

SERFF Tracking Number: AOIC-125723243 State: Arkansas
Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: DV6-AR-01-07/07/2008-55000
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Commercial General Liability
Project Name/Number: DV6/55000

Filing at a Glance

Company: Auto-Owners Insurance Company
Product Name: Commercial General Liability SERFF Tr Num: AOIC-125723243 State: Arkansas
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50
Made/Occurrence
Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: DV6-AR-01- State Status: Fees verified and
07/07/2008-55000 received
Filing Type: Form Co Status: Pending Reviewer(s): Betty Montesi, Edith
Roberts
Authors: Claudia Stewart, Drew Disposition Date: 07/15/2008
Westen
Date Submitted: 07/11/2008 Disposition Status: Approved
Effective Date Requested (New): 08/17/2008 Effective Date (New):
Effective Date Requested (Renewal): 08/17/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: DV6 Status of Filing in Domicile: Authorized
Project Number: 55000 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 07/15/2008
State Status Changed: 07/15/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
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).

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

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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 | 21369466 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Edith Roberts | 07/15/2008 | 07/15/2008 |

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Disposition

Disposition Date: 07/15/2008

Effective Date (New):

Effective Date (Renewal):

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 | 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

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 07/15/2008

Comments:

Attachments:

55000 AR DV6 Trans 1.pdf
55000 AR DV6 Trans 2.pdf
55000 AR DV6 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) 391-1903 | 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) | 17.0000 Other Liability |
| 10. | Sub-Type of Insurance (Sub-TOI) | 17.0001 Commercial General Liability |
| 11. | State Specific Product code(s) (if applicable) [See State Specific Requirements] | |
| 12. | Company Program Title (Marketing Title) | General Liability |
| 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).

Revisions to the form include:

We are removing the "dynamic data" (Officer Signature Line) from the filed copy only - 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.

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SLADE.HEARD@AOINS.COM (emails without attachments)
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.)