

SERFF Tracking Number: GECC-125668636 State: Arkansas
Filing Company: GEICO Indemnity Company State Tracking Number: EFT \$50
Company Tracking Number: 2008-207A
TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
Product Name: 207A-Cycle-Form
Project Name/Number: 207A-Cycle-Form/2008-207A

Filing at a Glance

Company: GEICO Indemnity Company

Product Name: 207A-Cycle-Form

TOI: 19.0 Personal Auto

Sub-TOI: 19.0002 Motorcycle

Filing Type: Form

SERFF Tr Num: GECC-125668636 State: Arkansas

SERFF Status: Closed

Co Tr Num: 2008-207A

Co Status:

Author: Maria Papagjika

Date Submitted: 05/28/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Alexa Grissom, Betty Montesi

Disposition Date: 05/29/2008

Disposition Status: Accepted For Informational Purposes

Effective Date (New): 05/29/2008

Effective Date (Renewal):

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

State Filing Description:

General Information

Project Name: 207A-Cycle-Form

Project Number: 2008-207A

Reference Organization:

Reference Title:

Filing Status Changed: 05/29/2008

State Status Changed: 05/29/2008

Corresponding Filing Tracking Number:

Filing Description:

Specifically, we propose to place on file the following new forms:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

M134RQV (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (Credit)

M134NHV (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (Credit)

M134GRV (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (Credit)

M-134MVR (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (MVR/CLUE)

SERFF Tracking Number: GECC-125668636 State: Arkansas
 Filing Company: GEICO Indemnity Company State Tracking Number: EFT \$50
 Company Tracking Number: 2008-207A
 TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
 Product Name: 207A-Cycle-Form
 Project Name/Number: 207A-Cycle-Form/2008-207A

M134GR (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (MVR/CLUE)

Additionally, we are withdrawing the following forms:

M-134-CR (08-02)

M-134-DH (4-99)

Copies of the new forms are attached for your convenience.

Company and Contact

Filing Contact Information

Maria Papagjika, Analyst, State Filings mpapagjika@geico.com
 One GEICO Plaza (301) 986-3792 [Phone]
 Washington, DC 20076 (301) 986-3922[FAX]

Filing Company Information

GEICO Indemnity Company CoCode: 22055 State of Domicile: Maryland
 4608 Willard Avenue Group Code: 31 Company Type:
 Chevy Chase, MD 20815 Group Name: State ID Number:
 (800) 824-5404 ext. [Phone] FEIN Number: 52-0794134

Filing Fees

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

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-------------------------|---------|----------------|---------------|
| GEICO Indemnity Company | \$50.00 | 05/28/2008 | 20542044 |

SERFF Tracking Number: GECC-125668636
 Filing Company: GEICO Indemnity Company
 Company Tracking Number: 2008-207A
 TOI: 19.0 Personal Auto
 Product Name: 207A-Cycle-Form
 Project Name/Number: 207A-Cycle-Form/2008-207A

State: Arkansas
 State Tracking Number: EFT \$50
 Sub-TOI: 19.0002 Motorcycle

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|---|------------|------------|----------------|
| Accepted For Alexa Grissom Informational Purposes | | 05/29/2008 | 05/29/2008 |
| Accepted For Alexa Grissom Informational Purposes | | 05/29/2008 | 05/29/2008 |

Amendments

| Item | Schedule | Created By | Created On | Date Submitted |
|--|---------------------|-----------------|------------|----------------|
| Uniform Transmittal Document-Property & Casualty | Supporting Document | Maria Papagjika | 05/29/2008 | 05/29/2008 |
| Cover Letter | Supporting Document | Maria Papagjika | 05/29/2008 | 05/29/2008 |
| Change Sheet | Supporting Document | Maria Papagjika | 05/29/2008 | 05/29/2008 |

