

## Filing at a Glance

Company: Encompass Indemnity Company

Product Name: Classic Auto

TOI: 19.0 Personal Auto

Sub-TOI: 19.0004 Other

Filing Type: Form

SERFF Tr Num: ALSX-125223585 State: Arkansas

SERFF Status: Closed

Co Tr Num: AR EF-0571

Co Status:

Author: SPI AllState

Date Submitted: 07-03-2007

State Tr Num: AR-PC-07-025338

State Status:

Reviewer(s): Alexa Grissom

Disposition Date: 07-10-2007

Disposition Status: Approved

Effective Date Requested (New): 10-01-2007

Effective Date Requested (Renewal): 10-01-2007

Effective Date (New): 10-01-2007

Effective Date (Renewal):

## General Information

Project Name: ISO Adoption

Project Number: AR EF-0571

Reference Organization:

Reference Title:

Filing Status Changed: 07-10-2007

State Status Changed: 07-05-2007

Corresponding Filing Tracking Number:

Filing Description:

The Insurance Services Offices Inc. has approved Revised Personal Auto Endorsements under ISO designation number PP-2007-OEND1. The forms we are adopting are:

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

1. ISO endorsement PP 04 95 10 07, Uninsured Motorists - Arkansas, replaces the 11 05 edition.
2. ISO endorsement PP 04 34 10 07, Underinsured Motorists - Arkansas, replaces the 01 05 edition.
3. ISO endorsement PP 05 82 10 07, Personal Injury Protection Coverage - Arkansas, replaces the 06 94 edition.

All Business: October 1, 2007

## Company and Contact

### Filing Contact Information

Carrie Deppe, Assistant State Filings Manager cdepp@allstate.com

2775 Sanders Road

Northbrook, IL 60062

(847) 402-2774 [Phone]

(847) 402-9757[FAX]

**Filing Company Information**

Encompass Indemnity Company  
2775 Sanders Road  
Suite A5  
Northbrook, IL 60062  
(847) 402-5000 ext. [Phone]

CoCode: 15130  
Group Code: 8  
Group Name: Allstate  
FEIN Number: 59-2366357  
-----

State of Domicile: Illinois  
Company Type:  
State ID Number:

## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation: Form Filing to adopt ISO filing  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Encompass Indemnity Company	\$20.00	07-03-2007	14438950

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	07-10-2007	07-10-2007

## **Disposition**

Disposition Date: 07-10-2007

Effective Date (New): 10-01-2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 07-10-2007 11:07 AM

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Form Filing Schedule	Approved	Yes

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Form Filing Schedule	Form Filing Schedule		Other	New		0.00	Form Filing Schedule.PDF

## 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.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
-----------	--	--

<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	AR EF-0571
-----------	---	------------

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	Uninsured Motorists - Arkansas	PP 04 95 10 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	PP 04 95 11 05	
02	Underinsured Motorists - Arkansas	PP 04 34 10 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	PP 04 34 01 05	
03	Personal Injury Protection Coverage	PP 05 82 10 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	PP 05 82 06 94	
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		

**This page is informational only and does not need to be submitted  
with your filings!**

**Notes for Uniform Form Filing Schedule**

**DESCRIPTION OF ITEMS  
IN THE FORM FILING SCHEDULE**

1. **This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state.
2. **This filing corresponds to rate/rule filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.
3. **Exhibit/Form Name/Description Synopsis:** This is a list of forms being filed. **Do not refer to the body of the filing for a separate forms listing, unless allowed by state. This is required information and is required here.** The line numbers below this are to help the Departments that track the number of forms they receive.

**To be complete a filing must include the following:**

- A completed Property & Casualty Transmittal Document (PC TD-1).
- A completed Form Filing Schedule Document (PC FFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- A completed Rate/Rule Filing Transmittal document (PC RRFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- The appropriate state specific requirements.
- The appropriate filing fees, when required.
- A postage-paid, self-addressed envelope large enough to accommodate the return of acknowledgement, as required by state.
- You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

## **Rate Information**

Rate data does NOT apply to filing.

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	07-10-2007
-------------------------	--	-----------------------------------	------------

**Comments:**

**Attachments:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

AR - FORM FILING ABSTRACT F-1.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>
Allstate	008

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Encompass Indemnity Company	IL	15130	59-2366357	

<b>5. Company Tracking Number</b>	AR EF-0571
-----------------------------------	------------

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Carrie M. Deppe 2775 Sanders Road, Suite A5 Northbrook IL 60062	Assistant State Filings Manager	800-366-2958 Ext. 22774	847-402-9757	cdepp@allstate.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Carrie M. Deppe

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

9.	Type of Insurance (TOI)	19.0 Personal Auto
10.	Sub-Type of Insurance (Sub-TOI)	19.0004 Other
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Classic Auto
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: 10/01/2007      Renewal: 10/01/2007
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	Insurance Services Office
17.	Reference Organization # & Title	Insurance Services Office
18.	Company's Date of Filing	July 3, 2007
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AR EF-0571
------------	--	------------

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

The Insurance Services Offices Inc. has approved Revised Personal Auto Endorsements under ISO designation number PP-2007-OEND1. The forms we are adopting are:

1. ISO endorsement PP 04 95 10 07, Uninsured Motorists - Arkansas, replaces the 11 05 edition.
2. ISO endorsement PP 04 34 10 07, Underinsured Motorists - Arkansas, replaces the 01 05 edition.
3. ISO endorsement PP 05 82 10 07, Personal Injury Protection Coverage - Arkansas, replaces the 06 94 edition.

All Business: October 1, 2007

<b>22.</b>	<p><b>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]</p> <p><b>Check #:</b> Not applicable. Fee will be paid via Electronic Funds Transfer.  <b>Amount:</b> \$20.00</p> <p>Form Filing to adopt ISO filing</p> <p style="text-align: center;"><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>
------------	---

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

# ARKANSAS INSURANCE DEPARTMENT

## FORM FILING ABSTRACT

### ALL QUESTIONS MUST BE ANSWERED

Page 1 of 2

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed July 3, 2007
2. Company Name(s) Encompass Indemnity Company  
Group Name Allstate NAIC No. 15130 Group No. 008
3. (a) Annual Statement Line of Business Number (Page 14) Private Passenger Auto  
(b) Class of Business Auto  
© Coverages Affected Auto
4. (a) Name of Advisory Organization, if any ISO  
(b) Affiliations with Advisory Organization: Member (  ) Subscriber (  )
5. Is this a reference filing? Yes (  ) No (  ) If yes, please provide the following:  
(a) Name of Advisory Organization (or Affiliated Company)  
ISO  
(b) Date of Filing May 11, 2007  
© Filing Designation Number or Description PP-2007-OEND1

### PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?  
Yes
8. Is the form filed in response to or due to legislation? If so, specify legislation.  
No
9. Is the form in response to or due to recent court decisions? If so, give citation.  
No

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



**Signature**

Carrie M. Deppe

**Title**

847-402-2774

**Telephone Number**

**Page 2 of 2**

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
PP 04 95 10 07	10/1/2007	Uninsured Motorists - Arkansas	PP 04 95 11 05
PP 04 34 10 07	10/1/2007	Underinsured Motorists - Arkansas	PP 04 34 01 05
PP 05 82 10 07	10/1/2007	Personal Injury Protection Coverage	PP 05 82 06 94