

SERFF Tracking Number: ARKS-125767963 State: Arkansas
Filing Company: 22098 - GRAIN DEALERS MUTUAL INSURANCE COMPANY State Tracking Number: #50000417 \$100
Company Tracking Number:
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2021 Personal Umbrella & Excess
Product Name: PUP
Project Name/Number: /

Filing at a Glance

Company: 22098 - GRAIN DEALERS MUTUAL INSURANCE COMPANY
Product Name: PUP SERFF Tr Num: ARKS-125767963 State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: #50000417 \$100
Sub-TOI: 17.2021 Personal Umbrella & Excess Co Tr Num: State Status: Fees verified and received
Filing Type: Rate/Rule Co Status: Reviewer(s): Becky Harrington, Betty Montesi
Author: Disposition Date: 08/13/2008
Date Submitted: 08/08/2008 Disposition Status: Filed
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:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 08/13/2008 Deemer Date:
State Status Changed: 08/08/2008
Corresponding Filing Tracking Number:
Filing Description:
Rate change due to reinsurer.

Company and Contact

Filing Contact Information

SERFF Tracking Number: ARKS-125767963 State: Arkansas
Filing Company: 22098 - GRAIN DEALERS MUTUAL State Tracking Number: #50000417 \$100
INSURANCE COMPANY
Company Tracking Number:
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2021 Personal Umbrella & Excess
Product Name: PUP
Project Name/Number: /

Pamela Holliday, State Filings Coordinator phollida@graindealers.com
6201 Corporate Drive (800) 428-7081 [Phone]
Indianapolis, IN 46278 (888) 436-1902[FAX]

Filing Company Information

22098 - GRAIN DEALERS MUTUAL CoCode: 22098 State of Domicile: Arkansas
INSURANCE COMPANY
No Address Group Code: Company Type:
City, AR 99999 Group Name: State ID Number:
(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999

SERFF Tracking Number: ARKS-125767963

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Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------|------------------|------------|----------------|
| Filed | Becky Harrington | 08/13/2008 | 08/13/2008 |

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Sub-TOI: 17.2021 Personal Umbrella & Excess

Product Name: PUP

Project Name/Number: /

Disposition

Disposition Date: 08/13/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal): 09/01/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125767963

State: Arkansas

Filing Company: 22098 - GRAIN DEALERS MUTUAL
INSURANCE COMPANY

State Tracking Number: #50000417 \$100

Company Tracking Number:

TOI: 17.2 Other Liability - Occurrence Only

Sub-TOI: 17.2021 Personal Umbrella & Excess

Product Name: PUP

Project Name/Number: /

| Item Type | Item Name | Item Status | Public Access |
|----------------------------|---|--------------------|----------------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Filed | No |
| Supporting Document | NAIC Loss Cost Filing Document for OTHER than Workers' Comp | Filed | No |
| Supporting Document | NAIC loss cost data entry document | Filed | No |
| Supporting Document | ARKS-125767963 | | No |

SERFF Tracking Number: ARKS-125767963

State: Arkansas

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INSURANCE COMPANY

State Tracking Number: #50000417 \$100

Company Tracking Number:

TOI: 17.2 Other Liability - Occurrence Only

Sub-TOI: 17.2021 Personal Umbrella & Excess

Product Name: PUP

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125767963

State: Arkansas

Filing Company: 22098 - GRAIN DEALERS MUTUAL
INSURANCE COMPANY

State Tracking Number: #50000417 \$100

Company Tracking Number:

TOI: 17.2 Other Liability - Occurrence Only

Sub-TOI: 17.2021 Personal Umbrella & Excess

Product Name: PUP

Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125767963

08/13/2008

Comments:

Attachments:

ARKS-125767963.pdf

ARKS-125767963-a.pdf

ARKS-125767963

BH



**GRAIN DEALERS MUTUAL
INSURANCE COMPANY**

6201 CORPORATE DRIVE • INDIANAPOLIS, INDIANA 46278 • PHONE 317-388-4500 • FAX 317-295-9434
WEBSITE: www.graindealers.com

5000417
100.00

August 5, 2008

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

FILED
AUG 12 2008
PROPERTY AND CASUALTY
ARKANSAS INSURANCE DEPT.