SERFF Tracking Number: GECC-125668636

State: Arkansas

Filing Company: GEICO Indemnity Company

State Tracking Number: EFT \$50

Company Tracking Number: 2008-207A

TOI: 19.0 Personal Auto

Sub-TOI: 19.0002 Motorcycle

Product Name: 207A-Cycle-Form

Project Name/Number: 207A-Cycle-Form/2008-207A

Disposition

Disposition Date: 05/29/2008

Effective Date (New): 05/29/2008

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GECC-125668636 State: Arkansas
 Filing Company: GEICO Indemnity Company State Tracking Number: EFT \$50
 Company Tracking Number: 2008-207A
 TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
 Product Name: 207A-Cycle-Form
 Project Name/Number: 207A-Cycle-Form/2008-207A

| Item Type | Item Name | Item Status | Public Access |
|-------------------------------|--|-------------------------------------|---------------|
| Supporting Document (revised) | Uniform Transmittal Document-Property & Casualty | Accepted for Informational Purposes | Yes |
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Accepted for Informational Purposes | Yes |
| Supporting Document (revised) | Cover Letter | Accepted for Informational Purposes | Yes |
| Supporting Document | Cover Letter | Accepted for Informational Purposes | Yes |
| Supporting Document (revised) | Change Sheet | Accepted for Informational Purposes | Yes |
| Supporting Document | Change Sheet | Accepted for Informational Purposes | Yes |
| Form | Federal Fair Credit Reporting Act Disclosure Notice (Credit) | Accepted for Informational Purposes | Yes |
| Form | Federal Fair Credit Reporting Act Disclosure Notice (Credit) | Accepted for Informational Purposes | Yes |
| Form | Federal Fair Credit Reporting Act Disclosure Notice (Credit) | Accepted for Informational Purposes | Yes |
| Form | Federal Fair Credit Reporting Act Disclosure Notice (MVR/CLUE) | Accepted for Informational Purposes | Yes |
| Form | Federal Fair Credit Reporting Act Disclosure Notice (MVR/CLUE) | Accepted for Informational Purposes | Yes |

SERFF Tracking Number: GECC-125668636

State: Arkansas

Filing Company: GEICO Indemnity Company

State Tracking Number: EFT \$50

Company Tracking Number: 2008-207A

TOI: 19.0 Personal Auto

Sub-TOI: 19.0002 Motorcycle

Product Name: 207A-Cycle-Form

Project Name/Number: 207A-Cycle-Form/2008-207A

Disposition

Disposition Date: 05/29/2008

Effective Date (New): 05/29/2008

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GECC-125668636 State: Arkansas
 Filing Company: GEICO Indemnity Company State Tracking Number: EFT \$50
 Company Tracking Number: 2008-207A
 TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
 Product Name: 207A-Cycle-Form
 Project Name/Number: 207A-Cycle-Form/2008-207A

| Item Type | Item Name | Item Status | Public Access |
|-------------------------------|--|-------------------------------------|---------------|
| Supporting Document (revised) | Uniform Transmittal Document-Property & Casualty | Accepted for Informational Purposes | Yes |
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Accepted for Informational Purposes | Yes |
| Supporting Document (revised) | Cover Letter | Accepted for Informational Purposes | Yes |
| Supporting Document | Cover Letter | Accepted for Informational Purposes | Yes |
| Supporting Document (revised) | Change Sheet | Accepted for Informational Purposes | Yes |
| Supporting Document | Change Sheet | Accepted for Informational Purposes | Yes |
| Form | Federal Fair Credit Reporting Act Disclosure Notice (Credit) | Accepted for Informational Purposes | Yes |
| Form | Federal Fair Credit Reporting Act Disclosure Notice (Credit) | Accepted for Informational Purposes | Yes |
| Form | Federal Fair Credit Reporting Act Disclosure Notice (Credit) | Accepted for Informational Purposes | Yes |
| Form | Federal Fair Credit Reporting Act Disclosure Notice (MVR/CLUE) | Accepted for Informational Purposes | Yes |
| Form | Federal Fair Credit Reporting Act Disclosure Notice (MVR/CLUE) | Accepted for Informational Purposes | Yes |

SERFF Tracking Number: GECC-125668636 State: Arkansas
Filing Company: GEICO Indemnity Company State Tracking Number: EFT \$50
Company Tracking Number: 2008-207A
TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
Product Name: 207A-Cycle-Form
Project Name/Number: 207A-Cycle-Form/2008-207A

Amendment Letter

Amendment Date:
Submitted Date: 05/29/2008

Comments:

Dear Ms. Grissom,

Please note that we had inadvertently proposed to withdraw the following forms for the above-referenced filing:

M-134-CR (08-02)
M-134-DH (4-99)

Please see revised copies of our Cover Letter, P&C Transmittal Document, and Change Sheet displaying the correct information. We apologize for any inconvenience this may have caused.

