

SERFF Tracking Number: AUST-125716183 State: Arkansas
Filing Company: Austin Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: A-AR-CA-08-214F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: Arkansas Commercial Auto Program Introduction/A-AR-CA-08-214F

Filing at a Glance

Company: Austin Mutual Insurance Company

Product Name: Commercial Auto

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

SERFF Tr Num: AUST-125716183

SERFF Status: Closed

Co Tr Num: A-AR-CA-08-214F

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Filing Type: Form

Co Status: Pending Insurance Department Approval

Authors: Terry Madsen, Doug Draeger

Date Submitted: 07/01/2008

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Disposition Date: 07/01/2008

Disposition Status: Approved

Effective Date Requested (New): 08/01/2008

Effective Date Requested (Renewal): On Approval

Effective Date (New): 08/01/2008

Effective Date (Renewal): 07/01/2008

State Filing Description:

General Information

Project Name: Arkansas Commercial Auto Program Introduction

Project Number: A-AR-CA-08-214F

Reference Organization: Insurance Services Office

Reference Title:

Filing Status Changed: 07/01/2008

State Status Changed: 07/01/2008

Corresponding Filing Tracking Number: A-AR-CA-08-214R

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number: See Filing Description

Advisory Org. Circular:

Deemer Date:

Filing Description:

The Austin Mutual Insurance Company plans to introduce a Commercial Auto program in the state of Arkansas. We propose to adopt the Insurance Services Offices (ISO) Commercial Automobile program that is identified by ISO filing numbers AL-97-OEND1, CA-93-O93MC, CA-98-096FO, CA-98-098FO, CA-2000-OFR00, CA-2002-OFR02, CA-2002-OUM1, CA-2003-OWLE3, CA-2004-OMEFR, CA-2004-OTIPF, CA-2005-OUM1, CA-2007-OCH1, CL-98-098IS and CL-2001-OFR01 (forms) filed on our behalf. We propose to implement this new program for new business that is effective

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on and after August 1, 2008.

Austin Mutual currently conducts business in the states of Arizona, Idaho, Kansas, Missouri, Montana, Oregon, South Dakota, Utah, Washington, Wisconsin and our state of domicile – Minnesota. Our intent is to expand our Commercial Auto program to the state of Arkansas.

Since this is a new program we are introducing in Arkansas, we are relying heavily on the ISO Commercial Auto program for forms that have already been approved by your department.

The ISO Commercial Auto program forms filings as referenced above are adopted with changes outlined in the Deviation Filing and discussed below.

Commercial Auto Program-

Forms

Attached is our Policy Jacket A-9 02-04 as well as a sample Declarations Pages BADEC.

In accordance with the State of Minnesota Department of Commerce Bulletin 95-2, we are not required to file a change for this line of insurance in our state of domicile.

Thank you for your prompt approval of this filing submission.

Company and Contact

Filing Contact Information

Doug Draeger, CPD Analyst
10 Second Street NE
Minneapolis, MN 55413-2282

ddraeger@austinmutual.com
(800) 328-4628 [Phone]
(612) 378-8696[FAX]

Filing Company Information

Austin Mutual Insurance Company
10 Second Street NE

CoCode: 13412
Group Code:

State of Domicile: Minnesota
Company Type: Property &
Casualty

SERFF Tracking Number: AUST-125716183 State: Arkansas
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: Arkansas Commercial Auto Program Introduction/A-AR-CA-08-214F

Suite 300

Minneapolis, MN 55413-2282
(612) 378-8600 ext. [Phone]

Group Name:
FEIN Number: 41-0134100

State ID Number: 2797

SERFF Tracking Number: AUST-125716183 State: Arkansas
Filing Company: Austin Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: A-AR-CA-08-214F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: Arkansas Commercial Auto Program Introduction/A-AR-CA-08-214F

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Austin Mutual Insurance Company	\$50.00	07/01/2008	21191229

SERFF Tracking Number: AUST-125716183 State: Arkansas
Filing Company: Austin Mutual Insurance Company State Tracking Number: EFT \$50
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: Arkansas Commercial Auto Program Introduction/A-AR-CA-08-214F

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07/01/2008	07/01/2008

SERFF Tracking Number: *AUST-125716183* *State:* *Arkansas*
Filing Company: *Austin Mutual Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *A-AR-CA-08-214F*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *Commercial Auto*
Project Name/Number: *Arkansas Commercial Auto Program Introduction/A-AR-CA-08-214F*

Disposition

Disposition Date: 07/01/2008

Effective Date (New): 08/01/2008

Effective Date (Renewal): 07/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AUST-125716183 State: Arkansas
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 Project Name/Number: Arkansas Commercial Auto Program Introduction/A-AR-CA-08-214F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Policy Jacket	A-9	02-04	Other	New			A9 0204.pdf
Approved	Declarations Pages	BADEC	0801	Declaration	New s/Schedule			BADEC 0801.pdf



**YOUR INSURANCE POLICY
FROM**

**Non-assessable
Mutual Company**

AUSTIN MUTUAL INSURANCE COMPANY

The following Table of Contents shows how the policy is organized. It will help **you** locate particular sections of the policy.

