

SERFF Tracking Number: AOIC-125681534 State: Arkansas  
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: CAU-AR-99-06/06/2008-89125  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Automobile  
Project Name/Number: CAU/89125 CAU

## Filing at a Glance

Companies: Auto-Owners Insurance Company, Owners Insurance Company

Product Name: Commercial Automobile SERFF Tr Num: AOIC-125681534 State: Arkansas  
TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 20.0001 Business Auto Co Tr Num: CAU-AR-99-06/06/2008-89125 State Status: Fees verified and received

Filing Type: Form Co Status: Pending Reviewer(s): Betty Montesi, Llyweyia Rawlins

Authors: Claudia Stewart, Candace Marrison Disposition Date: 06/12/2008

Date Submitted: 06/06/2008 Disposition Status: Approved

Effective Date Requested (New): On Approval Effective Date (New): 06/12/2008  
Effective Date Requested (Renewal): On Approval Effective Date (Renewal): 06/12/2008

State Filing Description:

## General Information

Project Name: CAU

Project Number: 89125 CAU

Reference Organization:

Reference Title:

Filing Status Changed: 06/12/2008

State Status Changed: 06/12/2008

Corresponding Filing Tracking Number:

Filing Description:

FORM FILING: 89125 (05-08) - Pet Medical Coverage

Form Attaches To:

Automobile Coverage Form

Use: Cover the costs of medications, procedures, prescribed by a veterinarian, and the cost to replace an animal if it is killed in an accident.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: AOIC-125681534 State: Arkansas  
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: CAU-AR-99-06/06/2008-89125  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Automobile  
Project Name/Number: CAU/89125 CAU

Revisions to the form include:

**Initial Filing**

Submitted for your approval is the above-referenced form. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

Manager:

BRANDI HOLLY, MANAGER

COMMERCIAL AUTOMOBILE UNDERWRITING

HOLLY.BRANDI@AOINS.COM (emails without attachments)

commlinesund@aoins.net (emails with attachments)

517-323-1421 Ext.

Underwriter:

CANDACE BURCH

BURCH.CANDACE@AOINS.COM

(517) 323-8786

## Company and Contact

### Filing Contact Information

Brandi Holly, Manager

PO Box 30660

Lansing, MI 48909-8160

holly.brandi@aoins.com

(517) 323-1421 [Phone]

(517) 391-1903[FAX]

### Filing Company Information

Auto-Owners Insurance Company

P.O. Box 30660

Lansing, MI 48909-8160

(800) 346-0346 ext. [Phone]

CoCode: 18988

Group Code: 280

Group Name: Auto-Owners Ins  
Group

FEIN Number: 38-0315280

-----

State of Domicile: Michigan

Company Type: PC

State ID Number:

Owners Insurance Company

P.O. Box 30660

Lansing, MI 48909-8160

(800) 346-0346 ext. [Phone]

CoCode: 32700

Group Code: 280

Group Name: Auto-Owners Ins  
Group

FEIN Number: 34-1172650

State of Domicile: Ohio

Company Type: PC

State ID Number:

|                                 |                                           |                               |                              |
|---------------------------------|-------------------------------------------|-------------------------------|------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>AOIC-125681534</i>                     | <i>State:</i>                 | <i>Arkansas</i>              |
| <i>First Filing Company:</i>    | <i>Auto-Owners Insurance Company, ...</i> | <i>State Tracking Number:</i> | <i>EFT \$50</i>              |
| <i>Company Tracking Number:</i> | <i>CAU-AR-99-06/06/2008-89125</i>         |                               |                              |
| <i>TOI:</i>                     | <i>20.0 Commercial Auto</i>               | <i>Sub-TOI:</i>               | <i>20.0001 Business Auto</i> |
| <i>Product Name:</i>            | <i>Commercial Automobile</i>              |                               |                              |
| <i>Project Name/Number:</i>     | <i>CAU/89125 CAU</i>                      |                               |                              |

-----

SERFF Tracking Number: AOIC-125681534 State: Arkansas  
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: CAU-AR-99-06/06/2008-89125  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Automobile  
Project Name/Number: CAU/89125 CAU

## Filing Fees

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

| COMPANY                       | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|-------------------------------|---------|----------------|---------------|
| Auto-Owners Insurance Company | \$50.00 | 06/06/2008     | 20711021      |
| Owners Insurance Company      | \$0.00  | 06/06/2008     |               |

