



## NOTICE OF EFFECTIVE FILING

**TO:** PROGRAMS DIVISION 66  
Kathleen Ott  
**DATE:** December 8, 2021  
**FROM:** Angela Caraballo  
**PHONE:** 718 250-1732

**PROGRAM:** **MANUFACTURED HOUSING PROGRAM**

**CONTENTS:** General Liability Countrywide Exception Page - MH-GL-MU-RU (Ed. 11/21)  
Fire & Allied Lines Countrywide Exception Page - MH-CP-MU-RU (Ed. 11/21)

**STATE:** PENNSYLVANIA

**EFFECTIVE DATE:** December 8, 2021


**MODIFICATIONS:** None

**COMMENTS:** The revised Exception Pages replace previous rules filed under filing no. AIG-21-MP-02.

**COMPANY(IES) EFFECTIVE:**

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

**FILING NUMBER: AIG-21-MP-13**



aigdbglegalstatefilingsny

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Pennsylvania

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**Product Name:** Manufactured Housing Program / 151-640-288

**TOI:** 05.0 CMP Liability and Non-Liability

**Sub-TOI:** 05.0003 Commercial Package

**Filing Type:** Rule

**Effective Date Requested (New):** On Approval

**Effective Date Requested (Renewal):** On Approval

**SERFF Tr Num:** AGNY-133077534

**State Tr Num:**

**Co Tr Num:** AIG-21-MP-13

**Date Submitted:** 12/08/2021


**Authors:** Angela Caraballo

**SERFF Status:** Closed-Approved

**State Status:** Approved

**Co Status:**

**Disposition Date:** 12/08/2021

General Information	Form Schedule	Rate/Rule Schedule	Supporting Documentation	State Specific	Companies and Contact	Filing Fees	Filing Correspondence
<div> The rate schedule has been marked public access.</div>							
<div>Add Rate Data? Yes</div>							
Filing Method:						Prior Approval	
Rate Change Type:						Neutral	
Overall Percentage of Last Rate Revision:						%	
Effective Date of Last Rate Revision:							
Filing Method of Last Filing:							
SERFF Tracking Number of Last Filing:						AGNY-132845980	
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	0	\$0.00	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	0	\$0.00	0.000 %	0.000 %





## Overall Rate Information for Multiple Company Filings



Overall Percentage Rate Indicated For This Filing:	0.000 %
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Overall Percentage Rate Impact For This Filing:	0.000 %
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Effect of Rate Filing-Written Premium Change For This Program:	\$ 0
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Effect of Rate Filing - Number of Policyholders Affected:	0
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Item No.	Schedule Item Status	Exhibit Name: *	Rule# or Page #:	Rate Action: *	Previous State Filing Number:	Attach Document:	Submitted:
1		General Liability Countrywide Exception Page - Manufactured Housing	MH-GL-MU-RU (Ed. 11-21)	Replacement	AGNY-132845980	 <a href="#">GL MFG Housing Rules 11-21.pdf</a>	Date Submitted: 12/08/2021 By: Angela Caraballo
2		Fire & Allied Lines Countrywide Exception Page - Manufactured Housing	MH-CP-MU-RU (Ed. 11-21)	Replacement	AGNY-132845980	 <a href="#">PROP MFG Housing Rules 11-21.pdf</a>	Date Submitted: 12/08/2021 By: Angela Caraballo

**Icon Legend:**  - Draft Schedule Item  - Open Objection

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## Disposition for AGNY-133077534

## Filing at a Glance

**State:**

Pennsylvania

**SERFF Tracking Number:**

AGNY-133077534

**TOI:**

05.0 CMP Liability and Non-Liability

**State Tracking Number:****Company Tracking Number:**

AIG-21-MP-13

**Sub-TOI:**

05.0003 Commercial Package

**Product Name:**

Manufactured Housing Program / 151-640-288

**Filing Type:**

Rule

**Project Name:**Manufactured Housing Program Rules  
Revision**First Filing Company:**

Granite State Insurance Company ,...

**Destruction Date:****Disposition Date:**

12/08/2021

**Effective Date (New):**

12/08/2021

**Effective Date (Renewal):**

12/08/2021

**Status:** \*

Approved

**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):
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:**

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

**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	Authorization to File (PC)		Yes
Supporting Document	Actuarial Explanatory Memorandum & Supporting Exhibits (PC)		Yes
Supporting Document	Redlines		Yes
Rate	General Liability Countrywide Exception Page - Manufactured Housing , MH-GL-MU-RU (Ed. 11-21)		Yes
Rate	Fire & Allied Lines Countrywide Exception Page - Manufactured Housing , MH-CP-MU-RU (Ed. 11-21)		Yes

Sincerely,  
Michael McKenney