

Filing at a Glance

Company: National American Insurance Company

Product Name: Interline

SERFF Tr Num: NTAC-125236145 State: Arkansas

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: AR-PC-07-025560

Sub-TOI: 35.0002 Commercial Interline Filings

Co Tr Num: NAIC-MP-AR-2007-06- State Status:

F

Filing Type: Form

Co Status:

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

Author: Jennifer Carr

Disposition Date: 07-30-2007

Date Submitted: 07-24-2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 07-30-2007

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 07-30-
2007

General Information

Project Name: Interline Forms

Status of Filing in Domicile: Pending

Project Number: NAIC-MP-AR-2007-06-F

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 07-30-2007

State Status Changed: 07-24-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The Company is submitting new forms applicable to the commercial general liability, auto, property, and inland marine policies. The forms have no bearing on the premium charged to policyholders. No other changes are being proposed with this filing.

1. FORMLIST (7/07) Forms List
2. PAYSCHED (7/07) Payment Schedule

Company and Contact

Filing Contact Information

Jennifer Carr, Rate and Form Analyst

jcarr@naico.com

1010 Manvel Avenue

(800) 822-7802 [Phone]

Chandler, OK 74834

(405) 258-4520[FAX]

Filing Company Information

National American Insurance Company

CoCode: 23663

State of Domicile: Oklahoma

Created by SERFF on 07-30-2007 11:02 AM

1010 Marvel Avenue

Group Code:

Company Type: Property &
Casualty

Chandler, OK 74834

Group Name: None

State ID Number:

(800) 822-7802 ext. 4486[Phone]

FEIN Number: 47-0247300

Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
00183564	\$50.00	07-23-2007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07-30-2007	07-30-2007

Disposition

Disposition Date: 07-30-2007

Effective Date (New): 07-30-2007

Effective Date (Renewal): 07-30-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 07-30-2007 11:02 AM

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Forms List	Approved	Yes
Form	Payment Schedule	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Forms List	FORMLIS T	8/2007	Endorseme New nt/Amendm ent/Condi ons		0.00	FORMLIST (8-2007).pdf
Approved	Payment Schedule	PAYSCHE D	8/2007	Endorseme New nt/Amendm ent/Condi ons		0.00	PAYSCHE (8-2007).pdf

NATIONAL AMERICAN INSURANCE COMPANY

FORMS LIST

We agree with you that the following Endorsements and/or Forms are added to and form a part of this policy:

<u>FORM</u>	<u>EDITION</u>	<u>DESCRIPTION</u>
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NATIONAL AMERICAN INSURANCE COMPANY

PAYMENT SCHEDULE

WE AGREE WITH YOU THAT THE TOTAL ESTIMATED ANNUAL PREMIUM OF
\$ IS PAYABLE AS FOLLOWS:

PAYMENT PLAN:	<u>PAYMENT DUE</u>	<u>AMOUNT</u>
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Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07-30-2007
Comments:			
Attachment:	P&C Transmittal-Interline Filing.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 #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
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)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input 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 #

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

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

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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 #	
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2.	This filing corresponds to rate/rule filing number (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			<input 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		

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