

SERFF Tracking Number: SEPX-125285896 State: Arkansas
First Filing Company: Sentry Insurance a Mutual Company, ... State Tracking Number: AR-PC-07-026038
Company Tracking Number: GL AR07427CGF01
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: Commercial General Liability
Project Name/Number: 2007 General Liability/GL AR07427CGF01

Filing at a Glance

Companies: Sentry Insurance a Mutual Company, Middlesex Insurance Company, Sentry Casualty Company, Sentry Select Insurance Company

Product Name: Commercial General Liability SERFF Tr Num: SEPX-125285896 State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: AR-PC-07-026038
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: GL AR07427CGF01 State Status:
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: SPI SentryInsurancePC Disposition Date: 09/20/2007
Date Submitted: 09/10/2007 Disposition Status: Accepted For Informational Purposes
Effective Date Requested (New): 09/10/2007 Effective Date (New):
Effective Date Requested (Renewal): 09/10/2007 Effective Date (Renewal):

General Information

Project Name: 2007 General Liability Status of Filing in Domicile:
Project Number: GL AR07427CGF01 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 09/20/2007
State Status Changed: 09/10/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
General Liability

The purpose of this filing is to advise your department that we wish to delay indefinitely adopting the following Multistate Revision filed on our behalf by the Insurance Services Office: GL-2006-OCTFR

We will notify your department with a separate filing when we are ready to adopt this revision.

Thank you.

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Sentry Insurance A Mutual Company NAIC#: 169-24988, FEIN #39-0333950
 Middlesex Insurance Company NAIC#: 169-23434 FEIN#: 04-1619070
 Sentry Casualty Company NAIC#: 169-28460 FEIN#: 88-0119246
 Sentry Select Insurance Company NAIC#: 169-21180 FEIN#: 36-2674180
 Dealer Operations Program
 Non-Passenger Motor Carrier Program

Company and Contact

Filing Contact Information

Mary Kitowski, Sr. Compliance Product Mary.Kitowski@sentry.com
 Technician
 1800 North Point Drive (715) 346-6453 [Phone]
 Stevens Point, WI 54481 (715) 346-6044[FAX]

Filing Company Information

Sentry Insurance a Mutual Company	CoCode: 24988	State of Domicile: Wisconsin
1800 North Point Drive	Group Code: 169	Company Type:
Stevens Point, WI 54481	Group Name: Sentry Insurance Group	State ID Number:
(715) 346-6000 ext. [Phone]	FEIN Number: 39-0333950	

Middlesex Insurance Company	CoCode: 23434	State of Domicile: Wisconsin
1800 North Point Drive	Group Code: 169	Company Type:
Stevens Point, WI 54481	Group Name: Sentry Insurance Group	State ID Number:
(715) 346-6000 ext. [Phone]	FEIN Number: 04-1619070	

Sentry Casualty Company	CoCode: 28460	State of Domicile: Wisconsin
1800 North Point Drive	Group Code: 169	Company Type:
Stevens Point, WI 54481	Group Name: Sentry Insurance Group	State ID Number:
(715) 346-6000 ext. [Phone]	FEIN Number: 88-0119246	

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Sentry Select Insurance Company CoCode: 21180 State of Domicile: Wisconsin
1800 North Point Drive Group Code: 168 Company Type:
Stevens Point, WI 54481 Group Name: Sentry Insurance State ID Number:
Group
(715) 346-6000 ext. [Phone] FEIN Number: 36-2674180

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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 #
Sentry Insurance a Mutual Company	\$20.00	09/10/2007	15510006

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Edith Roberts Informational Purposes		09/20/2007	09/20/2007

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Disposition

Disposition Date: 09/20/2007

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	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes

SERFF Tracking Number: *SEPX-125285896* *State:* *Arkansas*
First Filing Company: *Sentry Insurance a Mutual Company, ...* *State Tracking Number:* *AR-PC-07-026038*
Company Tracking Number: *GL AR07427CGF01*
TOI: *17.2 Other Liability - Occurrence Only* *Sub-TOI:* *17.2001 Commercial General Liability*
Product Name: *Commercial General Liability*
Project Name/Number: *2007 General Liability/GL AR07427CGF01*

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:

Accepted for Informational 09/20/2007
Purposes

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

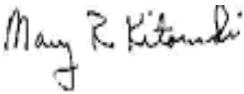
Property & Casualty Transmittal Document

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: 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					

3. Group Name	Group NAIC #			
Sentry Insurance Group	169			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Sentry Insurance a Mutual Company	WI	24988	39-0333950	
Middlesex Insurance Company	WI	23434	04-1619070	
Sentry Casualty Company	WI	28460	88-0119246	
Sentry Select Insurance Company	WI	21180	36-2674180	

5. Company Tracking Number	GL AR07427CGF01
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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
	Mary Kitowski 1800 North Point Drive Stevens Point WI 54481	Sr. Compliance Product Technician	715-346-6453	715-346-6044	Mary.Kitowski@sentry.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Mary Kitowski		

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

9.	Type of Insurance (TOI)	17.2 Other Liability - Occurrence Only
10.	Sub-Type of Insurance (Sub-TOI)	17.2001 Commercial General Liability
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 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: 09/10/2007 DELAY Renewal: 9/10/2007 DELAY
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	Insurance Services Office
17.	Reference Organization # & Title	GL-2006-OCTFR
18.	Company's Date of Filing	09/10/07
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	GL AR07427CGF01
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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]
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Dealer Operations Program
Non-Passenger Motor Carrier Program

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