DECLARATIONS PAGE

Your Name
Location of Your Property
Policy Period
Coverages
Amounts of Insurance
Deductible

POLICY JACKET GENERAL PROVISIONS

Policy Period
Changes
Renewal Plan
Premium Explanation

THIS POLICY IS A LEGAL CONTRACT BETWEEN YOU AND US. THIS POLICY HAS BEEN:

- designed for your easy reference;
- simplified, to make it more understandable; and
- arranged to better display the available coverages.

READ YOUR POLICY CAREFULLY

GENERAL POLICY PROVISIONS

POLICY PERIOD AND TERRITORY

This policy applies only to losses which occur during the policy period which begins as 12:01 A.M. Standard Time on the date shown in the Declarations.

CHANGES

This policy contains all the agreements between you and us. Its terms may not be changed or waived except by an amended declaration issued by us. If a change requires a premium adjustment, we will adjust the premium as of the effective date of change. If we revise this policy form to provide more coverage without additional premium charge, your policy will automatically provide the additional coverage as of the day the revision is effective in your state.

RENEWAL PLAN

If we agree, this policy may be continued for successive policy periods. You must pay us the required continuation premium by the expiration of the current policy period.

PREMIUM

The premium stated in the Declarations is the initial premium for this policy. On each renewal, continuation or anniversary of the effective date of this policy, the premium shall be computed by us in accordance with our manual then in use.

MUTUAL POLICY CONDITIONS

By acceptance of this policy, you become a member of the Austin Mutual Insurance Company and are entitled to vote, in person or by proxy, at the Annual Meeting held at the home office of the Company in Minneapolis, Minnesota, on the first Monday of May each year, at 2:00 P.M.

This policy is non-assessable.

President

Secretary

Date of Issue _____ Countersigned by _____
Authorized Agent

**QA AUSTIN MUTUAL INS. CO.**10 Second St., N.E. Suite 300, Minneapolis MN 55413-2282
P.O. Box 401, Minneapolis MN 55440-0401**COMMERCIAL AUTO DECLARATION**

Policy Number	Policy Period From	To
01 BA [REDACTED] 02	05/22/2007	05/22/2008 12:01 A.M. Standard Time at the described location

Transaction	
RENEWAL DECLARATION	BILLING PLAN: Direct Bill Monthly / 12 Months
Named Insured and Address	Agent

[REDACTED]
MOUNTAIN HOME ID 83647[REDACTED]
BOISE ID 67720

Telephone: 774-[REDACTED]

CLAIMS REPORTING 1-800-328-4628

Business Description	Type of Business	Audit Period
R	INDIVIDUAL	NONE

ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each coverage will apply only to those "autos" shown as covered "autos", indicated by the entry of one or more symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTO SYMBOLS	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$300,000 per accident	\$363.00
PERSONAL INJURY PROTECTION (or equivalent No-fault coverage)		Separately stated in each PIP endorsement minus \$0 Deductible	
ADDED PERSONAL INJURY PROT. (or equivalent No-fault coverage)		Separately stated in each Added PIP endorsement	
AUTO MEDICAL PAYMENTS	7	\$2,000 Each Insured	\$24.00
UNINSURED MOTORISTS	7	\$300,000 Each Accident	\$8.00
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	7	\$300,000 Each Accident	\$28.00
PHYSICAL DAMAGE COMPREHENSIVE	7	Actual Cash Value or Cost of Repair, whichever is less, minus the Deductible stated in the Schedule of Covered Autos for each covered auto, but no Deductible applies to loss caused by lightning or fire. See ITEM FOUR for hired or borrowed "autos".	\$85.00
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS		Actual Cash Value or Cost of Repair, whichever is less, minus the Deductible stated in the Schedule of Covered Autos, for each covered auto for loss caused by Mischief or Vandalism. See ITEM FOUR for hired or borrowed "autos".	
PHYSICAL DAMAGE COLLISION	7	Actual Cash Value or Cost of Repair, whichever is less, minus the Deductible stated in the Schedule of Covered Autos for each covered auto. See ITEM FOUR for hired or borrowed "autos".	\$143.00
PHYSICAL DAMAGE TOWING AND LABOR		for each disablement of a private passenger "auto".	
Premium for Endorsements			
Estimated Total Premium			\$651.00

