

SERFF Tracking Number: UNKP-125652676 State: Arkansas  
Filing Company: Milwaukee Casualty Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: AR-CA-0809-01-369  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Automobile  
Project Name/Number: /AR-CA-0809-01-369

## Filing at a Glance

Company: Milwaukee Casualty Insurance Company

Product Name: Commercial Automobile	SERFF Tr Num: UNKP-125652676	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 20.0001 Business Auto	Co Tr Num: AR-CA-0809-01-369	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Denise Freund, Tyrone Settlemier	Disposition Date: 05/30/2008
	Date Submitted: 05/20/2008	Disposition Status: Approved
Effective Date Requested (New): 09/01/2008		Effective Date (New): 09/01/2008
Effective Date Requested (Renewal): 09/01/2008		Effective Date (Renewal): 09/01/2008

State Filing Description:

## General Information

Project Name:	Status of Filing in Domicile:
Project Number: AR-CA-0809-01-369	Domicile Status Comments:
Reference Organization: ISO	Reference Number: SEE ABOVE
Reference Title: VRS	Advisory Org. Circular: VRS
Filing Status Changed: 05/30/2008	Deemer Date:
State Status Changed: 05/30/2008	
Corresponding Filing Tracking Number:	
Filing Description:	
Filing to adopt all currently approved ISO forms for new company - Milwaukee Casualty Insurance Co.	

ISO Reference: CA-85-085SF; CA-93-093MC; AL-97-OEND1; CL-98-098IS; CA-98-OY2KF; CA-96-096FO; CA-98-098FO; CL-2001-OFR01; CA-2000-OFR00; CA-2002-OFR02; CA-2004-OTIPF; CA-2004-OMEFR; CA-2005-OFR01 & Supplement; CL-2006-OLOB1; CL-2007-OCH1

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 Product Name: Commercial Automobile  
 Project Name/Number: /AR-CA-0809-01-369

## Company and Contact

### Filing Contact Information

Freund Denise, State Filings Analyst dfreund@unitrin.com  
 12790 Merit Drive (800) 777-2249 [Phone]  
 Dallas, TX 75251 (214) 360-8060[FAX]

### Filing Company Information

Milwaukee Casualty Insurance Company CoCode: 26662 State of Domicile: Wisconsin  
 12790 Merit Drive Group Code: 215 Company Type: Prop & Cas  
 Dallas, TX 75251 Group Name: Unitrin Prop & Cas State ID Number:  
 (800) 777-2249 ext. 8194[Phone] FEIN Number: 39-1190263  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Milwaukee Casualty Insurance Company	\$50.00	05/20/2008	20416448

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Product Name: Commercial Automobile  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/30/2008	05/30/2008

*SERFF Tracking Number:* UNKP-125652676      *State:* Arkansas  
*Filing Company:* Milwaukee Casualty Insurance Company      *State Tracking Number:* EFT \$50  
*Company Tracking Number:* AR-CA-0809-01-369  
*TOI:* 20.0 Commercial Auto      *Sub-TOI:* 20.0001 Business Auto  
*Product Name:* Commercial Automobile  
*Project Name/Number:* /AR-CA-0809-01-369

## **Disposition**

Disposition Date: 05/30/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal): 09/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNKP-125652676 State: Arkansas  
 Filing Company: Milwaukee Casualty Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: AR-CA-0809-01-369  
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
 Product Name: Commercial Automobile  
 Project Name/Number: /AR-CA-0809-01-369

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Company Cover Letter	Approved	Yes

*SERFF Tracking Number:* UNKP-125652676      *State:* Arkansas  
*Filing Company:* Milwaukee Casualty Insurance Company      *State Tracking Number:* EFT \$50  
*Company Tracking Number:* AR-CA-0809-01-369  
*TOI:* 20.0 Commercial Auto      *Sub-TOI:* 20.0001 Business Auto  
*Product Name:* Commercial Automobile  
*Project Name/Number:* /AR-CA-0809-01-369

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: UNKP-125652676 State: Arkansas  
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Automobile  
Project Name/Number: /AR-CA-0809-01-369

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 05/30/2008

**Comments:**

**Attachments:**

SERFF F777\_03\_07.pdf

SERFF F778\_03\_07.pdf

**Satisfied -Name:** Company Cover Letter **Review Status:** Approved 05/30/2008

**Comments:**

**Attachment:**

SERFF Letter\_ISO\_Forms.pdf



<b>17. Reference Organization # &amp; Title</b>	See Item 21
<b>18. Company's Date of Filing</b>	May 21, 2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

### Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	AR-CA-0809-01-369
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Filing to adopt all previously approved ISO forms for new Company - Milwaukee Casualty Insurance Co.

Item 17 –

ISO Reference: CA-85-085SF; CA-93-093MC; AL-97-OEND1; CL-98-098IS; CA-98-OY2KF; CA-96-096FO; CA-98-098FO; CL-2001-OFR01; CA-2000-OFR00; CA-2002-OFR02; CA-2004-OTIPF; CA-2004-OMEFR; CA-2005-OFR01 & Supplement; CL-2006-OLOB1; CL-2007-OCH1

<b>22. 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]
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**Check #:** NA  
**Amount:** NA

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

Effective March 1, 2007

**\*\*\*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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>AR-CA-0809-01-369</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>AR-CA-0809-05-370</b>			
<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			<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		

**UNITRIN**  
BUSINESS INSURANCE

May 21, 2008

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

Attn: Property and Casualty Division

RE: Commercial Automobile – ISO Forms  
ISO Reference: CA-85-085SF; CA-93-093MC; AL-97-OEND1; CL-98-098IS; CA-98-OY2KF; CA-96-096FO; CA-98-098FO; CL-2001-OFR01; CA-2000-OFR00; CA-2002-OFR02; CA-2004-OTIPF; CA-2004-OMEFR; CA-2005-OFR01 & Supplement; CL-2006-OLOB1; CL-2007-OCH1  
Milwaukee Casualty Insurance Company – NAIC #26662; FEIN #39-1190263  
Company Filing Number: AR-CA-0809-01-369

Dear Sir:

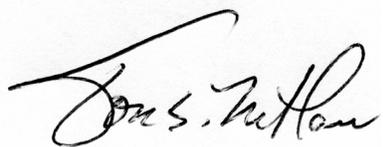
For all policies effective on or after September 1, 2008, we wish to adopt the ISO forms currently filed and approved for in our other companies.

In this initial filing, our intent is to file a program identical to the one currently filed and approved by the Arkansas Department of Insurance for Trinity Universal Insurance Company (NAIC #19887, FEIN #75-0620550).

Filing forms are attached for your review.

Should you have any further questions or wish to discuss the matter further, please feel free to contact Tyrone Settlemier at (800) 777-2249 ext. 8034, [tsettlemier@unitrin.com](mailto:tsettlemier@unitrin.com), or by mail.

Sincerely,



Jon Zetlau  
Bureau and Forms Compliance Manager