Sincerely,

Gina Pak
Analyst, State Filings
(800) 824-5404 Ext. 7533
GPak@geico.com

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Comment:
AR-Cycle Trans Document.pdf

User Added -Name: Cover Letter

Comment:
AR-Cycle Cover Letter.pdf

User Added -Name: Change Sheet

Comment:
AR-Cycle Change Sheet.pdf

SERFF Tracking Number: GECC-125668636 State: Arkansas
 Filing Company: GEICO Indemnity Company State Tracking Number: EFT \$50
 Company Tracking Number: 2008-207A
 TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
 Product Name: 207A-Cycle-Form
 Project Name/Number: 207A-Cycle-Form/2008-207A

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---|---|----------|--------------|------------------------|----------------------|-------------|-------------|
| Accepted for Information Act Disclosure al Purposes | Federal Fair Credit Reporting Notice (Credit) | M134RQV | (02-08) | Disclosure/ New Notice | | | M134RQV.pdf |
| Accepted for Information Act Disclosure al Purposes | Federal Fair Credit Reporting Notice (Credit) | M134NHV | (02-08) | Disclosure/ New Notice | | | M134NHV.pdf |
| Accepted for Information Act Disclosure al Purposes | Federal Fair Credit Reporting Notice (Credit) | M134GRV | (02-08) | Disclosure/ New Notice | | | M134GRV.pdf |
| Accepted for Information Act Disclosure al Purposes | Federal Fair Credit Reporting Notice (MVR/CLUE) | M-134MVR | (02-08) | Disclosure/ New Notice | | | M134MVR.pdf |
| Accepted for Information Act Disclosure al Purposes | Federal Fair Credit Reporting Notice (MVR/CLUE) | M134GR | (02-08) | Disclosure/ New Notice | | | M134GR.pdf |

- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company

FEDERAL FAIR CREDIT REPORTING ACT DISCLOSURE NOTICE

Name
Address
City, State Zip Code

Thank you for contacting GEICO for a rate quote. *{Thank you for purchasing a policy from GEICO.}* The price we are quoting you is based in part on information provided to us by the consumer reporting agency listed below.

We are sending you this notice, as required by the Fair Credit Reporting Act, because you received a higher price based on your credit information.

The consumer reporting agency provided the following description of the credit factors that had the most influence on the price we quoted you:

[reason messages]

Please note that the consumer reporting agency did not participate in our adverse decision. They are unable to provide you with specific reasons for our decision.

You have the right to obtain a free copy of your credit report from the consumer reporting agency, whose address is listed below, if your request is made within 60 days of receiving this notice. You also have the right to dispute the accuracy or completeness of any information in the report by contacting the consumer reporting agency at the address below. If we receive notice that inaccurate or missing information in your credit report has been corrected, we will re-rate your policy.

(Name of consumer reporting agency)
Address
Toll free telephone number

- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company

FEDERAL FAIR CREDIT REPORTING ACT DISCLOSURE NOTICE

Name
Address
City, State Zip Code

Thank you for contacting GEICO for a rate quote. *{Thank you for purchasing a policy from GEICO.}* As a result of your request for a rate quote, we asked the consumer reporting agency listed below to provide us with your credit information. This information is used in combination with other factors to determine the rate we offer. The price we quoted you may have been lower if the consumer reporting agency had been able to access your credit record.

The reason that the consumer reporting agency could not access your credit record was that there was no matching information at the credit bureau given the name, address, social security number and or date of birth that we have on file. Your credit record may be accessible by the use of more detailed information than was available to GEICO.

