

SERFF Tracking Number: ARKS-125684288 State: Arkansas
Filing Company: 22098 - GRAIN DEALERS MUTUAL INSURANCE COMPANY State Tracking Number: #54171 \$50
Company Tracking Number:
TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine
Product Name: PIM
Project Name/Number: /

Filing at a Glance

Company: 22098 - GRAIN DEALERS MUTUAL INSURANCE COMPANY
Product Name: PIM SERFF Tr Num: ARKS-125684288 State: Arkansas
TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: #54171 \$50
Sub-TOI: 09.0006 Other Personal Inland Marine Co Tr Num: State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Becky Harrington, Betty Montesi
Author: Disposition Date: 06/09/2008
Date Submitted: 06/05/2008 Disposition Status: Approved
Effective Date Requested (New): 08/01/2008 Effective Date (New): 08/01/2008
Effective Date Requested (Renewal): 08/01/2008 Effective Date (Renewal): 08/01/2008

State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: ISO Reference Number: PM 2003-OFR03
Reference Title: Advisory Org. Circular:
Filing Status Changed: 06/09/2008 Deemer Date:
State Status Changed: 06/09/2008
Corresponding Filing Tracking Number:
Filing Description:
Adopting ISO PM-2003-OFR03

Company and Contact

Filing Contact Information

SERFF Tracking Number: ARKS-125684288

State: Arkansas

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INSURANCE COMPANY

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Product Name: PIM

Project Name/Number: /

NA NA,
NA
NA, AR 00000

NA@NA.com
(123) 555-4567 [Phone]

Filing Company Information

22098 - GRAIN DEALERS MUTUAL
INSURANCE COMPANY

CoCode: 22098

State of Domicile: Arkansas

No Address

Group Code:

Company Type:

City, AR 99999

Group Name:

State ID Number:

(999) 999-9999 ext. [Phone]

FEIN Number: 99-9999999

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Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	06/09/2008	06/09/2008

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Disposition

Disposition Date: 06/09/2008

Effective Date (New): 08/01/2008

Effective Date (Renewal): 08/01/2008

Status: Approved

Comment:

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	No
Supporting Document	ARKS-125684288		No

SERFF Tracking Number: ARKS-125684288

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Product Name: PIM

Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125684288

06/09/2008

Comments:

Attachment:

ARKS-125684288.pdf

BA



GRAIN DEALERS MUTUAL INSURANCE COMPANY

6201 CORPORATE DRIVE • INDIANAPOLIS, INDIANA 46278 • PHONE 317-388-4500 • FAX 317-295-9434
WEBSITE: www.graindealers.com

54171
50.00

ARKS-125684288

June 3, 2008

RECEIVED

JUN 05 2008

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

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

NAIC #082 22098
Personal Inland Marine
Forms

Approved until withdrawn
or revoked

JUN 08 2008

Arkansas Insurance Department
By: BA

Attention: Property & Casualty Division

Dear Property & Casualty Division:

Grain Dealers Mutual Insurance Company, a member of the Insurance Services Office, hereby notifies you of its adoption of the Personal Inland Marine forms contained in ISO Filing Designation Number PM-2003-OFR03.

The Company will apply these forms to all policies written on or after August 1, 2008.

Enclosed is an extra copy of this filing, and a self-addressed, postage-paid envelope for your convenience in notifying us of your approval.

Respectfully,

Pamela L. Holliday
State Filings Coordinator
phollida@graindealers.com

PLH/po

Enc. Duplicate #1

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

3. Group Name	Group NAIC #
Grain Dealers Group	082

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Grain Dealers Mutual Insurance Company	IN	22098	35-0344630	N/A
RECEIVED				
1 JUN 05 2008				
PROPERTY AND CASUALTY DIVISION ARKANSAS INSURANCE DEPARTMENT				

5. Company Tracking Number	N/A
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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
	Pamela L. Holliday 6201 Corporate Drive Indianapolis, IN 46278	State Filings Coordinator	800.428.7081 ext 4515	888.436.1902	phollida@graindealers.com

7. Signature of authorized filer *Pamela L. Holliday*

8. Please print name of authorized filer Pamela L. Holliday

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

9. Type of Insurance (TOI)	Personal Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	Personal Inland Marine
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	Personal Inland Marine
12. Company Program Title (Marketing title)	Personal Inland Marine
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: 08/01/08 Renewal:
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO

17. Reference Organization # & Title	PM-2003-OFR03
18. Company's Date of Filing	June 3, 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 #	N/A
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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]

We are adopting revised forms for Arkansas Personal Inland Marine.

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]
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Check #:
Amount:

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 #	N/A			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
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	See ISO Circular	See ISO Circular	<input type="checkbox"/> New <input checked="" 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		