SERFF Tracking Number: AOIC-125681534 State: Arkansas  
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: CAU-AR-99-06/06/2008-89125  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Automobile  
Project Name/Number: CAU/89125 CAU

## Correspondence Summary

### Dispositions

| Status   | Created By       | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 06/12/2008 | 06/12/2008     |

SERFF Tracking Number: AOIC-125681534 State: Arkansas  
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: CAU-AR-99-06/06/2008-89125  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Automobile  
Project Name/Number: CAU/89125 CAU

## Disposition

Disposition Date: 06/12/2008  
Effective Date (New): 06/12/2008  
Effective Date (Renewal): 06/12/2008  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

|                                                               |        |
|---------------------------------------------------------------|--------|
| Overall Percentage Rate Indicated For This Filing             | 0.000% |
| Overall Percentage Rate Impact For This Filing                | 0.000% |
| Effect of Rate Filing-Written Premium Change For This Program | \$0    |
| Effect of Rate Filing - Number of Policyholders Affected      | 0      |

*SERFF Tracking Number:* AOIC-125681534      *State:* Arkansas  
*First Filing Company:* Auto-Owners Insurance Company, ...      *State Tracking Number:* EFT \$50  
*Company Tracking Number:* CAU-AR-99-06/06/2008-89125  
*TOI:* 20.0 Commercial Auto      *Sub-TOI:* 20.0001 Business Auto  
*Product Name:* Commercial Automobile  
*Project Name/Number:* CAU/89125 CAU

| <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>Form</b>                | Pet Medical Coverage                             | Approved           | Yes                  |

SERFF Tracking Number: AOIC-125681534 State: Arkansas  
 First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50  
 Company Tracking Number: CAU-AR-99-06/06/2008-89125  
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
 Product Name: Commercial Automobile  
 Project Name/Number: CAU/89125 CAU

## Form Schedule

| Review Status | Form Name            | Form # | Edition Date | Form Type Action            | Action Specific Data | Readability | Attachment        |
|---------------|----------------------|--------|--------------|-----------------------------|----------------------|-------------|-------------------|
| Approved      | Pet Medical Coverage | 89125  | 05-08        | Policy/CoveNew<br>rage Form |                      | 52.00       | 89125 (05-08).pdf |

## PET MEDICAL COVERAGE

### Automobile Policy

It is agreed:

1. The following definitions are added to **SECTION I - DEFINITIONS** as they apply to this endorsement only:

**Pet** means a cat or dog owned by **you** or a **relative**.

**Pet's replacement cost** means the monetary cost incurred to replace a **pet**, that is deceased, with another cat or dog of similar kind and quality. This does not include any cost for:

- a. veterinary care or services for the new **pet**;
- b. training of the new **pet**; or
- c. any other expenses incurred

after the initial purchase of the new **pet**.

2. The following is added to **SECTION III - DAMAGE TO YOUR AUTOMOBILE, 3. COVERAGE EXTENSIONS**:

#### **Pet Medical Payments Coverage**

If **COLLISION** applies to at least one of your **automobiles** and a **pet** is occupying:

- (1) your **automobile** while being used with your permission or the permission of a **relative**;
- (2) an **automobile** you or a **relative** does not own which is temporarily used as a substitute for your **automobile**. Your **automobile** must be out of use because of breakdown, repair, servicing, loss or destruction;
- (3) an **automobile** of the same type which you acquire after the inception date of the current policy term if:

(a) it replaces your **automobile**; or

(b) it is an additional **automobile**, provided:

- 1) we insure all **automobiles** you already own;
- 2) you report the additional **automobile** to us within 30 days of delivery; and
- 3) you pay any required additional premiums;

(4) an **automobile** not owned by or furnished or available for regular use to:

(a) you; or

(b) anyone living with you who does not own an **automobile**; or

(5) an **automobile** not used in an **automobile** garage, repair shop, sales agency, service station or public parking business you own or operate

then if a **pet** is injured, dies or requires necessary or veterinary recommended euthanasia as the result of the collision of such **automobile**, we will pay:

(1) those reasonable and necessary medical expenses incurred for the:

(a) care;

(b) recovery; and

(c) necessary or veterinary recommended euthanasia

of such **pet**.

- (2) the **pet's replacement cost** if a **pet** dies or requires necessary or veterinary recommended euthanasia.
- (3) a **pet's** injury must be discovered, treated and reported to us within 30 days of the **occurrence**. We will pay only those medical expenses or the new **pet's replacement cost** incurred within one year of the **occurrence**.

