

SERFF Tracking Number: GECC-125774307 State: Arkansas
 Filing Company: Government Employees Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: 2008-307
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess
 Product Name: 307- PUL Forms
 Project Name/Number: 2008-307/2008-307

Filing at a Glance

Company: Government Employees Insurance Company

Product Name: 307- PUL Forms SERFF Tr Num: GECC-125774307 State: Arkansas
 TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50
 Made/Occurrence

Sub-TOI: 17.0021 Personal Umbrella and Excess Co Tr Num: 2008-307 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Becky Harrington, Betty Montesi

Authors: Maria Papagjika, Jessica Barbish Disposition Date: 08/13/2008

Date Submitted: 08/13/2008 Disposition Status: Approved

Effective Date Requested (New): On Approval Effective Date (New):

Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

State Filing Description:

General Information

Project Name: 2008-307

Status of Filing in Domicile: Not Filed

Project Number: 2008-307

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08/13/2008

State Status Changed: 08/13/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

For your review and approval, Government Employees Insurance Company herewith submits a revision to their Personal Umbrella Liability Forms Manual currently on file with your department.

Specifically, we propose to withdraw the following forms:

SERFF Tracking Number: GECC-125774307 State: Arkansas
Filing Company: Government Employees Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 2008-307
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess
Product Name: 307- PUL Forms
Project Name/Number: 2008-307/2008-307

PPUE-1 (10-82) NS- Pacesetter Plus Policy Endorsement Named Operator Exclusion
M-134-CR (8-02) - Notice Regarding Fair Credit Reporting Act
M-134-DH (4-99) - Fair Credit Act Letter

It should be noted that these forms are obsolete and are no longer used.

Once you have had the opportunity to review the enclosed, please provide us with your stamped approval for our records.

Company and Contact

Filing Contact Information

Maria Papagjika, Analyst, State Filings mpapagjika@geico.com
One GEICO Plaza (301) 986-3792 [Phone]
Washington, DC 20076 (301) 986-3922[FAX]

Filing Company Information

Government Employees Insurance Company CoCode: 22063 State of Domicile: Maryland
4608 Willard Avenue Group Code: 31 Company Type:
Chevy Chase, MD 20815 Group Name: State ID Number:
(800) 824-5404 ext. [Phone] FEIN Number: 53-0075853

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Government Employees Insurance Company	\$50.00	08/13/2008	21921669

SERFF Tracking Number: GECC-125774307 State: Arkansas
Filing Company: Government Employees Insurance Company State Tracking Number: EFT \$50
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	08/13/2008	08/13/2008

SERFF Tracking Number: *GECC-125774307* *State:* *Arkansas*
Filing Company: *Government Employees Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *2008-307*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0021 Personal Umbrella and Excess*
Product Name: *307- PUL Forms*
Project Name/Number: *2008-307/2008-307*

Disposition

Disposition Date: 08/13/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GECC-125774307 State: Arkansas
Filing Company: Government Employees Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 2008-307
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess
Product Name: 307- PUL Forms
Project Name/Number: 2008-307/2008-307

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/13/2008

Comments:

Attachment:

P&C Trans Doc.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 08/13/2008

Comments:

Attachment:

Cover Letter.pdf

Satisfied -Name: Change Sheet **Review Status:** Approved 08/13/2008

Comments:

Attachment:

Change Sheet.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: 60%; 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>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

3. Group Name	Group NAIC #
Government Employees Insurance Company	031

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Government Employees Insurance Company	MD	22063	53-0075853	

5. Company Tracking Number	2008-307
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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
	Jessica Barbish 4608 Willard Avenue Chevy Chase, MD 20815	Analyst, State Filings	800-824-5404, x7557	301-986-3922	JBarbish@geico.com
7.	Signature of authorized filer	<i>Jessica Barbish</i>			
8.	Please print name of authorized filer	Jessica Barbish			

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

9.	Type of Insurance (TOI)	17.0
10.	Sub-Type of Insurance (Sub-TOI)	17.0021
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	Personal Umbrella Liability Forms Manual Revision
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: Upon Approval Renewal: Upon Approval
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	August 12, 2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2008-307
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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]

For your review and approval, Government Employees Insurance Company herewith submits a revision to their Personal Umbrella Liability Forms Manual currently on file with your department.

Specifically, we propose to withdraw the following forms:

PPUE-1 (10-82) NS- Pacesetter Plus Policy Endorsement Named Operator Exclusion
M-134-CR (8-02) - Notice Regarding Fair Credit Reporting Act
M-134-DH (4-99) - Fair Credit Act Letter

It should be noted that these forms are obsolete and are no longer used.

Once you have had the opportunity to review the enclosed, please provide us with your stamped approval for our records.

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 the 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 #	2008-307
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2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A
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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	Pacesetter Plus Policy Endorsement Named Operator Exclusion	PPUE-1 (10-82) NS	[] New [] Replacement [X] Withdrawn		
02	Notice Regarding Fair Credit Reporting Act	M-134-CR (8-02)	[] New [] Replacement [X] Withdrawn		
03	Fair Credit Act Letter	M-134-DH (4-99)	[] New [] Replacement [X] Withdrawn		
04			[] New [] Replacement [] Withdrawn		
05			[] New [] Replacement [] Withdrawn		
06			[] New [] Replacement [] Withdrawn		
07			[] New [] Replacement [] Withdrawn		
08			[] New [] Replacement [] Withdrawn		
09			[] New [] Replacement [] Withdrawn		
10			[] New [] Replacement [] Withdrawn		

PC FFS-1



- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company

ONE GEICO PLAZA ■ Washington, D.C. 20076-0001

August 12, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: Government Employees Insurance Company (GEICO) NAIC # 031-22063
Personal Umbrella Liability Forms Manual Revision
File No: 2008-307

Dear Commissioner Benafield Bowman:

For your review and approval, Government Employees Insurance Company herewith submits a revision to their Personal Umbrella Liability Forms Manual currently on file with your department.

Specifically, we propose to withdraw the following forms:

PPUE-1 (10-82) NS- Pacesetter Plus Policy Endorsement Named Operator Exclusion
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It should be noted that these forms are obsolete and are no longer used.

Once you have had the opportunity to review the enclosed, please provide us with your stamped approval for our records.

Sincerely,

Jessica Barbish

Jessica Barbish
Analyst, State Filings
800-824-5404 Ext. 7557
Fax: (301)-986-3922
Email: JBarbish@geico.com

Enclosures

GOVERNMENT EMPLOYEES INSURANCE COMPANY

PERSONAL UMBRELLA

ARKANSAS – CHANGE SHEET

POLICY SECTION

The following forms are to be withdrawn:

Withdrawn Forms:

PPUE-1 (10-82) NS- Pacesetter Plus Policy Endorsement Named Operator Exclusion

M-134-CR (8-02) - Notice Regarding Fair Credit Reporting Act

M-134-DH (4-99) - Fair Credit Act Letter