

SERFF Tracking Number: AOIC-125723140 State: Arkansas
Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: DV8-AR-01-07/07/2008-55000
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Commercial Inland Marine
Project Name/Number: CIM/55000

Filing at a Glance

Company: Auto-Owners Insurance Company

Product Name: Commercial Inland Marine

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland
Marine

Filing Type: Form

SERFF Tr Num: AOIC-125723140

SERFF Status: Closed

Co Tr Num: DV8-AR-01-
07/07/2008-55000

Co Status: Pending

Authors: Claudia Stewart, Drew
Westen

Date Submitted: 07/11/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and
received

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Disposition Date: 07/14/2008

Disposition Status: Approved

Effective Date Requested (New): 08/17/2008

Effective Date Requested (Renewal): 08/17/2008

Effective Date (New): 08/17/2008

Effective Date (Renewal):
08/17/2008

State Filing Description:

General Information

Project Name: CIM

Project Number: 55000

Reference Organization:

Reference Title:

Filing Status Changed: 07/14/2008

State Status Changed: 07/14/2008

Corresponding Filing Tracking Number:

Filing Description:

FORM FILING: 55000 (01-87) - Tailored Protection Policy

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Use: This jacket prints with each new TPP policy issued in Auto-Owners Insurance Company (New Business Only).

Revisions to the form include: We are removing the "dynamic data" (Officer Signature Line) from the filed copy only -

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This will eliminate the necessity to refile the form each time we change officers - There is no edition date change since the content of the text has not changed.

Submitted for your approval is the above-referenced form. We desire to use this form with policies effective on or after August 17, 2008.

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

Manager:

HEARD G. SLADE, MANAGER
TAILORED PROTECTION POLICY UNDERWRITING-SOUTH
SLADE.HEARD@AOINS.COM (emails without attachments)
commmlinesund@aoins.net (emails with attachments)
517-323-1417

Underwriter:

TINA LITTLE
LITTLE.TINA@AOINS.COM
(517) 323-1422

Company and Contact

Filing Contact Information

Heard Slade, Manager slade.heard@aoins.com
PO Box 30660 (800) 346-0346 [Phone]
Lansing, MI 48909-8160 (517) 391-1903[FAX]

Filing Company Information

Auto-Owners Insurance Company	CoCode: 18988	State of Domicile: Michigan
P.O. Box 30660	Group Code: 280	Company Type: PC
Lansing, MI 48909-8160	Group Name: Auto-Owners Ins	State ID Number:

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Group

(800) 346-0346 ext. [Phone]

FEIN Number: 38-0315280

SERFF Tracking Number: AOIC-125723140 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 Form x \$50 = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	07/11/2008	21369471

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07/14/2008	07/14/2008

SERFF Tracking Number: AOIC-125723140 *State:* Arkansas
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Disposition

Disposition Date: 07/14/2008

Effective Date (New): 08/17/2008

Effective Date (Renewal): 08/17/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AOIC-125723140 *State:* Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Auto-Owners Insurance Company Policy Jacket	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Auto-Owners Insurance Company Policy Jacket	55000	01-87	Other	New		0.00	55000 (01-87).pdf

***Tailored Protection
Insurance Policy***

Auto-Owners Insurance Company

POLICY NON-ASSESSABLE

This policy is non-assessable and the premium stated in the Declarations is the only premium you will be asked to pay.

PARTICIPATING

You will be entitled to an equitable participation in Company funds in excess of the amount required to pay expenses and all the losses or claims or other policy obligations incurred, together with the reserve and surplus funds required or permitted by law. A distribution will be made only in accordance with the decision of our Board of Directors acting under the insurance laws and under our charter.

NOTICE OF MEMBERSHIP AND ANNUAL MEETING

Because we are a mutual company this policy makes you a member of the Auto-Owners Insurance Company. You are entitled to vote, in person or by proxy, at all meetings. Our annual policyholder's meetings are held at our home office at Lansing, Michigan on the second Monday in May in each year at 10:00 A.M.

In witness whereof, we, the Auto-Owners Insurance Company, have caused this policy to be issued and to be duly signed by our President and Secretary.

Secretary

President

<i>SERFF Tracking Number:</i>	<i>AOIC-125723140</i>	<i>State:</i>	<i>Arkansas</i>
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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

07/14/2008

Comments:

Attachments:

55000 AR DV8 Trans 1.pdf

55000 AR DV8 Trans 2.pdf

55000 AR DV8 Trans 3.pdf

Property & Casualty Transmittal Document (Revised 1/1/08)

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 #
AUTO-OWNERS INSURANCE GROUP COMPANY	280

4. Company Name(s)	Domicile	NAIC #	FEIN #
AUTO-OWNERS INSURANCE COMPANY	Michigan	280-18988	38-0315280

5. Company Tracking Number

Contact Info for Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Telephone #s	FAX #	E-mail
Heard G. Slade, Manager P.O. Box 30660 Lansing, MI 48909-8160	517-323-1417 800-346-0346 Ext. 1417	517	SLADE.HEARD@AOINS.COM

7. Signature of authorized filer	
8. Please print name of authorized filer	Heard G. Slade

Filing Information (see general instructions for descriptions of these fields)

9. Type of Insurance (TOI)	9.0000 Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	9.0005 Other Commercial Inland Marine
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	Commercial Inland Marine
13. Filing Type	FORM
14. Effective Date(s) Requested	August 17, 2008
15. Reference Filing?	No
16. Reference Organization (if applicable)	
17. Reference Organization #	
18. Company's Date of Filing	July 18, 2008
19. Status of filing in domicile	Michigan- Exempt

Property and Casualty Transmittal Document-

20. **This filing transmittal is part of Company Tracking #**
21. **Filing Description** [This area should be similar to the body of a cover letter and is free-form text]
FORM FILING: 55000 (01-87) - Tailored Protection Policy

Use: This jacket prints with each new TPP policy issued in Auto-Owners Insurance Company (New Business Only).

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commlinesund@aoins.net (emails with attachments)
517-323-1417

Underwriter:

TINA LITTLE
LITTLE.TINA@AOINS.COM
(517) 323-1422

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:

Calculation:

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.)**

FORM FILING SCHEDULE

Ed. 01/05

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.)

This page applies to the following state(s) Arkansas

1.	This filing transmittal is part of Company Tracking #	
2.	This filing corresponds to rate/rule filing number	

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	Tailored Protection Policy	55000 (01-87)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
02			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
03			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
04			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
05			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
06			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
07			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
08			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
09			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) **(Do not refer to the body of the filing for the forms listing.)** and,
2. A completed Property and Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)