



NOTICE OF EFFECTIVE FILING

TO: ISO Distribution List
DATE: November 16, 2021
FROM: Milinda Tanner
PHONE: 770-870-2420

PROGRAM: ISO'S COMMERCIAL PROPERTY (FIRE & ALLIED LINES)

ISO CIRCULAR: NONE

ISO REFERENCE FILING NUMBER: NONE

CONTENTS: ISO'S Commercial Property (Fire & Allied Lines) Loss Cost Multiplies Revisions

INCLUDED(if applicable) **Company Exception Page_LCM** **Company Exception Page_ELR**

STATE: New Hampshire

EFFECTIVE DATE: March 1, 2022

MODIFICATIONS: None

COMMENTS: LCMS do not apply to Glatfelter Programs

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-NH-21-CP-02

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

Disposition for AGNY-133014196

Filing at a Glance

State: New Hampshire	SERFF Tracking Number: AGNY-133014196
TOI: 01.0 Property	State Tracking Number:
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Company Tracking Number: ISO-NH-21-CP-02
Filing Type: Rate	Product Name: Commercial Fire & Allied Lines Loss Cost Multipliers Revision - 229-000-010; 102-000-602; 165-000-602; 019-000-602; 229-000-010; 107-000-602; 130-000-602
First Filing Company: American Home Assurance Company ,...	Project Name: Commercial Fire & Allied Lines Loss Cost Multipliers Revision
	Destruction Date:

Disposition Date:

11/03/2021

Effective Date (New):

03/01/2022

Effective Date (Renewal): Effective Date (New) changed from 01/01/2022 to 03/01/2022 and Effective Date (Renewal) changed from

03/01/2022

01/01/2022 to 03/01/2022 by Citarella, Christian on 11/16/2021.

Status: *

Acknowledged

Comments:

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	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %

Insurance
Company

**Change Period for Approved
Rate:**

Granite State Insurance Company	7.300 %	7.000 %	\$ 17370	60	\$ 249368	7.000 %	7.000 %
---------------------------------------	---------	---------	----------	----	-----------	---------	---------

**Change Period for Approved
Rate:**

Illinois National Insurance Co.	7.300 %	7.000 %	\$ 11037	13	\$ 158441	7.000 %	7.000 %
------------------------------------	---------	---------	----------	----	-----------	---------	---------

**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	7.300 %	7.000 %	\$ 3611	3	\$ 51841	7.000 %	7.000 %
---------------------------------------	---------	---------	---------	---	----------	---------	---------

**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:	7.300 %
---	---------

Overall Percentage Rate Impact For This Filing:	7.000 %
--	---------

Effect of Rate Filing-Written Premium Change For This Program:	\$ 32,018
---	-----------

Effect of Rate Filing - Number of Policyholders Affected:	76
--	----

Schedule Items

Item Type	Item Name	Item Status	Public Access
Supporting Document	Actuarial Memorandum	Informational	No
Supporting Document	Filing Memorandum	Informational	No
Supporting Document	NH Retaliatory Fees	Completed Review	No
Supporting Document	Actuarial Exhibits and Supporting Data	Informational	No
Supporting Document	Reference Filing Adoption Form - Loss Cost Filings	Informational	No
Supporting Document	Side-by-Side (Rating Rules)	N/A Not Applicable	No
Rate	New Hampshire Company Exception Page_LCM, 1	Informational	No
Rate	New Hampshire Company Exception Page_ELR, 1	Informational	No

Sincerely,
Christian Citarella



aigdbglegalstatefi

Tracking Number:

Filings	Messages	Billing	Settings	Filing Rules	Reports	Templates	Alerts (1)
My Workfolder	My Open Filings	My Draft Filings	Search	Create Filing	Create Paper Filing		

Add Authors	Update	Create Reminder	Move to Workfolder	PDF Pipeline	Return to Search
-----------------------------	------------------------	---------------------------------	------------------------------------	------------------------------	----------------------------------

New Ha

[View Associated Filings](#) [View General Instructions](#)

Product Name: Commercial Fire & Allied Lines Loss Cost
 Multipliers Revision - 229-000-010; 102-000-602; 165-000-602; 019-000-602; 229-000-010; 107-000-602; 130-000-602
TOI: 01.0 Property
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Filing Type: Rate
Effective Date Requested (New): 01/01/2022
Effective Date Requested (Renewal): 01/01/2022

SERFF Tr Num: AGNY-133014196
State Tr Num:
Co Tr Num: ISO-NH-21-CP-02
Date Submitted: 10/12/2021
Authors: Angel Manus, Milinda Tanner

SERFF Status: Closed-Acknowledged
State Status: Acknowledged
Co Status:
Disposition Date: 11/03/2021

General Information	Form Schedule	Rate/Rule Schedule	Supporting Documentation	State Specific	Companies and Contact	Filing Fees	Filing Correspondence
Add Rate Data? Yes							
Filing Method:							Prior Approval
Rate Change Type:							Increase
Overall Percentage of Last Rate Revision:							6.300 %
Effective Date of Last Rate Revision:							11/01/2020
Filing Method of Last Filing:							Prior Approval
SERFF Tracking Number of Last Filing:							

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 (where r
American Home Assurance Company	0.000 %	0.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %
AIU Insurance Company	0.000 %	0.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %
Commerce and Industry Insurance Company	0.000 %	0.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %
Granite State Insurance Company	7.300 %	7.000 %	\$17,370.00	60	\$249,368.00	7.000 %	7.000 %
Illinois National Insurance Co.	7.300 %	7.000 %	\$11,037.00	13	\$158,441.00	7.000 %	7.000 %
National Union Fire Insurance Company of Pittsburgh, Pa.	0.000 %	0.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %
New Hampshire Insurance Company	7.300 %	7.000 %	\$3,611.00	3	\$51,841.00	7.000 %	7.000 %
The Insurance Company of the State of Pennsylvania	0.000 %	0.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %
AIG Assurance Company	0.000 %	0.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %
AIG Property Casualty Company	0.000 %	0.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing:	7.300 %
Overall Percentage Rate Impact For This Filing:	7.000 %
Effect of Rate Filing-Written Premium Change For This Program:	\$ 32,018
Effect of Rate Filing - Number of Policyholders Affected:	76

Item No.	Schedule Item Status	Exhibit Name: *	Rule# or Page #:	Rate Action: *	Previous State Filing Number:	Attach Document:	Submitted
1	Informational 11/03/2021	New Hampshire Company Exception Page_LCM	1	New		New Hampshire Company Exception Page_LCM.pdf	Date Subn 10/12/202 By: Milind.
2	Informational 11/03/2021	New Hampshire Company Exception Page_ELR	1	New		New Hampshire Company Exception Page_ELR.pdf	Date Subn 10/12/202 By: Milind.

Icon Legend: - Draft Schedule Item - Open Objection

Add Authors	Update	Create Reminder	Move to Workfolder	PDF Pipeline	Return to Search
-----------------------------	------------------------	---------------------------------	------------------------------------	------------------------------	----------------------------------

