Date: 04/17/2008

Effective Date (New): 04/17/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Arkansas ID Card	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Arkansas ID Card		0108	Other	Replaced	Replaced Form #:0.00 12/06 Previous Filing #: 01AR0207		ID Card (AR).pdf

STATE OF ARKANSAS  
INSURANCE IDENTIFICATION CARD



NAIC Code: 10922

InsureMax Insurance Company  
PO Box 607  
Newburgh, IN 47629-0607  
Toll-free: 1-877-858-4100

**Agent Information:**  
INSURANCE AGENCY, INC.  
501-345-9876

**Named Insured**  
JOE CUSTOMER  
123 N FIRST STREET  
LITTLE ROCK, AR 72205

**Policy Period: 2/11/07 to 8/11/07**  
**Policy Number: AR-NS123456**

**EXCLUDED DRIVER(S)**

**Vehicle Year/Make/Model**  
1998 DODGE RAM

**VIN**  
1B7GD14H2ES280007

**THIS CARD MUST BE CARRIED IN THE INSURED MOTOR  
VEHICLE FOR PRODUCTION UPON DEMAND**

**The following drivers are listed on this policy:**

Driver Name

JOE CUSTOMER  
JANE CUSTOMER  
JAKE CUSTOMER

**Examine policy exclusions carefully. This form does  
not constitute any part of your Insurance Policy.**

STATE OF ARKANSAS  
INSURANCE IDENTIFICATION CARD



NAIC Code: 10922

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## **Rate Information**

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**

Approved

04/17/2008

**Comments:**

**Attachment:**

Transmittal Document 0108 ID Card.pdf

## Property & Casualty Transmittal Document (Revised 1/1/06)

**1. Reserved for Insurance Dept. Use Only**

<b>2. Insurance Department Use only</b>	
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #

<b>5. Company Tracking Number</b>	
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____
14. Effective Date(s) Requested	New:    _____    Renewal:    _____

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)	
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	
<b>18.</b>	<b>Company's Date of Filing</b>	
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved
<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	

<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #:</b> <b>Amount:</b></p>          <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	
<p><b>***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)</b></p>	

## FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			[ ] New [ ] Replacement [ ] Withdrawn		
02			[ ] New [ ] Replacement [ ] Withdrawn		
03			[ ] New [ ] Replacement [ ] Withdrawn		
04			[ ] New [ ] Replacement [ ] Withdrawn		
05			[ ] New [ ] Replacement [ ] Withdrawn		
06			[ ] New [ ] Replacement [ ] Withdrawn		
07			[ ] New [ ] Replacement [ ] Withdrawn		
08			[ ] New [ ] Replacement [ ] Withdrawn		
09			[ ] New [ ] Replacement [ ] Withdrawn		
10			[ ] New [ ] Replacement [ ] Withdrawn		





<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>			
		<b>COMPANY USE</b>	<b>STATE USE</b>
<b>5a.</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5b.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5c.</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		
<b>6.</b>	<b>Overall percentage of last rate revision</b>		
<b>7.</b>	<b>Effective Date of last rate revision</b>		
<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>		
<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or Withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
05		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	