NAIC #082 22098
Personal Umbrella Policy Rates

Attention: Property & Casualty Division

Dear Property & Casualty Division:

Grain Dealers Mutual Insurance Company, a member of the Insurance Services Office, hereby submits revised rates applying to its Personal Umbrella Policy.

The revised rates were furnished by our reinsurer and are to be applied to all policies written or after September 1, 2008.

The revised rates are shown on the enclosed rate page PU-R-1.

Enclosed is an extra copy of this filing, and a self-addressed, postage-paid envelope for your convenience in notifying us of your approval.

Respectfully,

Pamela L. Holliday

Pamela L. Holliday
State Filings Coordinator
phollida@graindealers.com

PLH/po

Enc. Duplicate #1

RECEIVED

AUG 08 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only

FILED
 AUG 12 2008
 PROPERTY AND CASUALTY
 ARKANSAS INSURANCE DEPT.

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 # |
| Grain Dealers Group | 082 |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|--|----------|--------|------------|---------|
| Grain Dealers Mutual Insurance Company | IN | 22098 | 35-0344630 | N/A |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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AUG 08 2008

| | |
|-----------------------------------|-----|
| 5. Company Tracking Number | N/A |
|-----------------------------------|-----|

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

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

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|----|--|------------------------------|--------------------------|--------------|----------------------------|
| | Pamela L. Holliday 6201 Corporate Drive Indianapolis, IN 46278 | State Filings Coordinator | 800.428.7081 ext 4515 | 888.436.1902 | pholliday@graindealers.com |
| | | | | | |

| | |
|--|---------------------------|
| 7. Signature of authorized filer | <i>Pamela L. Holliday</i> |
| 8. Please print name of authorized filer | Pamela L. Holliday |

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

| | |
|--|--|
| 9. Type of Insurance (TOI) | Personal Umbrella |
| 10. Sub-Type of Insurance (Sub-TOI) | Personal Umbrella |
| 11. State Specific Product code(s) (if applicable)[See State Specific Requirements] | Personal Umbrella |
| 12. Company Program Title (Marketing title) | Personal Umbrella |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" 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: 09/01/08 Renewal: |
| 15. Reference Filing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 16. Reference Organization (if applicable) | |

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RECEIVED
JUL 1 1960
RESEARCH AND DEVELOPMENT
SECTION

July 1, 1960

| | |
|--------------------------------------|--|
| 17. Reference Organization # & Title | |
| 18. Company's Date of Filing | August 4, 2008 |
| 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] |
|---|

We are filing our revised rates for Personal Umbrella.

| |
|--|
| 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.

Becky Harrington

From: PHolliday@graindealers.com
Sent: Tuesday, August 12, 2008 12:45 PM
To: Becky Harrington
Subject: Personal umbrella Rates
Attachments: personal umbrelimage-000.pdf

Becky,

I am attaching the current Personal Umbrella Rate Page so that you can see the difference in the rates. If you need me to create an Exhibit to show the changes, please let me know.

Thank you.

Respectfully,

Pam Holliday
State Filings Coordinator
Grain Dealers Mutual Insurance Company

Page 6

Becky Harrington

From: Becky Harrington
Sent: Friday, August 08, 2008 1:57 PM
To: phollida@graindealers.com
Subject: Grain Dealers Mutual - 22098 - Personal Umbrella Rates - Arkansas

Pam,

We have received the captioned rate change filing due to the reinsurer's request. Please provide specifics as to which rates and how much they were changed.

