

SERFF Tracking Number: QBCL-125829164 State: Arkansas  
First Filing Company: Southern Guaranty Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: 010109 11202S  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: AR WC Policy Jacket  
Project Name/Number: AR WC Policy Jacket/010109 11202S

## Filing at a Glance

Companies: Southern Guaranty Insurance Company, Southern Pilot Insurance Company, General Casualty Company of Wisconsin, Regent Insurance Company

Product Name: AR WC Policy Jacket SERFF Tr Num: QBCL-125829164 State: Arkansas  
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 16.0004 Standard WC Co Tr Num: 010109 11202S State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol Stiffler  
Authors: Andrea Krause, Ashley FryDisposition Date: 09/24/2008  
Date Submitted: 09/23/2008 Disposition Status: Approved  
Effective Date Requested (New): 01/01/2009 Effective Date (New): 01/01/2009  
Effective Date Requested (Renewal): 01/01/2009 Effective Date (Renewal):  
State Filing Description:

## General Information

Project Name: AR WC Policy Jacket Status of Filing in Domicile: Authorized  
Project Number: 010109 11202S Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 09/24/2008  
State Status Changed: 09/24/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
Re: General Casualty Company of Wisconsin  
FEIN 39-0301590, NAIC 0796-24414  
Regent Insurance Company  
FEIN 39-6062860, NAIC 0796-24449  
Southern Guaranty Insurance Company  
FEIN 63-0350861, NAIC 0796-19178

*SERFF Tracking Number:* QBCL-125829164      *State:* Arkansas  
*First Filing Company:* Southern Guaranty Insurance Company, ...      *State Tracking Number:* EFT \$50  
*Company Tracking Number:* 010109 11202S  
*TOI:* 16.0 Workers Compensation      *Sub-TOI:* 16.0004 Standard WC  
*Product Name:* AR WC Policy Jacket  
*Project Name/Number:* AR WC Policy Jacket/010109 11202S

Southern Pilot Insurance Company  
FEIN 56-0773056, NAIC 0796-22861  
Commercial Lines Workers Compensation Policy Jackets Filing  
Effective Date: 01/01/2009  
Company Filing # 010109 11202S

Dear Director:

Due to a recent organizational change we have updated our Company Policy Jackets with new signatures and edition dates for Workers Compensation line of business filed in your State. Please take note the form number on the Workers Compensation policy jackets also was revised. This is an editorial update only and no policy conditions or terms have changed.

The signature fields were left blank for filing purposes only.

Please approve this filing as submitted or advise if I may be of any assistance to you.

Sincerely,

Ashley Fry  
Commercial Lines Operations Systems Technician  
Home Office Commercial Lines  
Telephone Number: (608) 825-5174  
E-Mail: ashley.fry@generalcasualty.com

## **Company and Contact**

SERFF Tracking Number: QBCL-125829164 State: Arkansas  
 First Filing Company: Southern Guaranty Insurance Company, ... State Tracking Number: EFT \$50  
 Company Tracking Number: 010109 11202S  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: AR WC Policy Jacket  
 Project Name/Number: AR WC Policy Jacket/010109 11202S

**Filing Contact Information**

Ashley Fry, C/L Operations System Technician Ashley.Fry@generalcasualty.com  
 One General Drive (608) 837-4440 [Phone]  
 Sun Prairie, WI 53596 (608) 825-5100[FAX]

**Filing Company Information**

Southern Guaranty Insurance Company	CoCode: 19178	State of Domicile: Wisconsin
One General Drive	Group Code: 796	Company Type: Property and Casualty
Sun Prairie , WI 53596	Group Name:	State ID Number:
(608) 837-4440 ext. [Phone]	FEIN Number: 63-0350861	

Southern Pilot Insurance Company	CoCode: 22861	State of Domicile: Wisconsin
One General Drive	Group Code: 796	Company Type: Property and Casualty
Sun Prairie , WI 53596	Group Name:	State ID Number:
(608) 837-4440 ext. [Phone]	FEIN Number: 56-0773056	

General Casualty Company of Wisconsin	CoCode: 24414	State of Domicile: Wisconsin
One General Drive	Group Code: 796	Company Type: Property and Casualty
Sun Prairie , WI 53596	Group Name:	State ID Number:
(608) 837-4440 ext. [Phone]	FEIN Number: 39-0301590	