Please note that the consumer reporting agency did not participate in our decision. They are unable to provide you with specific reasons for our decision.

If you have questions concerning the unavailability of your credit record or would like to obtain a free copy of your credit report, you may contact the consumer reporting agency whose address is listed below within 60 days of receiving this notice. You also may dispute the accuracy or completeness of any information provided by the consumer reporting agency by contacting them directly at the address below.

(Name of Consumer Reporting Agency)
Address
Toll free telephone number

- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company

FEDERAL FAIR CREDIT REPORTING ACT DISCLOSURE NOTICE

NAME
ADDRESS
CITY, STATE, ZIP CODE

Thank you for contacting GEICO for a rate quote. As a result of your request for a rate quote, we asked the consumer reporting agency listed below to provide us with your credit information. This information was used in combination with other factors to determine that GEICO is unable to offer you a rate quote at this time.

The consumer reporting agency listed below provided the following description of the credit factors that had the most influence on our decision:

{reason messages}

Please note that the consumer reporting agency did not participate in our adverse action decision. They are unable to provide you with specific reasons for our decision.

You have the right to obtain a free copy of your credit report from the consumer reporting agency whose address is listed below, if your request is made within 60 days of receiving this notice. You also have the right to dispute the accuracy or completeness of any information in the report by contacting the consumer reporting agency at the address below.

(Name of consumer reporting agency)
Address
Toll free telephone number

- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company

FEDERAL FAIR CREDIT REPORTING ACT DISCLOSURE NOTICE

Name
Address
City, State Zip Code

**{Thank you for contacting GEICO for a rate quote}.*
**{Thank you for purchasing a policy from GEICO.}*
**{Thank you for allowing GEICO to provide a renewal quote}.*
**{Thank you for your recent policy change request}.* The price we are quoting is based in part on information provided to us by the consumer reporting agency listed below.

We are sending you this notice as required by the Fair Credit Reporting Act, because you received a higher price based on the claims loss history or driving record report.

The consumer reporting agency listed below provided the following report(s) on which we based our decision.

- Claims loss history
- Driving record

Please note that the consumer reporting agency did not participate in our adverse decision. They are unable to provide you with specific reasons for our decision.

You have the right to obtain a free copy of the consumer report (s) from the consumer reporting agency, whose address is listed below, if your request is made within 60 days of receiving this notice. You also have the right to dispute the accuracy or completeness of any information in the report(s) by contacting the consumer reporting agency at the address below. If we receive notice that inaccurate or missing information in your consumer report has been corrected, we will re-rate your policy.

For a free copy of the report(s) contact:

Claim Loss History:
(Name of consumer reporting agency
agency Toll Free telephone number)
number)

Driving Record
(Name of consumer reporting
Toll free telephone

To dispute the accuracy or completeness of the report(s) see the name and telephone number on the reverse side of this letter.

(continued on reverse side)

To dispute information contact:

Claims Loss History:
(Name of consumer reporting agency
Toll free telephone number)

Driving record:
(Name & address of DMV
Toll free Telephone number)

- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company

FEDERAL FAIR CREDIT REPORTING ACT DISCLOSURE NOTICE

NAME
ADDRESS
CITY, STATE, ZIP CODE

Thank you for contacting GEICO for a rate quote. As a result of your request for a rate quote, we asked the consumer reporting agency (ies) listed below to provide us with copies of your claims history and driving record of all operators. This information was used in combination with other factors to determine that GEICO is unable to offer you a rate quote at this time.

The consumer reporting agency listed below provided the following report(s) on which we based our decision:

- _ History of previous claims
- _ Copy of driving record(s)

Please note that the consumer reporting agency did not participate in our adverse decision. They are unable to provide you with specific reasons for our decision.

You have the right to obtain a free copy of the consumer report(s) from the consumer reporting agency whose address is listed below, if your request is made within 60 days of receiving this notice. You also have the right to dispute the accuracy or completeness of any information in the report by contacting the consumer reporting agency at the address below.

