

SERFF Tracking Number: GECC-125700042 State: Arkansas
Filing Company: GEICO Indemnity Company State Tracking Number: EFT \$50
Company Tracking Number: 2008-234
TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
Product Name: 234-M-56-AR-Form
Project Name/Number: 234-M-56-AR-Form/2008-234

Filing at a Glance

Company: GEICO Indemnity Company

Product Name: 234-M-56-AR-Form

TOI: 19.0 Personal Auto

Sub-TOI: 19.0002 Motorcycle

Filing Type: Form

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

State Filing Description:

SERFF Tr Num: GECC-125700042 State: Arkansas

SERFF Status: Closed

Co Tr Num: 2008-234

Co Status:

Author: Christina Puglisi

Date Submitted: 06/20/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Alexa Grissom, Betty Montesi

Disposition Date: 08/26/2008

Disposition Status: Approved

Effective Date (New): 08/26/2008

Effective Date (Renewal):

General Information

Project Name: 234-M-56-AR-Form

Project Number: 2008-234

Reference Organization: NA

Reference Title: NA

Filing Status Changed: 08/26/2008

State Status Changed: 06/24/2008

Corresponding Filing Tracking Number:

Filing Description:

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 form:

M-56 (8-07) GEICO – Privacy Notice

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number: NA

Advisory Org. Circular: NA

Deemer Date:

SERFF Tracking Number: GECC-125700042 State: Arkansas
 Filing Company: GEICO Indemnity Company State Tracking Number: EFT \$50
 Company Tracking Number: 2008-234
 TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
 Product Name: 234-M-56-AR-Form
 Project Name/Number: 234-M-56-AR-Form/2008-234

A copy of the form is attached for your convenience.

Upon completion of your review, please forward your stamped approval for our records.

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
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
GEICO Indemnity Company	\$50.00	06/20/2008	21010283

SERFF Tracking Number: GECC-125700042 State: Arkansas
 Filing Company: GEICO Indemnity Company State Tracking Number: EFT \$50
 Company Tracking Number: 2008-234
 TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
 Product Name: 234-M-56-AR-Form
 Project Name/Number: 234-M-56-AR-Form/2008-234

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	08/26/2008	08/26/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Alexa Grissom	07/03/2008	07/03/2008	Christina Puglisi	07/24/2008	07/24/2008
Industry Response						

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
July 3, 2008 Inquiry	Note To Reviewer	Christina Puglisi	07/10/2008	07/10/2008

SERFF Tracking Number: *GECC-125700042* *State:* *Arkansas*
Filing Company: *GEICO Indemnity Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *2008-234*
TOI: *19.0 Personal Auto* *Sub-TOI:* *19.0002 Motorcycle*
Product Name: *234-M-56-AR-Form*
Project Name/Number: *234-M-56-AR-Form/2008-234*

Disposition

Disposition Date: 08/26/2008

Effective Date (New): 08/26/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GECC-125700042 State: Arkansas
 Filing Company: GEICO Indemnity Company State Tracking Number: EFT \$50
 Company Tracking Number: 2008-234
 TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
 Product Name: 234-M-56-AR-Form
 Project Name/Number: 234-M-56-AR-Form/2008-234

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Change Sheet	Approved	Yes
Supporting Document	Response to July 3, 2008 Objection Letter	Approved	Yes
Form	GEICO - Privacy Notice	Approved	Yes

SERFF Tracking Number: GECC-125700042 State: Arkansas
Filing Company: GEICO Indemnity Company State Tracking Number: EFT \$50
Company Tracking Number: 2008-234
TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
Product Name: 234-M-56-AR-Form
Project Name/Number: 234-M-56-AR-Form/2008-234

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/03/2008

Submitted Date 07/03/2008

Respond By Date

Dear Maria Papagjika,

This will acknowledge receipt of the captioned filing. Per Rule 74 Section 7(A)(6) the form must be amended to explain the consumer's right to opt out of the disclosure of information.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

Response Letter

Response Letter Status Submitted to State

Response Letter Date 07/24/2008

Submitted Date 07/24/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: Please see attached letter for our response.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Response to July 3, 2008 Objection Letter

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

<i>SERFF Tracking Number:</i>	<i>GECC-125700042</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>2008-234</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0002 Motorcycle</i>
<i>Product Name:</i>	<i>234-M-56-AR-Form</i>		
<i>Project Name/Number:</i>	<i>234-M-56-AR-Form/2008-234</i>		

Sincerely,
Christina Puglisi

SERFF Tracking Number: GECC-125700042 *State:* Arkansas
Filing Company: GEICO Indemnity Company *State Tracking Number:* EFT \$50
Company Tracking Number: 2008-234
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0002 Motorcycle
Product Name: 234-M-56-AR-Form
Project Name/Number: 234-M-56-AR-Form/2008-234

Note To Reviewer

Created By:

Christina Puglisi on 07/10/2008 03:46 PM

Subject:

July 3, 2008 Inquiry

Comments:

Ms. Grissom,

This letter is to acknowledge receipt of your inquiry on July 3, 2008. We are in the process of reviewing the information requested in your letter.