Regent Insurance Company	CoCode: 24449	State of Domicile: Wisconsin
One General Drive	Group Code: 796	Company Type: Property and Casualty
Sun Prairie , WI 53596	Group Name:	State ID Number:
(608) 837-4440 ext. [Phone]	FEIN Number: 39-6062860	

**Filing Fees**

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:

*SERFF Tracking Number:* QBCL-125829164      *State:* Arkansas  
*First Filing Company:* Southern Guaranty Insurance Company, ...      *State Tracking Number:* EFT \$50  
*Company Tracking Number:* 010109 11202S  
*TOI:* 16.0 Workers Compensation      *Sub-TOI:* 16.0004 Standard WC  
*Product Name:* AR WC Policy Jacket  
*Project Name/Number:* AR WC Policy Jacket/010109 11202S  
  
*Per Company:* No

*SERFF Tracking Number:*      *QBCL-125829164*                      *State:*                      *Arkansas*  
*First Filing Company:*      *Southern Guaranty Insurance Company, ...*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *010109 11202S*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*                      *AR WC Policy Jacket*  
*Project Name/Number:*                      *AR WC Policy Jacket/010109 11202S*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Southern Guaranty Insurance Company	\$0.00	09/23/2008	
Southern Pilot Insurance Company	\$0.00	09/23/2008	
General Casualty Company of Wisconsin	\$0.00	09/23/2008	
Regent Insurance Company	\$0.00	09/23/2008	
General Casualty Company of Wisconsin	\$50.00	09/23/2008	22666905

SERFF Tracking Number: QBCL-125829164 State: Arkansas  
First Filing Company: Southern Guaranty Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: 010109 11202S  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: AR WC Policy Jacket  
Project Name/Number: AR WC Policy Jacket/010109 11202S

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/24/2008	09/24/2008

SERFF Tracking Number: QBCL-125829164 State: Arkansas  
First Filing Company: Southern Guaranty Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: 010109 11202S  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: AR WC Policy Jacket  
Project Name/Number: AR WC Policy Jacket/010109 11202S

## Disposition

Disposition Date: 09/24/2008  
Effective Date (New): 01/01/2009  
Effective Date (Renewal):  
Status: Approved  
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

SERFF Tracking Number: QBCL-125829164 State: Arkansas  
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 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: AR WC Policy Jacket  
 Project Name/Number: AR WC Policy Jacket/010109 11202S

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Workers Compensation and Employers Liability Insurance Policy	Approved	Yes
Form	Workers Compensation and Employers Liability Insurance Policy	Approved	Yes

SERFF Tracking Number: QBCL-125829164 State: Arkansas  
 First Filing Company: Southern Guaranty Insurance Company, ... State Tracking Number: EFT \$50  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Workers Compensation and Employers Liability Insurance Policy	WC 00 01 JK	08 08	Policy/Cove	Replaced rage Form	Replaced Form #:0.00 Previous Filing #:		QBE_WC00 01jk_GCW.p df QBE_WC00 01jk_RIC.pdf
Approved	Workers Compensation and Employers Liability Insurance Policy	WC 80 00	08 08	Policy/Cove	Replaced rage Form	Replaced Form #:0.00 Previous Filing #:		CL_QBE_Fili ng_WC8000 8r Jacket Sample SGIC.pdf CL_QBE_Fili ng_WC8000 8r Jacket Sample SPIC.pdf

**General Casualty Company of Wisconsin**

One General Drive  
Sun Prairie, WI 53596  
Telephone 608-837-4440

## **Workers Compensation and Employers Liability Insurance Policy**

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Insured Name  
Address 1  
Address 2  
City State Zip Code

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**Your Independent Agent is:**

Agent Name  
Address1  
City State Zip Code  
Phone number: (XXX) XXX-XXX

**Our Regional Office:**

Address 1  
City State Zip Code  
Phone Number:  
Fax Number:

# Workers Compensation and Employers Liability Insurance Policy Quick Reference

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	Beginning on Page		Beginning on Page
<b>Information Page</b>			
<b>General Section .....</b>	1	G. Limits of Liability .....	4
A. The Policy .....	1	H. Recovery From Others .....	4
B. Who Is Insured.....	1	I. Actions Against Us .....	4
C. Workers Compensation Law .....	1		
D. State.....	1	<b>PART THREE —</b>	
E. Locations.....	1	<b>OTHER STATES INSURANCE .....</b>	4
		A. How This Insurance Applies .....	4
<b>PART ONE — WORKERS</b>		B. Notice.....	4
<b>COMPENSATION INSURANCE .....</b>	1	<b>PART FOUR —</b>	
A. How This Insurance Applies.....	1	<b>YOUR DUTIES IF INJURY OCCURS .....</b>	4
B. We Will Pay.....	1		
C. We Will Defend .....	1	<b>PART FIVE — PREMIUM.....</b>	5
D. We Will Also Pay .....	1	A. Our Manual .....	5
E. Other Insurance.....	1	B. Classifications.....	5
F. Payments You Must Make.....	2	C. Remuneration.....	5
G. Recovery From Others.....	2	D. Premium Payments .....	5
H. Statutory Provisions.....	2	E. Final Premium .....	5
		F. Records .....	5
<b>PART TWO —</b>		G. Audit.....	5
<b>EMPLOYERS LIABILITY INSURANCE ....</b>	2	<b>PART SIX — CONDITIONS .....</b>	6
A. How This Insurance Applies.....	2	A. Inspection.....	6
B. We Will Pay.....	2	B. Long Term Policy .....	6
C. Exclusions .....	3	C. Transfer of Your Rights and Duties ...	6
D. We Will Defend .....	3	D. Cancellation .....	6
E. We Will Also Pay .....	3	E. Sole Representative .....	6
F. Other Insurance.....	4		

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This quick reference is not part of the Workers Compensation and Employers Liability Policy and does not provide coverage. Please read the Workers Compensation and Employers Liability Policy carefully for actual contractual provisions.

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Coverage is provided by the Company shown on the Information Page. It is a stock company.

In witness whereof, the Company designated on the Information Page has caused this policy to be executed and attested, but this policy shall not be valid unless completed by the attachment hereto of a Information Page which has been countersigned by a duly authorized representative of the company.

President, General Casualty Insurance Companies

Secretary, General Casualty Insurance Companies

**Regent Insurance Company**

One General Drive  
Sun Prairie, WI 53596  
Telephone 608-837-4440

## **Workers Compensation and Employers Liability Insurance Policy**

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Insured Name  
Address 1  
Address 2  
City State Zip Code

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**Your Independent Agent is:**

Agent Name  
Address1  
City State Zip Code  
Phone number: (XXX) XXX-XXX

**Our Regional Office:**

Address 1  
City State Zip Code  
Phone Number:  
Fax Number:

# Workers Compensation and Employers Liability Insurance Policy Quick Reference

---

	Beginning on Page		Beginning on Page
<b>Information Page</b>			
<b>General Section .....</b>	1	G. Limits of Liability .....	4
A. The Policy .....	1	H. Recovery From Others .....	4
B. Who Is Insured.....	1	I. Actions Against Us .....	4
C. Workers Compensation Law .....	1		
D. State.....	1	<b>PART THREE —</b>	
E. Locations.....	1	<b>OTHER STATES INSURANCE .....</b>	4
		A. How This Insurance Applies .....	4
<b>PART ONE — WORKERS</b>		B. Notice.....	4
<b>COMPENSATION INSURANCE .....</b>	1		
A. How This Insurance Applies.....	1	<b>PART FOUR —</b>	
B. We Will Pay.....	1	<b>YOUR DUTIES IF INJURY OCCURS .....</b>	4
C. We Will Defend .....	1		
D. We Will Also Pay .....	1	<b>PART FIVE — PREMIUM.....</b>	5
E. Other Insurance.....	1	A. Our Manual .....	5
F. Payments You Must Make.....	2	B. Classifications.....	5
G. Recovery From Others.....	2	C. Remuneration.....	5
H. Statutory Provisions.....	2	D. Premium Payments .....	5
		E. Final Premium .....	5
<b>PART TWO —</b>		F. Records .....	5
<b>EMPLOYERS LIABILITY INSURANCE ....</b>	2	G. Audit.....	5
A. How This Insurance Applies.....	2	<b>PART SIX — CONDITIONS .....</b>	6
B. We Will Pay.....	2	A. Inspection.....	6
C. Exclusions .....	3	B. Long Term Policy .....	6
D. We Will Defend .....	3	C. Transfer of Your Rights and Duties ...	6
E. We Will Also Pay .....	3	D. Cancellation .....	6
F. Other Insurance.....	4	E. Sole Representative .....	6