For a free copy of the report(s) contact:

Claim History:

Driving Record:

(Name of Consumer Reporting Agency
Toll free telephone number)

(Name of Consumer reporting Agency
Toll free telephone number)

To dispute the accuracy or completeness of the report(s) see the reverse side of this letter.

reverse side)

(Continued on

To dispute information contact:

Claims History:

(Name of consumer reporting agency
Toll free telephone number)

Driving record:

(Name & address of DMV
toll free telephone number)

SERFF Tracking Number: *GECC-125668636*

State: *Arkansas*

Filing Company: *GEICO Indemnity Company*

State Tracking Number: *EFT \$50*

Company Tracking Number: *2008-207A*

TOI: *19.0 Personal Auto*

Sub-TOI: *19.0002 Motorcycle*

Product Name: *207A-Cycle-Form*

Project Name/Number: *207A-Cycle-Form/2008-207A*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: GECC-125668636

State: Arkansas

Filing Company: GEICO Indemnity Company

State Tracking Number: EFT \$50

Company Tracking Number: 2008-207A

TOI: 19.0 Personal Auto

Sub-TOI: 19.0002 Motorcycle

Product Name: 207A-Cycle-Form

Project Name/Number: 207A-Cycle-Form/2008-207A

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Accepted for Informational 05/29/2008
Purposes

Comments:

Attachment:

AR-Cycle Trans Document.pdf

Satisfied -Name: Cover Letter

Review Status:

Accepted for Informational 05/29/2008
Purposes

Comments:

Attachment:

AR-Cycle Cover Letter.pdf

Satisfied -Name: Change Sheet

Review Status:

Accepted for Informational 05/29/2008
Purposes

Comments:

Attachment:

AR-Cycle Change Sheet.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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">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 # |
| GEICO | 0031 |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|-------------------------|----------|--------|------------|---------|
| GEICO Indemnity Company | MD | 22055 | 52-0794134 | |
| | | | | |
| | | | | |

| | |
|-----------------------------------|-----------|
| 5. Company Tracking Number | 2008-207A |
|-----------------------------------|-----------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|----|--|---------------------------|------------------------|--------------|----------------|
| | Gina Pak 4608 Willard Avenue Chevy Chase, MD 20815 | Analyst, State Filings | 800-824-5404, x7533 | 301-986-3922 | GPak@geico.com |
| | | | | | |

| | |
|--|--|
| 7. Signature of authorized filer |  |
| 8. Please print name of authorized filer | Gina Pak |

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

| | |
|--|--|
| 9. Type of Insurance (TOI) | Private Passenger Motorcycle |
| 10. Sub-Type of Insurance (Sub-TOI) | 19.0002 |
| 11. State Specific Product code(s)(if applicable)[See State Specific Requirements] | N/A |
| 12. Company Program Title (Marketing title) | Motorcycle Casualty Forms Manual Revision |
| 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: Upon Approval Renewal: Upon Approval |
| 15. Reference Filing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 16. Reference Organization (if applicable) | N/A |
| 17. Reference Organization # & Title | N/A |
| 18. Company's Date of Filing | May 28, 2008 |
| 19. Status of filing in domicile | <input checked="" 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 # | 2008-207A |
|------------|--|-----------|

| | |
|------------|--|
| 21. | Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
|------------|--|

Specifically, we propose to place on file the following new forms:

- M134RQV (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (Credit)
- M134NHV (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (Credit)
- M134GRV (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (Credit)
- M-134MVR (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (MVR/CLUE)
- M134GR (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (MVR/CLUE)

Copies of the new forms are attached for your convenience.

| | |
|------------|---|
| 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 #: N/A – SERFF EFT
Amount: \$50.00

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.)**

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 # | 2008-207A |
| 2. | This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small> | N/A |

| 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 | Federal Fair Credit Reporting Act Disclosure Notice (Credit) | M134RQV (02-08) | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 02 | Federal Fair Credit Reporting Act Disclosure Notice (Credit) | M134NHV (02-08) | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 03 | Federal Fair Credit Reporting Act Disclosure Notice (Credit) | M134GRV (02-08) | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 04 | Federal Fair Credit Reporting Act Disclosure Notice (MVR/CLUE) | M-134MVR (02-08) | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 05 | Federal Fair Credit Reporting Act Disclosure Notice (MVR/CLUE) | M134GR (02-08) | <input checked="" 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 | | |



- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company

ONE GEICO PLAZA ■ Washington, D.C. 20076-0001

May 28, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: GEICO Indemnity Company
Motorcycle Casualty Forms Manual
File No.: **2008-207A**

NAIC# 22055

Dear Commissioner Bowman:

For your review and approval, the above-referenced company herewith submits a revision to their Motorcycle Casualty Forms Manual currently on file with your department.

Specifically, we propose to place on file the following new forms:

M134RQV (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (Credit)
M134NHV (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (Credit)
M134GRV (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (Credit)
M-134MVR (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (MVR/CLUE)
M134GR (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (MVR/CLUE)

Copies of the new forms are attached for your convenience.

Once you have had an opportunity to review the enclosed, please provide us with your stamped approval for our records.

Sincerely,

Gina Pak
Analyst, State Filings
Phone: (800) 824-5404 Ext 7533
Fax: (301) 986-3922
Email: gpak@geico.com

Enclosures

GEICO INDEMNITY COMPANY

MOTORCYCLE

ARKANSAS – CHANGE SHEET

POLICY SECTION

The following new forms are to be placed on file:

New Forms:

M134RQV (02-08) – Federal Fair Credit Reporting Act
Disclosure Notice (Credit)

M134NHV (02-08) – Federal Fair Credit Reporting Act
Disclosure Notice (Credit)

M134GRV (02-08) – Federal Fair Credit Reporting Act
Disclosure Notice (Credit)

M-134MVR (02-08) – Federal Fair Credit Reporting Act
Disclosure Notice (MVR/CLUE)

M134GR (02-08) – Federal Fair Credit Reporting Act Disclosure
Notice (MVR/CLUE)

| | | | |
|---------------------------------|----------------------------------|-------------------------------|---------------------------|
| <i>SERFF Tracking Number:</i> | <i>GECC-125668636</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>GEICO Indemnity Company</i> | <i>State Tracking Number:</i> | <i>EFT \$50</i> |
| <i>Company Tracking Number:</i> | <i>2008-207A</i> | | |
| <i>TOI:</i> | <i>19.0 Personal Auto</i> | <i>Sub-TOI:</i> | <i>19.0002 Motorcycle</i> |
| <i>Product Name:</i> | <i>207A-Cycle-Form</i> | | |
| <i>Project Name/Number:</i> | <i>207A-Cycle-Form/2008-207A</i> | | |

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Original Date: | Schedule | Document Name | Replaced Date | Attach Document |
|-----------------------|---------------------|--|----------------------|-----------------------------|
| No original date | Supporting Document | Uniform Transmittal Document-Property & Casualty | 05/28/2008 | AR-Cycle Trans Document.pdf |
| No original date | Supporting Document | Cover Letter | 05/28/2008 | AR-Cycle Cover Letter.pdf |
| No original date | Supporting Document | Change Sheet | 05/28/2008 | AR-Cycle Change Sheet.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: 60%; 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 # |
| GEICO | 0031 |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|-------------------------|----------|--------|------------|---------|
| GEICO Indemnity Company | MD | 22055 | 52-0794134 | |
| | | | | |
| | | | | |

| | |
|-----------------------------------|-----------|
| 5. Company Tracking Number | 2008-207A |
|-----------------------------------|-----------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|----|--|---------------------------|------------------------|--------------|----------------|
| | Gina Pak 4608 Willard Avenue Chevy Chase, MD 20815 | Analyst, State Filings | 800-824-5404, x7533 | 301-986-3922 | GPak@geico.com |
| | | | | | |

| | | |
|----|---------------------------------------|--|
| 7. | Signature of authorized filer |  |
| 8. | Please print name of authorized filer | Gina Pak |

