

SERFF Tracking Number: KEMP-125593810 State: Arkansas
Filing Company: Trinity Universal Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: FPAR070508F
TOI: 30.0 Homeowners/Auto Combinations Sub-TOI: 30.0000 Homeowner/Auto Combinations
Product Name: Personal Package
Project Name/Number: Jacket and Declaration page/FPAR070508F

Filing at a Glance

Company: Trinity Universal Insurance Company

Product Name: Personal Package

TOI: 30.0 Homeowners/Auto Combinations

Sub-TOI: 30.0000 Homeowner/Auto
Combinations

Filing Type: Form

SERFF Tr Num: KEMP-125593810 State: Arkansas

SERFF Status: Closed

Co Tr Num: FPAR070508F

Co Status:

Author: Maria Pardi

Date Submitted: 04/03/2008

State Tr Num: EFT \$50

State Status: Fees verified and
received

Reviewer(s): Becky Harrington,
Betty Montesi, Brittany Yielding

Disposition Date: 04/11/2008

Disposition Status: Approved

Effective Date Requested (New): 07/05/2008

Effective Date Requested (Renewal): 07/05/2008

Effective Date (New): 07/05/2008

Effective Date (Renewal):

07/05/2008

State Filing Description:

General Information

Project Name: Jacket and Declaration page

Project Number: FPAR070508F

Reference Organization:

Reference Title:

Filing Status Changed: 04/11/2008

State Status Changed: 04/09/2008

Corresponding Filing Tracking Number:

Filing Description:

Jacket and Dec Page filing - Personal Package

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

Maria Pardi, Forms Specialist

mpardi@ekemper.com

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5210 Belfort Rd (904) 245-5761 [Phone]
Jacksonville, FL 32256 (904) 245-5601[FAX]

Filing Company Information

Trinity Universal Insurance Company CoCode: 19887 State of Domicile: Texas
5210 Belfort Rd. Suite 120 Group Code: 215 Company Type:
Jacksonville, FL 32256 Group Name: State ID Number:
(904) 245-5600 ext. [Phone] FEIN Number: 75-0620550

SERFF Tracking Number: KEMP-125593810 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Trinity Universal Insurance Company	\$50.00	04/03/2008	19259742

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	04/11/2008	04/11/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Becky	04/09/2008	04/09/2008			
Industry	Harrington					
Response						

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Response to Objection Letter	Note To Reviewer	Maria Pardi	04/10/2008	04/10/2008

SERFF Tracking Number: *KEMP-125593810* *State:* *Arkansas*
Filing Company: *Trinity Universal Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *FPAR070508F*
TOI: *30.0 Homeowners/Auto Combinations* *Sub-TOI:* *30.0000 Homeowner/Auto Combinations*
Product Name: *Personal Package*
Project Name/Number: *Jacket and Declaration page/FPAR070508F*

Disposition

Disposition Date: 04/11/2008

Effective Date (New): 07/05/2008

Effective Date (Renewal): 07/05/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: KEMP-125593810 State: Arkansas
 Filing Company: Trinity Universal Insurance Company State Tracking Number: EFT \$50
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 Project Name/Number: Jacket and Declaration page/FPAR070508F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Policy Jacket - TUIC	Approved	Yes
Form	Declaration Page- Package Plus	Approved	Yes

SERFF Tracking Number: KEMP-125593810 State: Arkansas
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TOI: 30.0 Homeowners/Auto Combinations Sub-TOI: 30.0000 Homeowner/Auto Combinations
Product Name: Personal Package
Project Name/Number: Jacket and Declaration page/FPAR070508F

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/09/2008
Submitted Date 04/09/2008
Respond By Date
Dear Maria Pardi,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: The address on the dec and jacket is not the same. Should it be?

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

SERFF Tracking Number: *KEMP-125593810* *State:* *Arkansas*
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Note To Reviewer

Created By:

Maria Pardi on 04/10/2008 10:00 AM

Subject:

Response to Objection Letter

Comments:

Becky, the addresses are different. The policy jacket address shows the domicile company address and the Declarations show the Home Office address. If you have any questions, please let me know.

Maria Pardi , Forms Analyst.

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Policy Jacket - TUIC	AK 5375	02 08	Other	New		0.00	Ak53750208 .cover.pdf
Approved	Declaration Page- Package Plus	AK 5034	08 00	Declaration	New s/Schedule			AR Personal Package Dec.pdf

Package Plus Policy

The company providing the insurance afforded by this policy is designated on the Declarations Page.

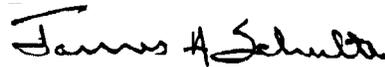
PLEASE READ YOUR POLICY CAREFULLY.

This policy is a legal contract between you and us.

