

SERFF Tracking Number: LMBR-125697443 State: Arkansas
 Filing Company: Lumbermen's Underwriting Alliance State Tracking Number: # \$0
 Company Tracking Number: 2008-92-CP-F
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: Commercial Property - ISO Forms
 Project Name/Number: Nonadoption of ISO Forms Filing CF-2007-OFR07/2008-92-CP-F

Filing at a Glance

Company: Lumbermen's Underwriting Alliance

Product Name: Commercial Property - ISO Forms SERFF Tr Num: LMBR-125697443 State: Arkansas

TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: # \$0
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: 2008-92-CP-F	State Status: Fees verified and received
Filing Type: Form	Co Status: Pending	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Donna Bauman	Disposition Date: 06/18/2008
	Date Submitted: 06/16/2008	Disposition Status: Non-Adoption
Effective Date Requested (New): 11/01/2008		Effective Date (New): 11/01/2008
Effective Date Requested (Renewal): 11/01/2008		Effective Date (Renewal): 11/01/2008

State Filing Description:

General Information

Project Name: Nonadoption of ISO Forms Filing CF-2007-OFR07
 Project Number: 2008-92-CP-F

Status of Filing in Domicile: Pending
 Domicile Status Comments: Filing to nonadopt in all states.
 Reference Number: CF-2007-OFR07
 Advisory Org. Circular: LI-CF-2007-103

Reference Organization: ISO, Inc.
 Reference Title: MULTISTATE REVISION OF FORMS AND ENDORSEMENTS

Filing Status Changed: 06/18/2008
 State Status Changed: 06/18/2008
 Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Lumbermen's Underwriting Alliance is a subscriber of Insurance Services Office, Inc. and we follow ISO for advisory loss costs, rules, classifications, rating plans, policy forms/endorsements, and statistical reporting.

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With regard to ISO Circular LI-CF-2007-103 and the above filing number CF-2007-OFR07, we will not adopt this revision with an effective date of November 1, 2008.

We intend to adopt this revision at a later date and will advise you with appropriate notice prior to that date.

Company and Contact

Filing Contact Information

Donna Bauman, Donna.Bauman@ins-lua.com
 1905 N.W. Corporate Blvd. (561) 994-1900 [Phone]
 Boca Raton, FL 33431-7303 (561) 988-8297[FAX]

Filing Company Information

Lumbermen's Underwriting Alliance CoCode: 23108 State of Domicile: Missouri
 1905 N.W. Corporate Blvd. Group Code: Company Type: Commercial
 Property and Casualty
 Boca Raton, FL 33431-7303 Group Name: State ID Number:
 (561) 994-1900 ext. [Phone] FEIN Number: 43-0799570

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lumbermen's Underwriting Alliance	\$0.00	06/16/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Non-Adoption	Llyweyia Rawlins	06/18/2008	06/18/2008

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Disposition

Disposition Date: 06/18/2008

Effective Date (New): 11/01/2008

Effective Date (Renewal): 11/01/2008

Status: Non-Adoption

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 &Non-adoption Casualty		Yes

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Non-adoption 06/18/2008

Comments:

Attachment:

industry_rates_PCtransDoc_intelligent.pdf

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
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3. Group Name	Group NAIC #

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

5. Company Tracking Number	
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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

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 <input 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: <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.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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		

PC FFS-1