



## NOTICE OF EFFECTIVE FILING

TO: ISO

DATE: October 16, 2024

FROM: Milinda Tanner

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COMPANY FILING NUMBER: **AAIS-OH-24-IM-01** STATE: Ohio EFFECTIVE DATE: February 1, 2025

AAIS CIRCULAR: 23-0587

AAIS REFERENCE FILING NUMBER: AAIS-2022-23CIMF; AAIS-2022-23CIMR

TOI: 09.0 Inland Marine / SUB-TOI: 09.000 Inland Marine Sub-TOI Combination

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☒ FORM ☒ RULE ☐ RATE

INCLUDED (if applicable) ☐ Company Exception Page\_LCM ☐ Company Exception Page\_ELR

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PROGRAM: AAIS Commercial Inland Marine

CONTENTS INCLUDE: Adoption of AAIS Cannabis Exclusion Endorsements and Manual Supplements

MODIFICATIONS: NONE

COMMENTS: This filing does not apply to policies issued pursuant to a Program Administrator Agreement.

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COMPANY(IES) FILED:

☒ GRANITE STATE INSURANCE COMPANY  
☒ ILLINOIS NATIONAL INSURANCE CO.  
☒ NEW HAMPSHIRE INSURANCE COMPANY

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Disposition for AGNY-134257273

Filing at a Glance	
State: Ohio	SERFF Tracking Number: AGNY-134257273
TOI: 09.0 Inland Marine	State Tracking Number: AGNY-134257273
Sub-TOI: 09.0005 Other Commercial Inland Marine	Company Tracking Number: AAIS-OH-24-IM-01
Filing Type: Form/Rule	Product Name: AAIS Commercial Inland Marine Forms and Rules Revision - 165-000-602,019-000-602, 229-000-010,102-000-602, 107-000-602, 165-640-602, 130-000-602
First Filing Company: Granite State Insurance Company ,...	Project Name: AAIS Commercial Inland Marine Forms and Rule Revision
	Destruction Date:

Disposition Date:

10/15/2024

Effective Date (New):

02/01/2025

Effective Date (Renewal):

02/01/2025

Status: \*

FILED

Comments:

This filing, as submitted or as amended herein, is Approved under Chapter 3935, or Accepted under Chapter 3937, of the Ohio Revised Code.

EFFECTIVE DATES: Our records indicate you did/will implement this filing on the Effective Date(s) shown herein. If the effective dates are incorrect or you need to revise the effective date(s), submit a Post-Submission Update with the revised dates.

PUBLIC RECORD: Since filings become public record as of the effective date, changes of effective date(s) should be submitted PRIOR TO the effective date(s) originally requested.

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):
Granite State Insurance Company	0.000 %	0.000 %	\$ 0	46	\$ 271638	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:

New Hampshire Insurance Company	0.000 %	0.000 %	\$ 0	25	\$ 243213	0.000 %	0.000 %
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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:						71	

Schedule Items			
Item Type	Item Name		Public Access
Supporting Document	Filing Requirements Summary - P&C		No

Sincerely,  
Jessica Voit



Filings	Messages	Billing	Settings	Filing Rules	Reports	Templates	Alerts (1)
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My Workfolder	My Open Filings	My Draft Filings	Search Filings	Create Filing	Create Paper Filing
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Add Authors	Update	Compare Attachments	Create Reminder	Move to Workfolder	PDF Pipeline	Return to Search	Clone Filing
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Ohio

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

<b>Product Name:</b> AAIS Commercial Inland Marine Forms and Rules Revision - 165-000-602,019-000-602, 229-000-010,102-000-602, 107-000-602, 165-640-602, 130-000-602	<b>SERFF Tr Num:</b> AGNY-134257273	<b>SERFF Status:</b> Closed-FILED
<b>TOI:</b> 09.0 Inland Marine	<b>State Tr Num:</b> AGNY-134257273	<b>State Status:</b> FILED
<b>Sub-TOI:</b> 09.0005 Other Commercial Inland Marine	<b>Co Tr Num:</b> AAIS-OH-24-IM-01	<b>Co Status:</b>
<b>Filing Type:</b> Form/Rule	<b>Date Submitted:</b> 09/23/2024	<b>Disposition Date:</b> 10/15/2024
<b>Effective Date Requested (New):</b> 02/01/2025	<b>Authors:</b> Veronica Bullock, Jennifer Stonitsch, Milinda Tanner	
<b>Effective Date Requested (Renewal):</b> 02/01/2025		

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:						Neutral	
Overall Percentage of Last Rate Revision:						0.000 %	
Effective Date of Last Rate Revision:						11/01/2023	
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 % Change (where required):
Granite State Insurance Company	0.000 %	0.000 %	\$0.00	46	\$271,638.00	0.000 %	0.000 %
Illinois National Insurance Co.	0.000 %	0.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %
New Hampshire Insurance Company	0.000 %	0.000 %	\$0.00	25	\$243,213.00	0.000 %	0.000 %
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:						71	
Item No.	Schedule Item Status	Exhibit Name: *	Rule# or Page #:	Rate Action: *	Previous State Filing Number:	Attach Document:	Submitted:
Icon Legend:  - Draft Schedule Item  - Open Objection							

Add Authors	Update	Compare Attachments	Create Reminder	Move to Workfolder	PDF Pipeline	Return to Search	Clone Filing
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