We also extend this coverage to:

- (1) if **you** are a partnership or joint venture, **your** members, **your** partners and their spouses;
- (2) if **you** are a limited liability company, **your** members;
- (3) if **you** are an organization other than a partnership, joint venture or limited liability company, **your** executive officers; or
- (4) if **you** are a trust, **your** trustees.

Pet Medical Payments does not apply to injury or death of a **pet**:

- (1) resulting from or arising out of an intentional act of **you** or a **relative**.
- (2) while occupying any **automobile**:
  - (a) preparing for;
  - (b) practicing for; or
  - (c) participating in  
any prearranged racing, speed or demolition contest.
- (3) resulting from or arising out of war, whether declared or not declared, insurrection or any of their consequences.
- (4) while occupying an **automobile** located for use as a residence or premises.

For any one **pet**, in any one **occurrence**, we will not pay more than \$750 or the amount shown in the Declarations, whichever is higher, for medical expenses and the **pet's replacement cost** combined.

For two or more **pets**, in any one **occurrence**, we will not pay more than \$1500 or the amount shown in the Declarations, whichever is higher, for all of the **pet's** medical expenses and the **pet's replacement cost** combined.

No deductible applies.

The amount we pay shall not be increased because of the number of:

- (1) **automobiles** shown or premiums charged in the Declarations;
- (2) claims made or **suits** brought; or
- (3) **automobiles** involved in the **occurrence**.

If we make a payment under this endorsement and the person to or for whom payment is made has a right to recover damages from another, we will be entitled to that right. That person shall do everything necessary to transfer that right to us and shall do nothing to prejudice it.

At our request **you** or a **relative** must authorize us to obtain veterinary and other records which pertain to the **pet's** injury. **You** must allow the **pet**, at our expense, to be examined by veterinarians we select as often as we may reasonably require.

All other policy terms and conditions apply.

|                                 |                                           |                               |                              |
|---------------------------------|-------------------------------------------|-------------------------------|------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>AOIC-125681534</i>                     | <i>State:</i>                 | <i>Arkansas</i>              |
| <i>First Filing Company:</i>    | <i>Auto-Owners Insurance Company, ...</i> | <i>State Tracking Number:</i> | <i>EFT \$50</i>              |
| <i>Company Tracking Number:</i> | <i>CAU-AR-99-06/06/2008-89125</i>         |                               |                              |
| <i>TOI:</i>                     | <i>20.0 Commercial Auto</i>               | <i>Sub-TOI:</i>               | <i>20.0001 Business Auto</i> |
| <i>Product Name:</i>            | <i>Commercial Automobile</i>              |                               |                              |
| <i>Project Name/Number:</i>     | <i>CAU/89125 CAU</i>                      |                               |                              |

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: AOIC-125681534 State: Arkansas  
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: CAU-AR-99-06/06/2008-89125  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Automobile  
Project Name/Number: CAU/89125 CAU

## Supporting Document Schedules

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

**Review Status:** Approved 06/12/2008

**Comments:**

**Attachment:**

89125 AR CAU NAIC TRANSMITTAL.pdf

## Property & Casualty Transmittal Document

|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |  |                  |  |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--|------------------|--|
| <b>1. Reserved for Insurance Dept. Use Only</b> | <b>2. Insurance Department Use only</b><br>a. Date the filing is received:<br>b. Analyst:<br>c. Disposition:<br>d. Date of disposition of the filing:<br>e. Effective date of filing:<br><table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #:<br>g. SERFF Filing #:<br>h. Subject Codes | New Business |  | Renewal Business |  |
| New Business                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |  |                  |  |
| Renewal Business                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |  |                  |  |

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

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|--------------------|----------|--------|--------|---------|
|                    |          |        |        |         |
|                    |          |        |        |         |
|                    |          |        |        |         |
|                    |          |        |        |         |
|                    |          |        |        |         |
|                    |          |        |        |         |

|                                   |  |
|-----------------------------------|--|
| <b>5. Company Tracking Number</b> |  |
|-----------------------------------|--|

**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<br><input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. Effective Date(s) Requested                                                    | New: <input type="text"/> Renewal: <input type="text"/>                                                                                                                                                                                                                                       |
| 15. Reference Filing?                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                      |
| 16. Reference Organization (if applicable)                                         |                                                                                                                                                                                                                                                                                               |
| 17. Reference Organization # & Title                                               |                                                                                                                                                                                                                                                                                               |
| 18. Company's Date of Filing                                                       |                                                                                                                                                                                                                                                                                               |
| 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—

|            |                                                              |  |
|------------|--------------------------------------------------------------|--|
| <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)<br>[If a state requires you to show how you calculated your filing fees, place that calculation below] |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Check #:**  
**Amount:**