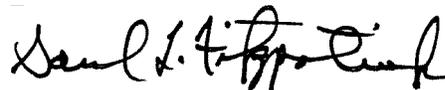
TRINITY UNIVERSAL INSURANCE COMPANY

A stock insurance company, herein called the Company
Home Office: 10000 North Central Expressway
Dallas, Texas 75231
(904) 245-5600

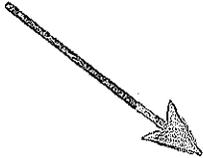
IN WITNESS THEREOF, the Trinity Universal Insurance Company has caused this policy to be signed by its President and Secretary.



President



Secretary



Insurance Provided By

**TRINITY UNIVERSAL
INSURANCE COMPANY**

12926 Gran Bay Parkway West- Jacksonville, FL 32258

Agency Phone

Named Insured and Mailing Address

0000666 SP **SNGLP T4 1 5562 72916-975911

2508085

Policy Number

Producer Code

Policy Period

Effective: 04-26-2008

Expiration: 04-26-2009

12:01 a.m. standard time.

FORT SMITH, AR 72916-9759

POLICY DECLARATIONS - PACKAGE PLUS

POLICY SUMMARY INFORMATION	Annual Premium
RESIDENCE PREMIUM (SECTION I AND SECTION II)	\$ 576.00
PAYMENT EXPECTED FROM INSURED	
AUTOMOBILE PREMIUM (SECTION III)	\$ 555.00
PAYMENT EXPECTED FROM INSURED	
TOTAL POLICY PREMIUM	\$ 1,131.00

COVERAGE APPLIES ONLY IF A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE. DETAILS CONCERNING SPECIFIC COVERAGES AND PREMIUMS FOR YOUR AUTO(S) CAN BE FOUND ON THE FOLLOWING PAGES.

Insured Name

Policy Number

RESIDENCE COVERAGE INFORMATION

HOME INFORMATION

The residence premises covered by this policy is located at the address below:

FORT SMITH AR 72916

COVERAGES

Limit of Liability	Annual Premium
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Coverage is provided where a limit of liability is shown for the coverage. The Section I Blanket Property Limit of Liability shown represents 200% of the calculated Dwelling replacement value of \$ 201,000. This Blanket Property Limit of Liability is the total amount of insurance for your Dwelling, Other Structures, Personal Property and Loss of Use Coverage.

SECTION I – PROPERTY COVERAGES

* Blanket Property Limit	\$ 402,000	\$ 539.00
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SECTION II – LIABILITY COVERAGES

Personal Liability: each occurrence	\$ 300,000	\$ 15.00
Medical Payments to Others: each person	\$ 1,000	

DEDUCTIBLE – SECTION I -In case of loss we cover only that part of the loss over the deductible stated below:

Policy	\$ 500	INCLUDED
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Total Premium for Endorsements	\$ 22.00
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TOTAL RESIDENCE PREMIUM	\$ 576.00
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HOMEOWNERS DISCOUNTS AND CREDITS APPLIED

The Total Residence premium shown above reflects savings to you as follows:

Package Discount	Loss Free Discount	Protection Devices Credit
Res Safety Package Credit		

RATING INFORMATION

Construction	Brick, Stone or Masonry Veneer	Not more than	175 ft from hydrant	Miles from Dept.	3
County	SEBASTIAN	Occupied 1	Family Dwelling	Yr Construction	1987
Fire Dist	FORT SMITH	Prot Class	2 Terr. 43	State	03

HOMEOWNERS ENDORSEMENT(S)

Number	Edition Date	Description	Annual Premium
VS1847	04-02	PACKAGE PLUS POLICY	
AK5375	01-06	POLICY INFORMATION	
*VS1035	09-07	HOME CHANGES TO YOUR POLICY - AR	
HO0416	04-91	PREMISES ALARM OR FIRE PROTECTION SYSTEM Premium Credit 20%	
VS2105	01-06	NON-SMOKING HOUSEHOLD DISCOUNT	
VS1780	05-01	EXTENDED DWELLING REPLACEMENT COST COV Additional Amount of Insurance 25% Total Amount of Insurance 125%	\$ 22.00
VS1872	09-05	LIMITED INDIRECT LOSS COVERAGE	
VK1012	02-85	RESIDENCE SAFETY PACKAGE	
HO0496	04-91	NO COVERAGE FOR HOME DAY CARE BUSINESS	

*Indicates a change was made to your policy.
AK 5034 (08 00)

Insured Name

Policy Number

VEHICLE COVERAGE INFORMATION

SUMMARY OF COVERED VEHICLE(S) AND PREMIUM(S)

					Term Premium
SECTION III					
No.	Year	Make	Model	Vehicle Identification No	
* 1	1997	BMW	Z3 1.9		\$ 555.00
TOTAL AUTOMOBILE PREMIUM					\$ 555.00

