

SERFF Tracking Number: PENN-125383278 State: Arkansas
Filing Company: Diamond State Insurance Company State Tracking Number: #5501145 \$50
Company Tracking Number: DS-2007-CL-F-055
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Lines - Form EAA-100 (10/2007), In Witness Clause
Project Name/Number: /DS-2007-CL-F-055

Filing at a Glance

Company: Diamond State Insurance Company

Product Name: Commercial Lines - Form EAA-100 (10/2007), In Witness Clause
SERFF Tr Num: PENN-125383278 State: Arkansas

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: #5501145 \$50

Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: DS-2007-CL-F-055

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Kathleen Reed

Disposition Date: 04/21/2008

Date Submitted: 04/14/2008

Disposition Status: Approved

Effective Date Requested (New): 06/01/2008

Effective Date (New): 06/01/2008

Effective Date Requested (Renewal): 06/01/2008

Effective Date (Renewal):
06/01/2008

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number: DS-2007-CL-F-055

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/21/2008

State Status Changed: 04/18/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Diamond State Insurance Company is submitting for your review and approval the attached form. This is a revised form that will replace the currently approved (3/2006) edition. The form has been revised to reflect our new company president.

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Company and Contact

Filing Contact Information

Kathleen Reed, State Filings Analyst kreed@unitednat.com
 Three Bala Plaza, East (610) 660-5430 [Phone]
 Bala Cynwyd, PA 19004 (610) 668-3399[FAX]

Filing Company Information

Diamond State Insurance Company CoCode: 42048 State of Domicile: Indiana
 Three Bala Plaza, East Group Code: 920 Company Type:
 Suite 300
 Bala Cynwyd, PA 19004 Group Name: State ID Number:
 (610) 660-6825 ext. [Phone] FEIN Number: 51-0257823

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Diamond State Insurance Company	\$0.00	04/14/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
5501145	\$50.00	01/04/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/21/2008	04/21/2008

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Disposition

Disposition Date: 04/21/2008

Effective Date (New): 06/01/2008

Effective Date (Renewal): 06/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PENN-125383278 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	In Witness Clause	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	In Witness Clause	EAA-100	(10/2007)	Endorsement/Amendment/Conditions Replaced	Replaced Form #: EAA-100 Previous Filing #: 06-1CL-047		COMM. LINES - FORM EAA-100 (10-2007), IN WITNESS CLAUSE.pdf

In Witness Clause

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Handwritten signature in cursive script, appearing to read "Richard P. M...".

Secretary

Handwritten signature in cursive script, appearing to read "Larry C. F...".

President

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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 04/21/2008

Comments:

Attachment:

COMM. INTERLINE - EAA-100 - IN WITNESS CLAUSE P & C-TRANSMITTAL FORM - FORMS - NEW.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only 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
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3. Group Name UNITED NATIONAL GROUP	Group NAIC # 920
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4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
DIAMOND STATE INSURANCE COMPANY	INDIANA	42048	51-0257823	NOT APPLICABLE

5. Company Tracking Number	DS-2007-CL-F-055
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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
	KATHLEEN REED THREE BALA PLAZA, EAST 300 BALA CYNWYD, PENNSYLVANIA 19004	STATE FILING ANALYST	610-660-5430	610-668-3399	KREED@UNITEDNAT.COM

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

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

9. Type of Insurance (TOI)	35.0002
10. Sub-Type of Insurance (Sub-TOI)	COMMERCIAL INTERLINE
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	FORM EAA-100, IN WITNESS CLAUSE (10/2007)
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 checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: JUNE 1, 2008 Renewal: JUNE 1, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	NOT APPLICABLE

17.	Reference Organization # & Title	NOT APPLICABLE
18.	Company's Date of Filing	APRIL 15, 2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

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Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking	DS-2007-CL-F-055
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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DIAMOND STATE INSURANCE COMPANY IS SUBMITTING FOR YOUR REVIEW AND APPROVAL THE ATTACHED FORM. THIS IS A REVISED FORM THAT WILL REPLACE THE CURRENTLY APPROVED (3/2006) EDITION. THE FORM HAS BEEN REVISED TO REFLECT OUR NEW COMPANY PRESIDENT.

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]
<p>Check #: 5501145 Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

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

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.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
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		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
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	