Forms and Endorsements Applicable to this policy

See Forms and Endorsements Schedule



**QA AUSTIN MUTUAL INS. CO.**10 Second St., N.E. Suite 300, Minneapolis MN 55413-2282
P.O. Box 401, Minneapolis MN 55440-0401**COMMERCIAL AUTO DECLARATION**

14

Policy Number: 01 BA [REDACTED] 02
Named Insured: [REDACTED]
Agent: [REDACTED]

ITEM THREE: SCHEDULE OF COVERED AUTOS YOU OWN

Unit #	Year, Make & Model, Serial No. or Vehicle Identification Number	PURCHASED		State Territory
		Original Cost New	Actual Cost & NEW (N) USED (U)	
* 1	1988 DODGE DAKOTA LKJSF908UQWOFJ [03	\$19,000		ID 105

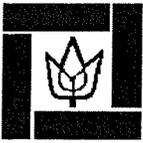
Unit #	Code	Radius of Operation	Business Use	Size GVW, GCW or Seating Capacity	Primary Rating Factor		Secondary Rating Factor	Age Group
					Liability	Physical Damage		
1	01183	Local	Service	0-10,000 GVW	1.00000	1.00000	0.05000	6

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES							
Unit #	LIABILITY		PERS INJURY PROT		ADDED PIP	AUTO MED PAY	
	Limit	Premium	Limit stated in each PIP Endorsement minus deductible shown below		Premium	Limit	Premium
1	\$300,000	\$363				\$2,000	\$24
		\$363					\$24

COVERAGES - PREMIUM, LIMITS AND DEDUCTIBLES (Cont.)						
Unit #	UNINSURED MOTORISTS		UNDERINSURED MOTORISTS		TOWING & LABOR	
	Limit	Premium	Limit	Premium	Limit per Disablement	Premium
1	\$300,000	\$8	\$300,000	\$28		
		\$8		\$28		

COVERAGES - PREMIUM, LIMITS AND DEDUCTIBLES (Cont.)						
Unit #	COMPREHENSIVE		SP. CAUSE OF LOSS		COLLISION	
	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO minus deductible shown below	Premium
1	\$250	\$85			\$500	\$143
		\$85				\$143



**QA AUSTIN MUTUAL INS. CO.**10 Second St., N.E. Suite 300, Minneapolis MN 55413-2282
P.O. Box 401, Minneapolis MN 55440-0401**COMMERCIAL AUTO DECLARATION**

Policy Number: 01 BA [REDACTED] 02

Named Insured: [REDACTED]

Agent: [REDACTED]

ITEM FOUR:**SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

LIABILITY COVERAGE - RATING BASIS, COST OF HIRE				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (IF LIABILITY COVERAGE IS PRIMARY)	ESTIMATED PREMIUM
TOTAL PREMIUM				

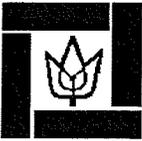
The Cost of Hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of Hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE				
COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	Actual Cash Value or Cost of Repairs, whichever is less minus Deductible for each covered auto. But no Deductible applies to loss caused by fire or lightning.			
SPECIFIED CAUSES OF LOSS	Actual Cash Value or Cost of Repairs, whichever is less minus \$0 Deductible for each covered auto for loss caused by Mischief or Vandalism.			
COLLISION	Actual Cash Value, Cost of Repairs or whichever is less minus Deductible for each covered auto.			
TOTAL PREMIUM				

ITEM FIVE:**SCHEDULE FOR NON-OWNERSHIP LIABILITY**

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other than a Social Service Agency	Number of Employees		
	Number of Partners		
Social Service Agency	Number of Employees		
	Number of Volunteers		
TOTAL PREMIUM			



**QA AUSTIN MUTUAL INS. CO.**

10 Second St., N.E. Suite 300, Minneapolis MN 55413-2282
P.O. Box 401, Minneapolis MN 55440-0401

COMMERCIAL AUTO DECLARATION

Policy Number: 01 BA [REDACTED] 02

Named Insured: [REDACTED]

Agent: [REDACTED]

