

SERFF Tracking Number: CNLC-125714072 State: Arkansas  
Filing Company: CANAL INSURANCE COMPANY State Tracking Number: # \$0  
Company Tracking Number: CNLC-125714072  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: IL DS 00 09 08 Dec Page Non-Adoption & IL 02 31 09 08 Non-Adoption  
Project Name/Number: /CNLC-125714072

## Filing at a Glance

Company: CANAL INSURANCE COMPANY

Product Name: IL DS 00 09 08 Dec Page Non- Adoption & IL 02 31 09 08 Non-Adoption SERFF Tr Num: CNLC-125714072 State: Arkansas

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: # \$0

Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: CNLC-125714072

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins

Author: Lisa Flynn

Disposition Date: 06/27/2008

Date Submitted: 06/27/2008

Disposition Status: Non-Adoption

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:

Non-Adopt

## General Information

Project Name:

Status of Filing in Domicile:

Project Number: CNLC-125714072

Domicile Status Comments:

Reference Organization: ISO

Reference Number: CL-2007-OPR07

Reference Title:

Advisory Org. Circular: LI-CL-2008-038

Filing Status Changed: 06/27/2008

State Status Changed: 06/27/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing to non-adopt ISO form IL DS 00 09 08 - Common Policy Declarations, which becomes effective September 1, 2008 as part of ISO Filing Designation Number CL-2007-OPR07. We are continuing to use the IL 01 CW 0906 - Common Policy Declarations, which was previously approved by your Department.

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We are also filing to non-adopt ISO form IL 02 31 09 08 - AR Changes-Cancellation & Nonrenewal, which becomes effective September 1, 2008 as part of ISO Filing Designation Number CL-2007-OPR07. We will continue to use form IL 102 AR 0907, which was previously approved by your Department with a 10-1-2007 effective date.

## Company and Contact

### Filing Contact Information

Lisa Flynn, COMPLIANCE ANALYST LISA.FLYNN@CANAL-INS.COM  
 400 EAST STONE AVENUE (800) 868-7538 [Phone]  
 GREENVILLE, SC 29601 (864) 679-2527[FAX]

### Filing Company Information

CANAL INSURANCE COMPANY CoCode: 10464 State of Domicile: South Carolina  
 400 EAST STONE AVENUE Group Code: 262 Company Type: PROPERTY & CASUALTY

PO BOX 7  
 GREENVILLE, SC 29690 Group Name: CANAL GROUP State ID Number:  
 (864) 242-5365 ext. [Phone] FEIN Number: 57-0133332  
 -----

## Filing Fees

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

| COMPANY                 | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-------------------------|--------|----------------|---------------|
| CANAL INSURANCE COMPANY | \$0.00 | 06/27/2008     |               |

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## Correspondence Summary

### Dispositions

| Status       | Created By       | Created On | Date Submitted |
|--------------|------------------|------------|----------------|
| Non-Adoption | Llyweyia Rawlins | 06/27/2008 | 06/27/2008     |

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## **Disposition**

Disposition Date: 06/27/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal): 09/01/2008

Status: Non-Adoption

Comment:

Rate data does NOT apply to filing.

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| <b>Item Type</b>           | <b>Item Name</b>  | <b>Item Status</b> | <b>Public Access</b> |
|----------------------------|---|--------------------|----------------------|
| <b>Supporting Document</b> | Uniform Transmittal Document-Property &Non-adoption<br>Casualty |                    | Yes                  |

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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:** Non-adoption 06/27/2008

**Comments:**

**Attachment:**

PCTD - IL DS 00 09 08 & IL 02 31 09 08 AR Changes C&N Non-Adoption.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>New Business<br>Renewal Business<br>f. State Filing #:<br>g. SERFF Filing #:<br>h. Subject Codes |
|---|---|

|                      |                     |
|----------------------|---------------------|
| <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—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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 #:  
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.)

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## 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) |  |
|-----------|---|--|

| 3. | Form Name<br>/Description/Synopsis | Form #<br>Include edition date | Replacement<br>Or<br>withdrawn?  | If replacement,<br>give form #<br>it replaces | Previous state<br>filing number,<br>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 |   |  |
| 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