

SERFF Tracking Number: MEAD-125641164 State: Arkansas  
Filing Company: Star Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: STAR-AR-GEN-0508  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: Commercial Inland Marine Declarations  
Project Name/Number: /STAR-AR-GEN-0508

## Filing at a Glance

Company: Star Insurance Company

Product Name: Commercial Inland Marine Declarations SERFF Tr Num: MEAD-125641164 State: Arkansas

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 09.0005 Other Commercial Inland Marine

Co Tr Num: STAR-AR-GEN-0508

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Author: Amanda Webster

Disposition Date: 05/14/2008

Date Submitted: 05/09/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 05/14/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 05/14/2008

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number: STAR-AR-GEN-0508

Domicile Status Comments: Not required to be filed

Reference Organization: AAIS

Reference Number: NA

Reference Title: NA

Advisory Org. Circular: NA

Filing Status Changed: 05/14/2008

State Status Changed: 05/14/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Star Insurance Company is authorized to write commercial insurance in your state. In addition we are a member of AAIS, who has authorization to file on our behalf.

At this time we are filing our Commercial Inland Marine Declarations 2626IM 1204 for your approval.

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## Company and Contact

### Filing Contact Information

Amanda Webster, Compliance Analyst awebster@meadowbrook.com  
 26255 American Drive (248) 204-8594 [Phone]  
 Southfield, MI 48034 (248) 358-1614[FAX]

### Filing Company Information

Star Insurance Company CoCode: 18023 State of Domicile: Michigan  
 26255 American Drive Group Code: 748 Company Type: property and  
 Southfield, MI 48034 Group Name: Meadowbrook State ID Number:  
 (248) 358-1100 ext. [Phone] FEIN Number: 38-2626205  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Star Insurance Company	\$50.00	05/09/2008	20202558

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/14/2008	05/14/2008

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## Disposition

Disposition Date: 05/14/2008

Effective Date (New): 05/14/2008

Effective Date (Renewal): 05/14/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MEAD-125641164 State: Arkansas  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	COMMERCIAL INLAND MARINE DECLARATIONS	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	COMMERCIAL INLAND MARINE DECLARATIONS	2626IM	1204	Declaration New s/Schedule		0.00	2626 IM 1204 Common IM Dec.pdf

# STAR INSURANCE COMPANY

26255 American Drive, Southfield, Michigan 48034-2438  
Phone: 248-358-1100 or 800-482-0626

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## COMMERCIAL INLAND MARINE DECLARATIONS

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POLICY NUMBER:

RENEWAL OF:

NAMED INSURED:

MAILING ADDRESS:

PRODUCER:

NUMBER:

Policy Period: From:

To:

This policy becomes effective and expires at 12:01 a.m. Standard Time at Your Mailing Address shown above.

Coverage Parts that apply to this Policy:

Coverage Part Premium:

\$  
\$  
\$  
\$  
\$

Endorsements that apply to all Coverage Parts:

LOSS PAYEE ( NAME AND ADDRESS )

*SERFF Tracking Number: MEAD-125641164*

*State: Arkansas*

*Filing Company: Star Insurance Company*

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*TOI: 09.0 Inland Marine*

*Sub-TOI: 09.0005 Other Commercial Inland Marine*

*Product Name: Commercial Inland Marine Declarations*

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## **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:**

Approved

05/14/2008

**Comments:**

**Attachment:**

transmittals.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>
Meadowbrook Insurance Group	0748

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Star Insurance Company	MI	18023	38-2626205	N/A

<b>5. Company Tracking Number</b>	Star-AR-GEN-0508
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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
Amanda Webster	Compliance Analyst	(800) 482-2726 ext 8594 or (248) 204-8594	248-358-1614	<a href="mailto:Awebster@Meadowbrook.com">Awebster@Meadowbrook.com</a>

7. Signature of authorized filer	<i>Amanda Webster</i>
8. Please print name of authorized filer	Amanda Webster

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

9. Type of Insurance (TOI)	Commercial Inland Marine
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)	General Use
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rule <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:    On Approval    Renewal: On Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	AAIS
17. Reference Organization # & Title	
18. Company's Date of Filing	05/09/08
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Effective March 1, 2007

## Property & Casualty Transmittal Document—

<b>20.</b> This filing transmittal is part of Company Tracking #	Star-AR-GEN-0508
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<b>21.</b> Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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At this time we are filing our Commercial Inland Marine Declarations 2626IM 1204 for your approval.

<b>22.</b> 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]
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Check #: NA  
Amount: NA

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.)**

<b>1. This filing transmittal is part of Company Tracking #</b>	Star-AR-GEN-0508
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<b>2. This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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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	Commercial Inland Marine Declarations	2626IM 1204	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	