---

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President, General Casualty Insurance Companies

Secretary, General Casualty Insurance Companies

# Workers Compensation and Employers Liability Insurance Policy

---

[NAMED INSURED]  
[ADDRESS LINE 1]  
[ADDRESS LINE 2]  
[ADDRESS LINE 3]  
[CITY, STATE, ZIP]

---

**Your Independent Agent is:**

[AGENT NAME]  
[ADDRESS LINE 1]  
[ADDRESS LINE 2]  
[ADDRESS LINE 3]  
[CITY, STATE, ZIP]  
[PHONE NUMBER: (XXX) XXX-XXX]

---

**Our Regional Office:**

[BRANCH OFFICE]  
[ADDRESS LINE 1]  
[ADDRESS LINE 2]  
[CITY, STATE, ZIP]  
[PHONE NUMBER: (XXX) XXX-XXXX]

---

This cover sheet provides only a brief outline of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control.

The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. Your Policy is a legal contract between the "named insured" and the company.

**It is important that you read your policy carefully.**

# Workers Compensation and Employers Liability Insurance Policy Quick Reference

**In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.**

**Policy Period** This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.

- General Section** .....
- A. The Policy .....
  - B. Who Is Insured.....
  - C. Workers Compensation Law .....
  - D. State.....
  - E. Locations.....

- G. Limits of Liability .....
- H. Recovery From Others .....
- I. Actions Against Us .....

**PART ONE – WORKERS COMPENSATION INSURANCE** .....

- A. How This Insurance Applies.....
- B. We Will Pay.....
- C. We Will Defend .....
- D. We Will Also Pay.....
- E. Other Insurance.....
- F. Payments You Must Make.....
- G. Recovery From Others.....
- H. Statutory Provisions.....

**PART THREE – OTHER STATES INSURANCE** .....

- A. How This Insurance Applies .....
- B. Notice .....

**PART FOUR – YOUR DUTIES IF INJURY OCCURS** .....

**PART FIVE – PREMIUM**.....

- A. Our Manual .....
- B. Classifications .....
- C. Remuneration.....
- D. Premium Payments .....
- E. Final Premium .....
- F. Records .....
- G. Audit.....

**PART TWO – EMPLOYERS LIABILITY INSURANCE** .....

- A. How This Insurance Applies.....
- B. We Will Pay.....
- C. Exclusions .....
- D. We Will Defend .....
- E. We Will Also Pay.....
- F. Other Insurance.....

**PART SIX – CONDITIONS** .....

- A. Inspection.....
- B. Long Term Policy .....
- C. Transfer of Your Rights and Duties .....
- D. Cancellation .....
- E. Sole Representative .....

This quick reference is not part of the Workers Compensation and Employers Liability Policy and does not provide coverage. Please read the Workers Compensation and Employers Liability Policy carefully for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

Coverage is provided by the Company shown on the Information Page. It is a stock company.

In witness whereof, the Company designated on the Information Page has caused this policy to be executed and attested, but this policy shall not be valid unless completed by the attachment hereto of a Information Page which has been countersigned by a duly authorized representative of the company.

President

Secretary

# Workers Compensation and Employers Liability Insurance Policy

---

[NAMED INSURED]  
[ADDRESS LINE 1]  
[ADDRESS LINE 2]  
[ADDRESS LINE 3]  
[CITY, STATE, ZIP]

---

**Your Independent Agent is:**

[AGENT NAME]  
[ADDRESS LINE 1]  
[ADDRESS LINE 2]  
[ADDRESS LINE 3]  
[CITY, STATE, ZIP]  
[PHONE NUMBER: (XXX) XXX-XXX]

---

**Our Regional Office:**

[BRANCH OFFICE]  
[ADDRESS LINE 1]  
[ADDRESS LINE 2]  
[CITY, STATE, ZIP]  
[PHONE NUMBER: (XXX) XXX-XXXX]

---

This cover sheet provides only a brief outline of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control.

The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. Your Policy is a legal contract between the "named insured" and the company.

**It is important that you read your policy carefully.**

# Workers Compensation and Employers Liability Insurance Policy Quick Reference

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- General Section** .....
- A. The Policy .....
  - B. Who Is Insured.....
  - C. Workers Compensation Law .....
  - D. State.....
  - E. Locations.....

