

SERFF Tracking Number: CMPX-125795674 State: Arkansas  
Filing Company: Companion Property & Casualty Insurance Company State Tracking Number: EFT \$20  
Company Tracking Number: P#08053  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Commercial Package Policy  
Project Name/Number: MU CPP Other Acts of Terrorism Endorsement Revision 10/1/08/P#08053

## Filing at a Glance

Company: Companion Property & Casualty Insurance Company

Product Name: Commercial Package Policy SERFF Tr Num: CMPX-125795674 State: Arkansas  
TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: EFT \$20  
Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: P#08053 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding  
Author: SPI CompanionPCGroup Disposition Date: 09/02/2008  
Date Submitted: 08/28/2008 Disposition Status: Approved  
Effective Date Requested (New): 12/01/2008 Effective Date (New): 12/01/2008  
Effective Date Requested (Renewal): Effective Date (Renewal):  
State Filing Description:

## General Information

Project Name: MU CPP Other Acts of Terrorism Endorsement Revision Status of Filing in Domicile: Authorized 10/1/08

Project Number: P#08053 Domicile Status Comments:  
Reference Organization: ISO Reference Number: CL-2008-OPTOA  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 09/02/2008  
State Status Changed: 09/02/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:

Companion Property and Casualty Insurance Company wishes to delay implementation of ISO filing reference CL-2008-OPTOA until December 1, 2008.

## Company and Contact

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**Filing Contact Information**

Pamela Bass, Regulatory Compliance Analyst pam.bass@companiongroup.com  
 P.O. Box 100165 (803) 264-5266 [Phone]  
 Columbia, SC 29202 (803) 865-3155[FAX]

**Filing Company Information**

Companion Property & Casualty Insurance CoCode: 12157 State of Domicile: South Carolina  
 Company  
 P.O. Box 100165 Group Code: 661 Company Type:  
 Columbia, SC 29202 Group Name: State ID Number:  
 (800) 845-2724 ext. [Phone] FEIN Number: 57-0768836  
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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Companion Property & Casualty Insurance Company	\$20.00	08/28/2008	22182656

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/02/2008	09/02/2008



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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes



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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 09/02/2008

**Comments:**

**Attachment:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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					

<b>3. Group Name</b>	<b>Group NAIC #</b>
	661

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Companion Property & Casualty Insurance Company	SC	12157	57-0768836	

<b>5. Company Tracking Number</b>	P#08053
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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
	Pamela Bass P.O. Box 100165 Columbia SC 29202	Regulatory Compliance Analyst	800-845-2724	803 865-3155	pam.bass@companiongroup.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Pamela Bass		

**Filing Information** (see General Instructions for descriptions of these fields)

<b>9.</b>	<b>Type of Insurance (TOI)</b>	35.0 Interline Filings
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	35.0002 Commercial Interline Filings
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>	
<b>13.</b>	<b>Filing Type</b>	<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)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: 12/1/08      Renewal: 12/1/08
<b>15.</b>	<b>Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	ISO
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	CL-2008-OPTOA
<b>18.</b>	<b>Company's Date of Filing</b>	8/28/08
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	P#08053
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Companion Property and Casualty Insurance Company wishes to delay implementation of ISO filing reference CL-2008-OPTOA until December 1, 2008.

<b>22.</b>	<b>Filing Fees</b> (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]
	<b>Check #:</b> EFT <b>Amount:</b>
	<b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>

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