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

| | | |
|-----|--|--|
| 9. | Type of Insurance (TOI) | Private Passenger Motorcycle |
| 10. | Sub-Type of Insurance (Sub-TOI) | 19.0002 |
| 11. | State Specific Product code(s)(if applicable)[See State Specific Requirements] | N/A |
| 12. | Company Program Title (Marketing title) | Motorcycle Casualty Forms Manual Revision |
| 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: Upon Approval Renewal: Upon Approval |
| 15. | Reference Filing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 16. | Reference Organization (if applicable) | N/A |
| 17. | Reference Organization # & Title | N/A |
| 18. | Company's Date of Filing | May 28, 2008 |
| 19. | Status of filing in domicile | <input checked="" 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 # | 2008-207A |
|------------|--|-----------|

| | |
|------------|--|
| 21. | Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
|------------|--|

Specifically, we propose to place on file the following new forms:

- M134RQV (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (Credit)
- M134NHV (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (Credit)
- M134GRV (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (Credit)
- M-134MVR (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (MVR/CLUE)
- M134GR (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (MVR/CLUE)

Additionally, we are withdrawing the following forms:

- M-134-CR (08-02)
- M-134-DH (4-99)

Copies of the new forms are attached for your convenience.

| | |
|------------|---|
| 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 #: N/A – SERFF EFT
Amount: \$50.00

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.)**

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 # | 2008-207A |
| 2. | This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small> | N/A |

| 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 | Federal Fair Credit Reporting Act Disclosure Notice (Credit) | M134RQV (02-08) | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 02 | Federal Fair Credit Reporting Act Disclosure Notice (Credit) | M134NHV (02-08) | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 03 | Federal Fair Credit Reporting Act Disclosure Notice (Credit) | M134GRV (02-08) | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 04 | Federal Fair Credit Reporting Act Disclosure Notice (MVR/CLUE) | M-134MVR (02-08) | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 05 | Federal Fair Credit Reporting Act Disclosure Notice (MVR/CLUE) | M134GR (02-08) | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 06 | Notice Regarding Fair Credit Reporting Act | M-134-CR (08-02) | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn | | |
| 07 | Fair Credit Act Letter | M-134-DH (4-99) | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" 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 | | |



- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company

ONE GEICO PLAZA ■ Washington, D.C. 20076-0001

May 28, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: GEICO Indemnity Company
Motorcycle Casualty Forms Manual
File No.: **2008-207A**

NAIC# 22055

Dear Commissioner Bowman:

For your review and approval, the above-referenced company herewith submits a revision to their Motorcycle Casualty Forms Manual currently on file with your department.

Specifically, we propose to place on file the following new forms:

M134RQV (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (Credit)
M134NHV (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (Credit)
M134GRV (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (Credit)
M-134MVR (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (MVR/CLUE)
M134GR (02-08) – Federal Fair Credit Reporting Act Disclosure Notice (MVR/CLUE)

Additionally, we are withdrawing the following forms:

M-134-CR (08-02)
M-134-DH (4-99)

Copies of the new forms are attached for your convenience.

Once you have had an opportunity to review the enclosed, please provide us with your stamped approval for our records.

Sincerely,

Gina Pak
Analyst, State Filings
Phone: (800) 824-5404 Ext 7533
Fax: (301) 986-3922
Email: gpak@geico.com

Enclosures

GEICO INDEMNITY COMPANY

MOTORCYCLE

ARKANSAS – CHANGE SHEET

POLICY SECTION

The following new forms are to be placed on file:

New Forms:

M134RQV (02-08) – Federal Fair Credit Reporting Act
Disclosure Notice (Credit)

M134NHV (02-08) – Federal Fair Credit Reporting Act
Disclosure Notice (Credit)

M134GRV (02-08) – Federal Fair Credit Reporting Act
Disclosure Notice (Credit)

M-134MVR (02-08) – Federal Fair Credit Reporting Act
Disclosure Notice (MVR/CLUE)

M134GR (02-08) – Federal Fair Credit Reporting Act Disclosure
Notice (MVR/CLUE)

Withdrawn Forms:

M-134-CR (08-02)

M-134-DH (4-99)