

SERFF Tracking Number: FEMC-125753965 State: Arkansas
First Filing Company: Federated Mutual Insurance Company, ... State Tracking Number: \$0
Company Tracking Number: F-GL-08-28
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Commercial General Liability
Project Name/Number: Adoption of ISO Designation #GL-2008-IALL1/F-GL-08-28

Filing at a Glance

Companies: Federated Mutual Insurance Company, Federated Service Insurance Company

Product Name: Commercial General Liability SERFF Tr Num: FEMC-125753965 State: Arkansas

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: \$0

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: F-GL-08-28

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Edith Roberts

Author: Joni Borchert

Disposition Date: 09/02/2008

Date Submitted: 07/30/2008

Disposition Status: Accepted For Informational Purposes

Effective Date Requested (New):

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

informational only - no fee required.

General Information

Project Name: Adoption of ISO Designation #GL-2008-IALL1

Project Number: F-GL-08-28

Status of Filing in Domicile: Authorized

Domicile Status Comments: MN IS NO FILE FOR COMMERCIAL LINES

Reference Organization: ISO

Reference Title: INCREASED LIMIT FACTORS

Reference Number: GL-2008-IALL1

Advisory Org. Circular: LI-GL-2008-144

Filing Status Changed: 09/02/2008

State Status Changed: 09/02/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Adoption Of ISO Reference Filing Number GL-2008-IALL1

We file for your approval to adopt ISO's above listed filing for policies written on or after January 1, 2009.

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Company and Contact

Filing Contact Information

Joni Borchert, Property and Casualty Product jbborchert@fedins.com
 Specialist
 121 East Park Square (800) 533-0472 [Phone]
 Owatonna, MN 55060 (507) 444-6691[FAX]

Filing Company Information

Federated Mutual Insurance Company	CoCode: 13935	State of Domicile: Minnesota
121 East Park Square	Group Code: 7	Company Type:
PO Box 328		
Owatonna, MN 55060	Group Name:	State ID Number:
(800) 533-0472 ext. [Phone]	FEIN Number: 41-0417460	

Federated Service Insurance Company	CoCode: 28304	State of Domicile: Minnesota
121 East Park Square	Group Code: 7	Company Type:
PO Box 328		
Owatonna, MN 55060	Group Name:	State ID Number:
(800) 533-0472 ext. [Phone]	FEIN Number: 41-0984698	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federated Mutual Insurance Company	\$0.00	07/30/2008	
Federated Service Insurance Company	\$0.00	07/30/2008	
Federated Mutual Insurance Company	\$25.00	08/01/2008	21728625

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Edith Roberts Informational Purposes		09/02/2008	09/02/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing fee	Note To Reviewer	Joni Borchert	08/01/2008	08/01/2008
Filing fees	Note To Reviewer	Joni Borchert	07/30/2008	07/30/2008

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Disposition

Disposition Date: 09/02/2008

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	COVER LETTER	Accepted for Informational Purposes	Yes
Supporting Document	PC TD-1	Accepted for Informational Purposes	Yes

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Note To Reviewer

Created By:

Joni Borchert on 08/01/2008 08:30 AM

Subject:

Filing fee

Comments:

I was able to get the EFT through on SERFF, so will be sending the fee by EFT rather than a paper check.

Thank you,

Joni Borchert

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Note To Reviewer

Created By:

Joni Borchert on 07/30/2008 02:58 PM

Subject:

Filing fees

Comments:

I'm sorry, I forgot to attach the filing fees. I will be mailing a check on 7-31-2008.

Thank you,

Joni Borchert

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Rate Information

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Supporting Document Schedules

Satisfied -Name: COVER LETTER

Review Status:

Accepted for Informational 09/02/2008
Purposes

Comments:

Attachment:

Cover Letter.pdf

Satisfied -Name: PC TD-1

Review Status:

Accepted for Informational 09/02/2008
Purposes

Comments:

Attachment:

pc td-1.pdf

July 30, 2008

Arkansas

FEDERATED MUTUAL INSURANCE COMPANY NAIC: 007-13935
FEDERATED SERVICE INSURANCE COMPANY NAIC: 007-28304

GENERAL LIABILITY - DIVISION SIX

- Adoption Of ISO Reference Filing Number GL-2008-IALL1

FILING NO: F-GL-08-28

We file for your approval to adopt ISO's above listed filing for policies written on or after January 1, 2009.

Thank you.

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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></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 #
Federated Insurance Companies	007

4. Company Name(s)	Domicile	NAIC #	FEIN #
Federated Mutual Insurance Company	MN	007-13935	41-0417460
Federated Service Insurance Company	MN	007-28304	41-0984698

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
	Joni Borchert	Property & Casualty Product Specialist	800-533-0472 Ext 5342	507-444-6691	jbborchert@fedins.com

7. Signature of authorized filer	<i>Joni Borchert</i>
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8. Please print name of authorized filer	Joni Borchert
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Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	Commercial General Liability
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 checked="" 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: 1-1-2009 Renewal: 1-1-2009