**PART ONE – WORKERS COMPENSATION INSURANCE** .....

- A. How This Insurance Applies.....
- B. We Will Pay.....
- C. We Will Defend .....
- D. We Will Also Pay .....
- E. Other Insurance.....
- F. Payments You Must Make.....
- G. Recovery From Others.....
- H. Statutory Provisions.....

**PART TWO – EMPLOYERS LIABILITY INSURANCE** .....

- A. How This Insurance Applies.....
- B. We Will Pay.....
- C. Exclusions .....
- D. We Will Defend .....
- E. We Will Also Pay.....
- F. Other Insurance.....

- G. Limits of Liability .....
- H. Recovery From Others .....
- I. Actions Against Us .....

**PART THREE – OTHER STATES INSURANCE** .....

- A. How This Insurance Applies .....
- B. Notice .....

**PART FOUR – YOUR DUTIES IF INJURY OCCURS** .....

**PART FIVE – PREMIUM**.....

- A. Our Manual .....
- B. Classifications .....
- C. Remuneration.....
- D. Premium Payments .....
- E. Final Premium .....
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- G. Audit.....

**PART SIX – CONDITIONS** .....

- A. Inspection.....
- B. Long Term Policy .....
- C. Transfer of Your Rights and Duties .....
- D. Cancellation .....
- E. Sole Representative .....

This quick reference is not part of the Workers Compensation and Employers Liability Policy and does not provide coverage. Please read the Workers Compensation and Employers Liability Policy carefully for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

Coverage is provided by the Company shown on the Information Page. It is a stock company.

In witness whereof, the Company designated on the Information Page has caused this policy to be executed and attested, but this policy shall not be valid unless completed by the attachment hereto of a Information Page which has been countersigned by a duly authorized representative of the company.

President

Secretary

<i>SERFF Tracking Number:</i>	<i>QBCL-125829164</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Southern Guaranty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>010109 11202S</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>AR WC Policy Jacket</i>		
<i>Project Name/Number:</i>	<i>AR WC Policy Jacket/010109 11202S</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: QBCL-125829164 State: Arkansas  
First Filing Company: Southern Guaranty Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: 010109 11202S  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: AR WC Policy Jacket  
Project Name/Number: AR WC Policy Jacket/010109 11202S

## Supporting Document Schedules

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

**Review Status:** Approved 09/24/2008

**Comments:**

**Attachment:**

WC Uniform Transmittal Document - P&C.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:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

<b>3. Group Name</b>	<b>Group NAIC #</b>
QBE Regional Insurance Group	0796

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
General Casualty Company of Wisconsin	WI	24414	39-0301590	
Regent Insurance Company	WI	24449	39-6062860	
Southern Pilot Insurance Company	WI	22861	56-0773056	
Southern Guaranty Insurance Company	WI	19178	63-0350861	

<b>5. Company Tracking Number</b>	<b>010109 11202S</b>
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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
	Ashley Fry 1 General Drive Sun Prairie, WI 53596	C/L Operations Systems Technician	608-825-5174		ashley.fry@general casualty.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Ashley Fry		

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

<b>9. Type of Insurance (TOI)</b>	
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	
<b>12. Company Program Title</b> (Marketing title)	
<b>13. 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. Effective Date(s) Requested</b>	New: 01/01/2009                      Renewal:

<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	9/23/2008
<b>19. 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. This filing transmittal is part of Company Tracking #</b>	010109 11202S
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<b>21. 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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General Casualty Company of Wisconsin  
 FEIN 39-0301590, NAIC 0796-24414  
 Regent Insurance Company  
 FEIN 39-6062860, NAIC 0796-24449  
 Southern Guaranty Insurance Company  
 FEIN 63-0350861, NAIC 0796-19178  
 Southern Pilot Insurance Company  
 FEIN 56-0773056, NAIC 0796-22861  
 Commercial Lines Interline Policy Jackets Filing  
 Effective Date: 01/01/2009  
 Company Filing # 010109 11180S

Due to a recent organizational change we have updated our Company Policy Jackets with new signatures and edition dates for all lines of business filed in your State. This is an editorial update only and no policy conditions or terms have changed.

The signature fields were left blank for filing purposes only.

Please approve this filing as submitted or advise if I may be of any assistance to you.

<b>22. 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]
---

**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.)**