FORMS SCHEDULE

Form Name	Ed Date/ Version No.	Description
CA0001	10/01	Business Auto Coverage Form
CA0038	12/02	War Exclusion
CA0051	12/04	Chgs In Cvg Frms-Mobile Equip
CA0118	11/00	ID Changes
CA2384	01/06	Exclusion of Terrorism
CA3115	04/01	ID Uninsured Motorists Cov
CA3118	04/01	ID Underinsured Motorists
CA9903	07/97	Auto Medical Payments Coverage
IL0017	11/98	Common Policy Conditions
IL0021	07/02	Nuclear Energy Liab Excl Endr
IL0204	11/06	Idaho Changes - Cancellation



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TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *Commercial Auto*
Project Name/Number: *Arkansas Commercial Auto Program Introduction/A-AR-CA-08-214F*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AUST-125716183 State: Arkansas
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: Arkansas Commercial Auto Program Introduction/A-AR-CA-08-214F

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Approved	07/01/2008

Comments:

Attached are the Property & Casualty Transmittal Document as well as the Form Filing Schedule.

Attachments:

AR CA PC TD-1 0307.pdf

AR CA FFS-1 0307.pdf

Property & Casualty Transmittal Document

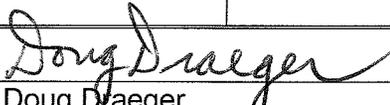
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Austin Mutual Insurance Company	Minnesota	13412	41-0134100	2797

5. Company Tracking Number	A-AR-CA-08-214F
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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
	Doug Draeger	Compliance & Product Dev Analyst	1-800-328-4628, ext 523	1-612-378-8696	ddraeger@austinmutual.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Doug Draeger		

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

9.	Type of Insurance (TOI)	20.0 Commercial Auto
10.	Sub-Type of Insurance (Sub-TOI)	20.0001 Business Auto
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Commercial Auto
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:

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	Insurance Services Office
17.	Reference Organization # & Title	AL-97-OEND1, CA-93-093MC, CA-98-096FO, CA-98-098FO, CA-2000-OFR00, CA-2002-OFR02, CA-2002-OUM1, CA-2003-OWLE3, CA-2004-OMEFR, CA-2004-OTIPF, CA-2005-OUM1, CA-2007-OCH1, CL-98-098IS and CL-2001-OFR01
18.	Company's Date of Filing	06/30/08
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	A-AR-CA-08-214R
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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]	
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The Austin Mutual Insurance Company plans to introduce a Commercial Auto program in the state of Arkansas. We propose to adopt the Insurance Services Offices (ISO) Commercial Automobile program that is identified by ISO filing numbers AL-97-OEND1, CA-93-093MC, CA-98-096FO, CA-98-098FO, CA-2000-OFR00, CA-2002-OFR02, CA-2002-OUM1, CA-2003-OWLE3, CA-2004-OMEFR, CA-2004-OTIPF, CA-2005-OUM1, CA-2007-OCH1, CL-98-098IS and CL-2001-OFR01 (forms) filed on our behalf. We propose to implement this new program for new business that is effective on and after August 1, 2008.

Austin Mutual currently conducts business in the states of Arizona, Idaho, Kansas, Missouri, Montana, Oregon, South Dakota, Utah, Washington, Wisconsin and our state of domicile – Minnesota. Our intent is to expand our Commercial Auto program to the state of Arkansas. Since this is a new program we are introducing in Arkansas, we are relying heavily on the ISO Commercial Auto program for forms that have already been approved by your department. The ISO Commercial Auto program forms filings as referenced above are adopted with changes outlined in the Deviation Filing and discussed below.

Commercial Auto Program - Forms

Attached is our Policy Jacket A-9 02-04 as well as a sample Declarations Pages BADEC.

In accordance with the State of Minnesota Department of Commerce Bulletin 95-2, we are not required to file a change for this line of insurance in our state of domicile. Thank you for your prompt approval of this filing submission.

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 #: EFT
Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to 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 #	A-AR-CA-08-214F			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	A-AR-CA-08-214R			
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	Policy Jacket	A-9 02-04	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Declarations Pages	BADEC 0801	<input checked="" 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		

Effective March 1, 2007

This page is informational only and do not need to be submitted with your filings!

**Notes for Form Filing Transmittal
DESCRIPTION OF ITEMS IN THE FORM FILING SCHEDULE**

FORM FILING SCHEDULE

- 1. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state
- 2. This filing corresponds to rate/rule filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.
- 3. Exhibit/Form Name/Description/Synopsis:** This is a list of forms being filed. **Do not refer to the body of the filing for a separate forms listing, unless allowed by state. This is required information and is required here.** The line numbers below this are to help the Departments that track the number of forms they receive.