Please hold our filing in suspense until we issue a response. We will forward a response as soon as possible.

Sincerely,

Christina A Puglisi
Analyst, State Filings
Phone (800) 824-5404 Ext 2352
Fax (301) 986-3922
cpuglisi@geico.com

SERFF Tracking Number: GECC-125700042 State: Arkansas
 Filing Company: GEICO Indemnity Company State Tracking Number: EFT \$50
 Company Tracking Number: 2008-234
 TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
 Product Name: 234-M-56-AR-Form
 Project Name/Number: 234-M-56-AR-Form/2008-234

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	GEICO - Privacy Notice	M-56	8-07	Disclosure/ New Notice			m56.pdf

GEICO

PRIVACY NOTICE

GEICO Respects Your Privacy

Protecting your privacy is very important to us. Policyholders like you have trusted us with their insurance needs for over 70 years, and we take our obligation to safeguard and secure your personal information very seriously. We want you to understand how we protect your privacy and when we collect and use your information.

The Information We Collect

Non-public personally identifiable information ("Information") is information that identifies you and is not available to the general public. The following sections tell you more about how and when we collect your information.

Information We Obtain From You

During the quoting, application, or claims handling processes you may give us Information such as your:

- name
- address
- phone number
- email address
- Social Security number
- driver's license number
- date of birth

If you gave us your email address, GEICO may use it from time to time to notify you of such things as new services, special offers, or to confirm transactions. You can log in to your account at geico.com, click on "Update Email Preferences" on the right side of the screen and choose the level of communication you'd like to receive from us. If you have not yet enrolled online, you will need to enroll with geico.com to update your email preferences.

Information About Your Transactions

We may collect information about your transactions and experiences with us and others, such as your payment history, claims, coverage, and vehicles changes.

Information From Third Parties

We may receive information about you from consumer reporting agencies, which provide us with motor vehicle reports, claim reports, and/or credit information where permitted by law. When you ask for a rate quotation, we may obtain credit information if permitted by applicable state law.

Our sales and service representatives do not have access to the details of your credit information. Other companies who view your credit report will not see the GEICO inquiry. It will be visible only to you. Our inquiry will not affect your credit score or credit rating. If you commit to purchase a policy with GEICO, we will also confirm your motor vehicle record and claims history.

As permitted by law, we may also review your motor vehicle record and credit information in connection with any renewal.

The Information We Disclose

Information about our customers or former customers will only be disclosed as permitted or required by law. Information about you that has been collected is maintained in your policy and/or claims records.

We use this information to process and service your policy; to settle claims; with your consent; or as directed by you. We may also disclose it to persons or organizations as necessary to perform transactions you request or authorize. Information about our former customers and about individuals who have obtained quotes from us is safeguarded to the same extent as information about our current policyholders.

Following are some examples of how we may disclose Information:

We must exchange Information about you with our agents, investigators, appraisers, attorneys, and other persons who are or will become involved in processing your application and servicing your policy or any claims you may make.

When you are involved in a claim, policy information is provided to adjusters and the businesses that will repair your vehicle.

We may share information with persons or organizations that we have determined need the Information to perform a business, professional, or insurance function for us. These include businesses that help us with administrative functions. If the law in your state permits, we may share Information with financial institutions with which we have a joint-marketing agreement. All of these entities are obligated to keep the Information that we provide to them confidential and to use the Information only for the purpose for which the Information was provided.

Information may be provided to organizations conducting actuarial research or audits. In this case, you will not be individually identified in any research report. The organization must agree not to redisclose the Information and the Information will be returned to us or destroyed when it is no longer needed.

We may also share your Information for other permitted purposes, including:

- with another insurance company if you are involved in an accident with their insured
- with our reinsurers
- with insurance-support organizations that detect and prevent fraud
- with medical professionals or institutions in order to verify coverage or conduct operations or services audits
- with state insurance departments or other governmental or law enforcement authorities if required by law or to protect our legal interests or in cases of suspected fraud or illegal activities
- if ordered by a subpoena, search warrant or other court order

Confidentiality and Security

We restrict access to your Information to employees who we have determined need it in order to provide products or services to you. We train our employees to safeguard

customer information, and we require them to sign confidentiality and non-disclosure agreements. We maintain strict physical, electronic and procedural safeguards to protect your Information from unauthorized access by third parties.

