



NOTICE OF EFFECTIVE FILING

TO: ISO Distribution List

DATE: May 30, 2018

FROM: Angel Manus

PHONE: 770-671-2353

PROGRAM: ISO COMMERCIAL PROPERTY

ISO CIRCULAR: CF-2017-OFLFR; CF-2017-RFLRU; CF-2017-RFLLC

ISO REFERENCE FILING NUMBER: LI-CF-2018-020

CONTENTS: Delay Adoption of ISO's Commercial Property's Form, Rules, & Loss Cost Revisions

STATE: Missouri

EFFECTIVE DATE: July 23, 2018

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-MO-18-CP-01

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

Disposition for AGNY-131507528

| | | | |
|---------------------------------|---|-------------------------------|---|
| SERFF Tracking Number: | AGNY-131507528 | State: | Missouri |
| First Filing Company: | American Home Assurance Company ,... | State Tracking Number: | 9 |
| Company Tracking Number: | ISO-MO-18-CP-01 | | |
| TOI: | 01.0 Property | Sub-TOI: | 01.0001 Commercial Property (Fire and Allied Lines) |
| Product Name: | ISO Delay Adopt of Commercial Propert Forms, Rules, and Loss Costs Adoption 165-000-602,019-000-602, 229-000-010,102-000-602, 107-000-602, 165-640-602, 130-000-602 | | |
| Project Name: | ISO Delay Adopt of Commercial Propert Forms, Rules, and Loss Costs Adoption | | |

Disposition Date:

05/30/2018

Effective Date (New):

07/23/2018

Effective Date (Renewal):

07/23/2018

Status: *

FORMS & RULES-'REVIEWED'/RATES-'FILED FOR INFORMATIONAL PURPOSES ONLY'

Comments:

Thank you for your filing submission. At this point in time, I do not have any further questions and am concluding my review of this filing. Please note that the closure of this filing review does not constitute an approval by the Department and does not mean the Department is precluded from initiating future inquiries or from taking further administrative or legal action. Ultimately, the insurance company is responsible for ensuring it is in compliance with Missouri insurance law through its administration of insurance policies and handling of claims.

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

Change Period for Approved**Rate:**

| | | | | | | | |
|---------------------------------|---------|---------|------|---|------|---------|---------|
| 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 % |
|---------------------------------|---------|---------|------|---|------|---------|---------|

Change Period for Approved**Rate:**

| | | | | | | | |
|--|---------|---------|------|---|------|---------|---------|
| National Union Fire Insurance Company of Pittsburgh, Pa. | 0.000 % | 0.000 % | \$ 0 | 0 | \$ 0 | 0.000 % | 0.000 % |
|--|---------|---------|------|---|------|---------|---------|

Change Period for Approved**Rate:**

| | | | | | | | |
|---------------------------------|---------|---------|------|---|------|---------|---------|
| New Hampshire Insurance Company | 0.000 % | 0.000 % | \$ 0 | 0 | \$ 0 | 0.000 % | 0.000 % |
|---------------------------------|---------|---------|------|---|------|---------|---------|

Change Period for Approved**Rate:**

| | | | | | | | |
|--|---------|---------|------|---|------|---------|---------|
| The Insurance Company of the State of Pennsylvania | 0.000 % | 0.000 % | \$ 0 | 0 | \$ 0 | 0.000 % | 0.000 % |
|--|---------|---------|------|---|------|---------|---------|

Change Period for Approved**Rate:**

| | | | | | | | |
|-----------------------|---------|---------|------|---|------|---------|---------|
| AIG Assurance Company | 0.000 % | 0.000 % | \$ 0 | 0 | \$ 0 | 0.000 % | 0.000 % |
|-----------------------|---------|---------|------|---|------|---------|---------|

Change Period for Approved**Rate:**

| | | | | | | | |
|-------------------------------|---------|---------|------|---|------|---------|---------|
| AIG Property Casualty Company | 0.000 % | 0.000 % | \$ 0 | 0 | \$ 0 | 0.000 % | 0.000 % |
|-------------------------------|---------|---------|------|---|------|---------|---------|

Change Period for Approved**Rate:****Overall Rate Information for Multiple Company Filings**

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

Schedule Items

| Item Type | Item Name | Item Status | Public Access |
|---------------------|-------------------|--|----------------------|
| Supporting Document | Filing Memorandum | FORMS & RULES-'REVIEWED'/RATES-'FILED FOR INFORMATIONAL PURPOSES ONLY' | Yes |

| | | | |
|---------------------|--------------------------------------|--|-----|
| Supporting Document | Exhibit A, B, & C (20 CSR 500-4.200) | FORMS & RULES-'REVIEWED'/RATES-'FILED FOR INFORMATIONAL PURPOSES ONLY' | Yes |
| Supporting Document | Actuarial Justification | FORMS & RULES-'REVIEWED'/RATES-'FILED FOR INFORMATIONAL PURPOSES ONLY' | Yes |