**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.)**

PC TD-1 pg 2 of 2

## 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><br>(Company tracking number of rate/rule filing, if applicable) |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------|--|

| <b>3.</b> | <b>Form Name<br/>/Description/Synopsis</b> | <b>Form #<br/>Include edition date</b> | <b>Replacement<br/>Or<br/>withdrawn?</b>                                                                   | <b>If replacement,<br/>give form #<br/>it replaces</b> | <b>Previous state<br/>filing number,<br/>if required by state</b> |
|-----------|--------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------|
| 01        |                                            |                                        | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |                                                        |                                                                   |
| 02        |                                            |                                        | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |                                                        |                                                                   |
| 03        |                                            |                                        | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |                                                        |                                                                   |
| 04        |                                            |                                        | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |                                                        |                                                                   |
| 05        |                                            |                                        | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |                                                        |                                                                   |
| 06        |                                            |                                        | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |                                                        |                                                                   |
| 07        |                                            |                                        | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |                                                        |                                                                   |
| 08        |                                            |                                        | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |                                                        |                                                                   |
| 09        |                                            |                                        | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |                                                        |                                                                   |
| 10        |                                            |                                        | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><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.)**

|           |                                                              |  |
|-----------|--------------------------------------------------------------|--|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b> |  |
|-----------|--------------------------------------------------------------|--|

|           |                                                                                                                 |  |
|-----------|-----------------------------------------------------------------------------------------------------------------|--|
| <b>2.</b> | <b>This filing corresponds to form filing number</b><br>(Company tracking number of form filing, if applicable) |  |
|-----------|-----------------------------------------------------------------------------------------------------------------|--|

Rate Increase                     
  Rate Decrease                     
  Rate Neutral (0%)

|           |                                                                        |  |
|-----------|------------------------------------------------------------------------|--|
| <b>3.</b> | <b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b> |  |
|-----------|------------------------------------------------------------------------|--|

|            |                                             |  |  |  |  |  |  |
|------------|---------------------------------------------|--|--|--|--|--|--|
| <b>4a.</b> | <b>Rate Change by Company (As Proposed)</b> |  |  |  |  |  |  |
|------------|---------------------------------------------|--|--|--|--|--|--|

| 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) |
|--------------|----------------------------------------------|-----------------------|-----------------------------------------|----------------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
|              |                                              |                       |                                         |                                              |                                  |                                   |                                   |
|              |                                              |                       |                                         |                                              |                                  |                                   |                                   |

|            |                                                                |  |  |  |  |  |  |
|------------|----------------------------------------------------------------|--|--|--|--|--|--|
| <b>4b.</b> | <b>Rate Change by Company (As Accepted) For State Use Only</b> |  |  |  |  |  |  |
|------------|----------------------------------------------------------------|--|--|--|--|--|--|

| 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 |
|--------------|----------------------------------------------|-----------------------|-----------------------------------------|----------------------------------------------|----------------------------------|------------------|------------------|
|              |                                              |                       |                                         |                                              |                                  |                  |                  |
|              |                                              |                       |                                         |                                              |                                  |                  |                  |

|                                                                                 |  |  |  |
|---------------------------------------------------------------------------------|--|--|--|
| <b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b> |  |  |  |
|---------------------------------------------------------------------------------|--|--|--|

|           |                                                                        | COMPANY USE | STATE USE |
|-----------|------------------------------------------------------------------------|-------------|-----------|
| <b>5a</b> | <b>Overall percentage rate indication (when applicable)</b>            |             |           |
| <b>5b</b> | <b>Overall percentage rate impact for this filing</b>                  |             |           |
| <b>5c</b> | <b>Effect of Rate Filing – Written premium change for this program</b> |             |           |
| <b>5d</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</b><br>(Prior Approval, File & Use, Flex Band, etc.) |  |
|-----------|--------------------------------------------------------------------------------------|--|

| 9. | Rule # or Page # Submitted for Review | Replacement or withdrawn?                                                                                  | Previous state filing number, if required by state |
|----|---------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| 01 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |                                                    |
| 02 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |                                                    |
| 03 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |                                                    |