Changes to This Privacy Policy

Each of our policyholders receives a copy of our privacy policy at least once per year. In addition, in the event that we make a significant change to our privacy practices, we will send a revised copy of our privacy policy to each of our current policyholders.

What to Do if You Have Privacy or Security Concerns

If you have a concern about privacy or security at GEICO, we want to hear about it by mail or email.

Please write to us at:

Privacy Administration
GEICO
One GEICO Plaza
Washington, DC 20076

or email us at privacypolicy@geico.com.

This Privacy Policy applies to all of the companies listed at the top of this notice.

<i>SERFF Tracking Number:</i>	<i>GECC-125700042</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>2008-234</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0002 Motorcycle</i>
<i>Product Name:</i>	<i>234-M-56-AR-Form</i>		
<i>Project Name/Number:</i>	<i>234-M-56-AR-Form/2008-234</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: GECC-125700042 State: Arkansas
Filing Company: GEICO Indemnity Company State Tracking Number: EFT \$50
Company Tracking Number: 2008-234
TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
Product Name: 234-M-56-AR-Form
Project Name/Number: 234-M-56-AR-Form/2008-234

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	08/26/2008
Comments:				
Attachment:	PC TD1.pdf			
Satisfied -Name:	Cover Letter	Review Status:	Approved	08/26/2008
Comments:				
Attachment:	Cover Letter.pdf			
Satisfied -Name:	Change Sheet	Review Status:	Approved	08/26/2008
Comments:				
Attachment:	Change Sheet.pdf			
Satisfied -Name:	Response to July 3, 2008 Objection Letter	Review Status:	Approved	08/26/2008
Comments:				
Attachment:	Response Letter.pdf			

Property & Casualty Transmittal Document (Revised 1/1/06)

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:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
GEICO	0031

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

5. Company Tracking Number	2008-234
-----------------------------------	----------

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

6. Name and address	Title	Telephone #s	FAX #	e-mail
Christina A. Puglisi One GEICO Plaza Washington, DC 20076	Analyst, State Filings	800-824-5404 Ext. 2352	301-986-3922	cpuglisi@geico.com
7. Signature of authorized filer	<i>Christina A. Puglisi</i>			
8. Please print name of authorized filer	Christina A. Puglisi			

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

9. Type of Insurance (TOI)	19.0
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
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: <input type="checkbox"/> Upon Approval <input type="checkbox"/> Renewal: <input type="checkbox"/> 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	6-20-2008
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 #	2008-234
------------	--	----------

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

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 form:

M-56 (8-07) GEICO – Privacy Notice

A copy of the form is attached for your convenience.

Upon completion of your review, please forward your stamped approval for our records.

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 #: 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.)**

PC TD-1 pg 2 of 2

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 #	2008-234
-----------	--	----------

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	GEICO – Privacy Notice	M-56 (8-07)	<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		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input 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 ■

June 20, 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 Number: **2008-234**

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 form:

M-56 (8-07) GEICO – Privacy Notice

A copy of the form is attached for your convenience.

Upon completion of your review, please forward your stamped approval for our records.

Sincerely,

Christina A. Puglisi

Christina A. Puglisi
Analyst, State Filings
Phone: 800-824-5405 Ext 2352
Fax: (301) 986-3922
Email: cpuglisi@geico.com

GEICO INDEMNITY COMPANY
MOTORCYCLE
ARKANSAS - CHANGE SHEET

POLICY SECTION

The following new form is to be placed on file:

New Form:
M-56 (8-07)

File # 2008-234



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

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

July 24, 2008

Alexa Grissom
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: GEICO Indemnity Company
Motorcycle Casualty Forms Manual
File Number: 2008-234
SERFF Tracking #GECC-125700042

NAIC# 22055

Dear Ms. Grissom:

Thank you for reviewing our filing. This letter is in response to your inquiry of July 3, 2008. Our response is below.

Objection:

This will acknowledge receipt of the captioned filing. Per Rule 74 Section 7(A)(6) the form must be amended to explain the consumer's right to opt out of the disclosure of information.

Response:

We do not include an opt-out notice because we do not disclose any nonpublic personal financial information about a consumer or customer to a nonaffiliated third party except as otherwise permitted under the Arkansas privacy regulations. Should we decide at some point in the future that we wish to disclose customer information other than under one of the enumerated exceptions, we will revise our privacy notices accordingly, notify our customers and provide them with the opportunity to opt-out.

We hope that this will allow you to complete your review. Upon completion of your review, please forward your stamped approval for our records.

Sincerely,

Christina A. Puglisi

Christina A. Puglisi
Analyst, State Filings
Phone: 800-824-5405 Ext 2352
Fax: (301) 986-3922
Email: cpuglisi@geico.com