

SERFF Tracking Number: ARMD-125777413 State: Arkansas
Filing Company: Armed Forces Insurance Exchange State Tracking Number: #140144 \$50
Company Tracking Number: AR-PL-4I-08-1
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0003 Comprehensive Personal Liability
Product Name: Liability
Project Name/Number: /

Filing at a Glance

Company: Armed Forces Insurance Exchange

Product Name: Liability

SERFF Tr Num: ARMD-125777413 State: Arkansas

TOI: 17.0 Other Liability - Claims

SERFF Status: Closed

State Tr Num: #140144 \$50

Made/Occurrence

Sub-TOI: 17.0003 Comprehensive Personal

Co Tr Num: AR-PL-4I-08-1

State Status: Fees verified and received

Liability

Filing Type: Form

Co Status: Proofing Completed

Reviewer(s): Betty Montesi, Edith Roberts

Authors: Kimberly McMillan, Brian

Disposition Date: 09/08/2008

Savoie, Shanell Nieves

Date Submitted: 08/18/2008

Disposition Status: Approved

Effective Date Requested (New): 11/24/2008

Effective Date (New):

Effective Date Requested (Renewal): 11/24/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/08/2008

State Status Changed: 09/08/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to notify you of a revision to our Personal Liability Policy Jacket, 3 31 013. Our new jacket reflects an updated company logo. The remaining content of our Personal Liability Jacket remains unchanged.

With the adoption of our 10 06 edition, we are simultaneously withdrawing our Personal Liability Jacket, 3 31 013 01 03, from use. We have attached a copy of our revised Personal Liability Policy Jacket, 3 31 013 10 06, to our SERFF filing.

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This filing is submitted under the 'Prior Approval' provisions of Arkansas Insurance Laws, § 23-79-109. Unless disapproved, we will deem this filing applicable to all policies effective 24 November 2008.

Company and Contact

Filing Contact Information

Kimberly McMillan, Supervisor, Regulatory regcomp@afi.org
 Compliance
 550 Eisenhower Rd (800) 828-7732 [Phone]
 Leavenworth, KS 66048 (800) 664-9320[FAX]

Filing Company Information

Armed Forces Insurance Exchange CoCode: 41459 State of Domicile: Kansas
 550 Eisenhower Rd Group Code: Company Type: P&C
 Leavenworth, KS 66048 Group Name: State ID Number:
 (800) 828-7732 ext. [Phone] FEIN Number: 48-0933281

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Armed Forces Insurance Exchange	\$0.00	08/18/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
B0000140144	\$50.00	08/18/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	09/08/2008	09/08/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fee	Note To Reviewer	Shanell Nieves	08/19/2008	08/19/2008

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Disposition

Disposition Date: 09/08/2008

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	Personal Liability Policy Jacket	Approved	Yes

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Product Name: Liability
Project Name/Number: /

Note To Reviewer

Created By:

Shanell Nieves on 08/19/2008 11:53 AM

Subject:

Filing Fee

Comments:

Check # B0000140144, was sent out to AR on 8/18/2008.

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Personal Liability Policy Jacket	3 31 013	10 06	Other	Replaced	Replaced Form #:0.00 3 31 013 01 03 Previous Filing #:		3 31 013 10 06.pdf



Armed Forces Insurance
EXCHANGE

550 Eisenhower Road • Leavenworth, KS 66048

PERSONAL LIABILITY

PLAN OF OPERATIONS: Wherever the words "Policy", "Insured", "Company", and "Premium" occur herein, they shall be taken and construed to mean "Contract", "Subscriber", "Reciprocal or Inter-Insurance Exchange", and "Deposit" respectively. This policy is issued as part of an Inter-Insurance Exchange by Armed Forces Insurance Corporation as Attorney-in-Fact for Armed Forces Insurance Exchange in accordance with the powers vested in it by an agreement executed by the subscriber.

NON-ASSESSABLE: The policy is non-assessable and the insured's liability is limited to the payment of the premiums as herein provided.

PARTICIPATION: Dividends may be declared.

THIS POLICY JACKET WITH THE POLICY FORM, DECLARATIONS PAGE AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE POLICY.

Policyholder Services
Toll-Free 1-800-255-6792
Local 913-727-4560
service@afi.org

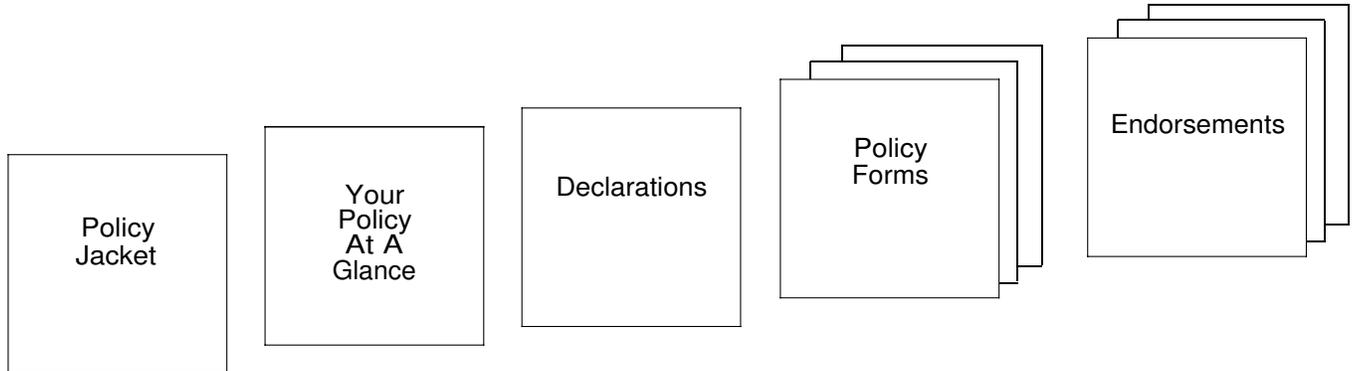
Claims
Toll-Free 1-800-255-0187
Local 913-727-4380
clpt@afi.org

Billings
Toll-Free 1-800-524-9325
Local 913-727-4350
billing@afi.org

This is a legal contract between the policyholder and the company.

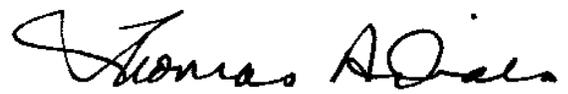
READ YOUR POLICY CAREFULLY.

YOUR POLICY AT A GLANCE



POLICY JACKET
YOUR POLICY AT A GLANCE
DECLARATIONS
POLICY FORMS (DL 24 01)
 AGREEMENT
 DEFINITIONS
 COVERAGES
 EXCLUSIONS
 ADDITIONAL COVERAGES
 CONDITIONS
 ADDITIONAL CONDITIONS (DL 24 02)
ENDORSEMENTS

The Armed Forces Insurance Exchange has caused this policy to be executed and signed by a duly authorized representative of its Attorney-in-Fact.


Authorized Representative

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 09/08/2008

Comments:

Attachment:

PCTD1.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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
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]

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.

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

PC TD-1 pg 2 of 2

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 #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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			<input 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		
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		

PC FFS-1

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 #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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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)

4b.	Rate Change by Company (As Accepted) For State Use Only						
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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	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
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	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input 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	