VEHICLE 1 INFORMATION						
Year		Make	Model	Garage Location:	FORT SMITH, AR 72916	
1997		BMW	Z3 1.9	Vehicle Identification No.	Sym	Class Code Territory
					4J	317110050 010

	Limit of Liability	Term Premium	Operator 1 Information		
A. Liability			Driver St/License Number		
Bodily Injury - Each Person	\$ 100,000		Date of Birth Sex Marital Status		
Bodily Injury - Each Accident	\$ 300,000	\$ 121.00	02-05-1958 M Divorced		
Property Damage					
Each Accident	\$ 100,000	\$ 74.00			
B. Medical Payment					
Each Person					
C. Uninsured Motorists					
Bodily Injury - Each Person	\$ 100,000				
Bodily Injury - Each Accident	\$ 300,000	\$ 77.00			
Property Damage					
Each Accident	\$ 50,000				
D. Damage To Your Auto					
Actual Cash Value (ACV) minus deductible shown					
Collision Loss	\$ 500	\$ 147.00			
Comprehensive Loss	\$ 50	\$ 114.00			
Towing and Labor Cost Per Disablement					
Total Premium for Vehicle					
Endorsements Listed Below			\$ 22.00		
TOTAL VEHICLE PREMIUM			\$ 555.00		

CREDITS APPLIED TO THE VEHICLE ABOVE	
Passive Restraints	Anti-Lock Brakes

VEHICLE ENDORSEMENT(S)

Number	Edition Date	Description	Veh No	Term Premium
*PP0495	10-07	UNINSURED MOTORISTS COVERAGE - AR		
PP1301	12-99	COV FOR DAMAGE TO YOUR AUTO EXCLUSION		
*AU933	10-07	AUTO CHANGES TO YOUR POLICY - AR		
*PP0434	10-07	UNDERINSURED MOTORISTS COVERAGE-AR		
		LIMIT: \$ 100,000 EACH PERSON		
		LIMIT: \$ 300,000 EACH ACCIDENT		
PP0326	06-94	LIABILITY COVERAGE EXCLUSION ENDORSEMENT		
*PP0582	10-07	PERSONAL INJURY PROTECTION COVERAGE - AR 1	\$	22.00
		MEDICAL APPLIES \$5000 EACH PERSON		
		WORK LOSS APPLIES		
		ACCIDENTAL DEATH APPLIES		
PP0305	08-86	LOSS PAYABLE CLAUSE		
AU910	06-05	ELECTRONIC EQUIPMENT COVERAGE		
PP1385	06-03	ARKANSAS NOTICE		

POLICY ATTACHMENT(S)

Number	Edition Date	Description
AK3845	03-07	UNINSURED MOTORISTS COVERAGE OFFER
AK3979	09-06	CONSUMER INFORMATION RIGHTS & CONTACT
AK5443	09-06	ID CARDS
AK4569	11-07	KEMPER GLASS SERVICE
AK5427	09-06	ARSON REPORTING IMMUNITY ACT NOTICE

*Indicates a change was made to your policy.
AK 5034 (08 00)

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 04/11/2008

Comments:

Attachment:

AR Filing Transmittal PKG.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 04/11/2008

Comments:

Attachment:

Letter PKG.pdf

18. Company's Date of Filing	04-03-08
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	FPAR070508F
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21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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Dear Commissioner;

The above captioned company is an associate of Unitrin and is filing the following forms for your review and approval:

- Personal Package Plus policy jacket AK 5375 (02 08) for Trinity Universal Insurance Company.
- Declarations Page AK 5034 (08 00) for Trinity Universal Insurance Company The Home Office address has been changed. The form edition date is not changing.

The proposed effective for the change is July 5, 2008 for new and renewal business. If you have any questions, please feel free to contact me at 904-245-5761 or email me at mpardi@eKemper.com.

22. Filing Fees (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]
--

Check #:
Amount: \$50.00 - being submitted via EFT

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

Kemper

A UNITRIN BUSINESS

5210 Belfort Rd, Suite 120
Jacksonville, FL 32256

April 3, 2008

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

Re: Form Filing for Personal Home / Auto Combination – Package Plus
Trinity Universal Insurance Company (215-1988)
Company Filing Number FPAR070508F

Dear Commissioner;

The above captioned company is an associate of Unitrin and is filing the following forms for your review and approval:

- Personal Package Plus policy jacket AK 5375 (02 08) for Trinity Universal Insurance Company.
- Declarations Page AK 5034 (08 00) for Trinity Universal Insurance Company The Home Office address has been changed. The form edition date is not changing.

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Sincerely,



Maria Pardi
Kemper, A Unitrin Business
Forms Analyst