



**NOTICE OF EFFECTIVE FILING**

**TO: ISO Distribution List**

**DATE: October 26, 2017**

**FROM: Angel Manus**

**PHONE: 770-671-2353**

**PROGRAM: ISO COMMERCIAL PACKAGE POLICY PACKAGE MODIFICATION FACTORS**

**ISO CIRCULAR: LI-ML-2017-030**

**ISO REFERENCE FILING NUMBER: ML-2017-RLA1**

**CONTENTS: Delay Adoption of ISO's Commercial Package Policy Revised Package Modification Factor Revision**

**STATE: Georgia**

**EFFECTIVE DATE: December 11, 2017**

**MODIFICATIONS: None**

**COMMENTS: None**

**COMPANY(IES) EFFECTIVE:**

- ☒ AIU INSURANCE COMPANY
- ☒ AMERICAN HOME ASSURANCE COMPANY
- ☒ AIG ASSURANCE COMPANY
- ☒ AIG PROPERTY CASUALTY COMPANY
- ☒ COMMERCE AND INDUSTRY INSURANCE COMPANY
- ☒ GRANITE STATE INSURANCE COMPANY
- ☒ ILLINOIS NATIONAL INSURANCE CO.
- ☒ NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
- ☒ NEW HAMPSHIRE INSURANCE COMPANY
- ☒ THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

**FILING NUMBER: ISO-GA-17-ML-01**

AIG Property Casualty  
State Filings Division  
12 Metrotech Center, 27<sup>th</sup> Floor  
Brooklyn, NY 11201

## Disposition for AGNY-131242303

<b>SERFF Tracking Number:</b>	AGNY-131242303	<b>State:</b>	Georgia
<b>First Filing Company:</b>	American Home Assurance Company ,...	<b>State Tracking Number:</b>	
<b>Company Tracking Number:</b>	ISO-GA-17-ML-01		
<b>TOI:</b>	05.0 CMP Liability and Non-Liability	<b>Sub-TOI:</b>	05.0003 Commercial Package
<b>Product Name:</b>	Delay Adoption of ISO's Revised CPP Package Modification Factor - 165-000-602,019-000-602, 229-000-010,102-000-602, 107-000-602, 165-640-602, 130-000-602		
<b>Project Name:</b>	Delay Adoption of ISO's Revised CPP Package Modification Factor		

**Disposition Date:**

10/26/2017

**Effective Date (New):**

12/11/2017

**Effective Date (Renewal):**

12/11/2017

**Status:** \*

Acknowledged

**Comments:**

Company Rate Information							
<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b>Number of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>
American Home Assurance Company	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
<b>Change Period for Approved Rate:</b>							
AIU Insurance Company	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
<b>Change Period for Approved Rate:</b>							
Commerce and Industry Insurance Company	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
<b>Change Period for Approved Rate:</b>							
Granite State Insurance Company	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %

**Change Period for Approved****Rate:**

Illinois National Insurance Co.	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
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**Change Period for Approved****Rate:**

National Union Fire Insurance Company of Pittsburgh, Pa.	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
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**Change Period for Approved****Rate:**

New Hampshire Insurance Company	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
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**Change Period for Approved****Rate:**

The Insurance Company of the State of Pennsylvania	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
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**Change Period for Approved****Rate:**

AIG Assurance Company	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
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**Change Period for Approved****Rate:**

AIG Property Casualty Company	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
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**Change Period for Approved****Rate:****Overall Rate Information for Multiple Company Filings**

<b>Overall Percentage Rate Indicated For This Filing:</b>	0.000 %
<b>Overall Percentage Rate Impact For This Filing:</b>	0.000 %
<b>Effect of Rate Filing-Written Premium Change For This Program:</b>	\$ 0
<b>Effect of Rate Filing - Number of Policyholders Affected:</b>	0

**Schedule Items**

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
Supporting Document	A. Filing Compliance Certification		Yes
Supporting Document	B. Filing Fee Transmittal Forms including a No Filing Fee Required Certification		Yes
Supporting Document	C. Third Party Filing Authorization Certification		No
	E. Rate Indication Summary/Histogram Exhibit		No

Supporting Document		
Supporting Document	F0R. Explanatory Memorandum - Rate/Rule	No
Supporting Document	G. Overall Rate Level Effect	No
Supporting Document	H0E. Data and Calculations-Except PPA, Homeowners, and Workers Comp	No
Supporting Document	J0E. Loss Cost Multiplier Form-except personal automobile, homeowners' and workers' comp	No
Supporting Document	I. Data and Calculations-New Programs, Introduction of Rates or Rating Variables, New Coverages, etc.	No
Supporting Document	M0R. Rule Comparison	No
Supporting Document	K.1. Proprietary and Confidential Information	No