Thanks,
Becky Harrington
Sr. Certified Analyst
Property & Casualty Division
(501) 371-2804
(501) 371-2748 fax
E-mail: becky.harrington@arkansas.gov

Page 1

Personal Umbrella Rates
Arkansas

| | | | | |
|--|----------|-----------|------------|------|
| 1. Base Premium (Initial Residence) | | | | \$50 |
| 2. Additional Residence | | | | \$15 |
| 3. Rental Unit (per unit) | | | | \$20 |
| 4. Automobiles, motorcycles and licensed for road use recreational vehicles (Initial Automobile) | | | | \$55 |
| 5. Additional Automobile | | | | \$45 |
| 6. Underinsured/underinsured motorists - each vehicle | | | | \$25 |
| 7. Youthful Operators | | | | \$80 |
| 8. Youthful Operators (500/500) | | | | \$60 |
| 9. Watercraft | 26-50 HP | 51-250 HP | 250-350 HP | |
| | \$20 | \$40 | \$60 | |
| 10. Jet Ski | | | | \$75 |
| 11. Farm Residence | | | | |
| 1-500 Acre | \$50 | | | |
| 501-1000 Acre | \$60 | | | |
| 12. Farm Automobile | | | | |
| Light | \$60 | | | |
| Medium | \$85 | | | |
| Heavy | \$110 | | | |
| 13. Recreational Vehicle | \$25 | | | |
| 14. Minimum Premium | \$150 | | | |
| 15. Minimum Premium for Farm | \$150 | | | |

Personal Umbrella Rates

1. Basic Premiums include:

- all owner occupied residences \$50
- all watercraft under 26' and 25' Horsepower
- all recreational vehicles (not for road use)
- up to (4) rental dwellings (units)
- one office premises
- S.I.R. Coverage

OLD RATES

2. Automobiles, motorcycles and licensed for road use recreational vehicles - each Vehicle \$35

3. Uninsured/underinsured motorists - each vehicle \$25

4. Underage driver -each \$50

| | | | | |
|---------------|-----------------|------------------|------------------|------------------|
| 5. Watercraft | <u>26-50 HP</u> | <u>51-100 HP</u> | <u>101-160HP</u> | <u>151-225HP</u> |
| 0-15 feet | \$50 | \$75 | \$100 | \$150 |
| 16-26 feet | \$40 | \$50 | \$75 | \$125 |

6. Acreage

| | |
|---------|------|
| Acres | |
| 0-50 | \$15 |
| 51-100 | \$25 |
| 101-200 | \$45 |
| 201-300 | \$65 |
| 310-400 | \$85 |

7. Minimum Premium

1M xs 1M \$115

8. Increased Limits Factors

additional million charge of .75 of preceding million subject to above minimums

Effective March 1, 2007

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

Page 4

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

| | | |
|-----------|--|-----|
| 1. | This filing transmittal is part of Company Tracking # | N/A |
|-----------|--|-----|

| | | |
|---|---|-----|
| 2. | This filing corresponds to form filing number (Company tracking number of form filing, if applicable) | N/A |
| <input checked="" type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%) | | |

| | |
|-----------|--|
| 3. | Filing Method (Prior Approval, File & Use, Flex Band, etc.) |
|-----------|--|

| 4a. Rate Change by Company (As Proposed) | | | | | | | |
|--|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| Company Name | Overall % Indicated Change (when applicable) | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change (where required) | Minimum % Change (where required) |
| Grain | | Nil | | | \$772 | | |
| Dealers | | | | | | | |

| 4b. Rate Change by Company (As Accepted) For State Use Only | | | | | | | |
|---|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| Company Name | Overall % Indicated Change (when applicable) | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change (where required) | Minimum % Change (where required) |
| | | | | | | | |
| | | | | | | | |

| Overall Rate Information (Complete for Multiple Company Filings only) | | | |
|---|---|-------------|-----------|
| | | COMPANY USE | STATE USE |
| 5a. | Overall percentage rate indication (when applicable) | | |
| 5b. | Overall percentage rate impact for this filing | Nil | |
| 5c. | Effect of Rate Filing – Written premium change for this program | | |
| 5d. | Effect of Rate Filing – Number of policyholders affected | | |

| | | |
|-----------|--|------------------|
| 6. | Overall percentage of last rate revision | N/A |
| 7. | Effective Date of last rate revision | December 1, 2004 |
| 8. | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | File and Use |

| 9. | Rule # or Page # Submitted for Review | Replacement or Withdrawn? | Previous state filing number, if required by state |
|----|---------------------------------------|---|--|
| 01 | PU-R-1 | <input checked="" 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 | |

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