

SERFF Tracking Number: UNKP-125653397 State: Arkansas
Filing Company: Milwaukee Casualty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-GL-0809-01-373
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: General Liability
Project Name/Number: /AR-GL-0809-01-373

Filing at a Glance

Company: Milwaukee Casualty Insurance Company

Product Name: General Liability SERFF Tr Num: UNKP-125653397 State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: AR-GL-0809-01-373 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Authors: Denise Freund, Tyrone Settlemier Disposition Date: 05/28/2008
Date Submitted: 05/20/2008 Disposition Status: Approved
Effective Date Requested (New): 09/01/2008 Effective Date (New):
Effective Date Requested (Renewal): 09/01/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: AR-GL-0809-01-373 Domicile Status Comments:
Reference Organization: ISO Reference Number: SEE ABOVE
Reference Title: VRS Advisory Org. Circular: VRS
Filing Status Changed: 05/28/2008
State Status Changed: 05/28/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Filing to adopt all currently approved ISO forms for new company - Milwaukee Casualty Insurance Co.

ISO Reference: GL-86-086MF; GL-89-088-MC; GL-92-092TF; GL-94-094US; GL-95-095FO; GL-96-096ME; GL-96-096EN; CL-98-098IS; GL-97-OY2KF; GL-98-OY2KF; GL-97-097FR; GL-99-099FO; GL-2000-OMF00; CL-2001-OCAN1; GL-2001-OFR01; CL-2001-OFR01; CL-2002-OTRFR; CL-2002-OTRFO; GL-2003-OFR03; CL-2003-ORTFR; CL-2004-OTIPC; GL-2004-OFGLA; CL-2004-OTERP; GL-2004-OSIEF; CL-2006-OTF01; CL-2006-OLOB1; CL-2007-OTRL1

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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

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	20416480

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	05/28/2008	05/28/2008

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Disposition

Disposition Date: 05/28/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment: Adoption of current ISO forms for initial filing for new company.

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
Supporting Document	Company Cover Letter	Approved	Yes

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 05/28/2008

Comments:

Attachments:

SERFF F777_03_07.pdf

SERFF F778_03_07.pdf

Satisfied -Name: Company Cover Letter **Review Status:** Approved 05/28/2008

Comments:

Attachment:

SERFF Letter_ISO_Forms.pdf

17. Reference Organization # & Title	See Item 21
18. Company's Date of Filing	May 21, 2008
19. Status of filing in domicile	<input 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 #	AR-GL-0809-01-373
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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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Filing to adopt all previously approved ISO forms for new Company - Milwaukee Casualty Insurance Co.

Item 17 –

ISO Reference: GL-86-086MF; GL-89-088-MC; GL-92-092TF; GL-94-094US; GL-95-095FO; GL-96-096ME; GL-96-096EN; CL-98-098IS; GL-97-OY2KF; GL-98-OY2KF; GL-97-097FR; GL-99-099FO; GL-2000-OMF00; CL-2001-OCAN1; GL-2001-OFR01; CL-2001-OFR01; CL-2002-OTRFR; CL-2002-OTRFO; GL-2003-OFR03; CL-2003-ORTFR; CL-2004-OTIPC; GL-2004-OFGLA; CL-2004-OTERP; GL-2004-OSIEF; CL-2006-OTF01; CL-2006-OLOB1; CL-2007-OTRL1

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 #: 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.)

1.	This filing transmittal is part of Company Tracking #	AR-GL-0809-01-373			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	AR-GL-0809-05-374			
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		

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 General Liability – ISO Forms
ISO Reference: GL-86-086MF; GL-89-088-MC; GL-92-092TF; GL-94-094US; GL-95-095FO; GL-96-096ME; GL-96-096EN; CL-98-098IS; GL-97-OY2KF; GL-98-OY2KF; GL-97-097FR; GL-99-099FO; GL-2000-OMF00; CL-2001-OCAN1; GL-2001-OFR01; CL-2001-OFR01; CL-2002-OTRFR; CL-2002-OTRFO; GL-2003-OFR03; CL-2003-ORTFR; CL-2004-OTIPC; GL-2004-OFGLA; CL-2004-OTERP; GL-2004-OSIEF; CL-2006-OTF01; CL-2006-OLOB1; CL-2007-OTRL1
Milwaukee Casualty Insurance Company – NAIC #26662; FEIN #39-1190263
Company Filing Number: AR-GL-0809-01-373

Dear Sir:

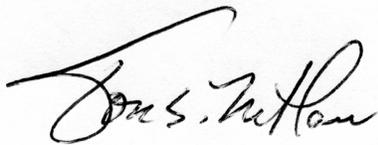
For all policies effective on or after September 1, 2008, we wish to adopt the ISO forms currently filed and approved for in our other companies.

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, or by mail.

Sincerely,



Jon Zetlau
Bureau and Forms Compliance Manager