SERFF Tracking #: KEMP-129099365 State Tracking #:

Company Tracking #: FAK5626F

State: North Carolina First Filing Company: Unitrin Safeguard Insurance Company, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: Homeowners

Project Name/Number: Adverse Action Notice Filing/FAK5626F

Filing at a Glance

Companies: Unitrin Safeguard Insurance Company

Unitrin Auto and Home Insurance Company

Product Name: Homeowners
State: North Carolina
TOI: 04.0 Homeowners

Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Filing Type: Form

Date Submitted: 06/28/2013

SERFF Tr Num: KEMP-129099365 SERFF Status: Closed-Approved

State Tr Num:

State Status: Approved Co Tr Num: FAK5626F

Effective Date On Approval

Requested (New):

Effective Date On Approval

Requested (Renewal):

Author(s): Patricia Romer

Reviewer(s): Tim Johnson (primary)

Disposition Date: 07/01/2013
Disposition Status: Approved
Effective Date (New): 07/01/2013
Effective Date (Renewal): 07/01/2013

State: North Carolina First Filing Company: Unitrin Safeguard Insurance Company, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: Homeowners

Project Name/Number: Adverse Action Notice Filing/FAK5626F

General Information

Project Name: Adverse Action Notice Filing Status of Filing in Domicile: Not Filed

Project Number: FAK5626F Domicile Status Comments: Approval not required

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 07/01/2013

State Status Changed: 07/01/2013 Deemer Date:

Created By: Patricia Romer Submitted By: Patricia Romer

Corresponding Filing Tracking Number:

State TOI: 04.0 Homeowners Sub-TOI Combinations

Filing Description:

The company is filing a revision to the company's adverse action notice, Fair Credit Reporting Act - Important Information form, AK 5626. This form is a variable information form and is used for Homeowners and Package Plus policies.

We wish to overlay the LexisNexis PO box address, add 'Service' to their contact name and add trademark symbol to their name.

A copy of form with revisions shown is attached under Forms Schedule.

Company and Contact

Filing Contact Information

Patricia Romer, Forms Manager promer@ekemper.com 12926 Gran Bay Parkway West 904-245-5764 [Phone] Jacksonville, FL 32258 904-245-5601 [FAX]

Filing Company Information

Unitrin Safeguard Insurance CoCode: 40703 State of Domicile: Wisconsin

Company Group Code: 215 Company Type: 12926 Gran Bay Parkway West Group Name: State ID Number:

Jacksonville, FL 32258 FEIN Number: 39-1401314

(904) 245-5600 ext. [Phone]

Unitrin Auto and Home Insurance CoCode: 16063 State of Domicile: New York

Company Group Code: 215 Company Type: 12926 Gran Bay Parkway West Group Name: State ID Number:

Jacksonville, FL 32258 FEIN Number: 52-1752227

(904) 245-5600 ext. [Phone]

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

State: North Carolina First Filing Company: Unitrin Safeguard Insurance Company, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: Homeowners

Project Name/Number: Adverse Action Notice Filing/FAK5626F

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Tim Johnson	07/01/2013	07/01/2013

State: North Carolina First Filing Company: Unitrin Safeguard Insurance Company, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: Homeowners

Project Name/Number: Adverse Action Notice Filing/FAK5626F

Disposition

Disposition Date: 07/01/2013 Effective Date (New): 07/01/2013 Effective Date (Renewal): 07/01/2013

Status: Approved

Comment: This references the captioned filing.

Your policy form filing is hereby approved in accordance with North Carolina General Statute 58-3-150(a). If the effective dates are changed, you must notify us in writing prior to the effective date.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing0.000%Overall Percentage Rate Impact For This Filing0.000%Effect of Rate Filing-Written Premium Change For This Program\$0Effect of Rate Filing - Number of Policyholders Affected0

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Form Filing Questionnaire FC-048		Yes
Supporting Document	Form Revision		Yes
Form	Fair Credit Reporting Act - Important Notice		Yes

State: North Carolina First Filing Company: Unitrin Safeguard Insurance Company, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: Homeowners

Project Name/Number: Adverse Action Notice Filing/FAK5626F

Form Schedule

Item No.	Schedule Item	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specification	fic	Readability Score	Attachments
1		Fair Credit Reporting Act - Important Notice	AK 5626	(12 12)	DSC	Replaced	Previous Filing Number: Replaced Form Number:	Ak 5626 (12 12)		AK56261212.pdf

Form Type Legend:

	1 0		
ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	отн	Other

Fair Credit Reporting Act – Important Notice

We consider a variety of factors, such as the coverage you select, your claim history, and your insurance score to determine the amount that you pay for your insurance. We believe this approach enables us to offer our customers competitive prices.

Under the FCRA, you can also get a free copy of your consumer report once a year from each of the nationwide consumer reporting agencies by contacting:

Annual Credit Report Request Service P.O. Box 105281 Atlanta, GA 30348-5281

Telephone: 877.322.8228 annualcreditreport.com

Since we obtained your insurance score from LexisNexis®, a consumer reporting agency, under the FCRA you have the right to obtain a free copy of your consumer report and information in your file from LexisNexis® within 60 days of receiving this notice. This report will be sent directly to you by LexisNexis® and you have the right to dispute the accuracy or completeness of the report with LexisNexis®. To obtain a report from LexisNexis®, contact:

LexisNexis® Consumer Service Center P.O. Box 105108 Atlanta, GA 30348-5108

Telephone: 800.456.6004 consumerdisclosure.com

If corrections are made to your consumer report, please tell your insurance agent. You may request that we reorder your insurance score and, if appropriate, re-price your policy.

AK 5626 (12 12) Page 1 of 2

Last time we obtained your insurance score, LexisNexis® identified these factors in order of significance as having the greatest impact upon that score:

#7	!######################################	###
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LexisNexis® did not decide how to rate your policy or make any other decision about your insurance premium. The companies, or company, involved in determining the premium for your policy and in taking the action disclosed in this notice are listed below:

1. The company that issued your policy at the stated premium:

2. The company that employed the underwriting, including placement with issuing company and setting premium: Merastar Insurance Company.

Enforcement of the Federal Consumer Protection Law is undertaken by the Consumer Financial Protection Bureau. You may contact them at www.consumerfinance.gov, or by writing to the Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

Thank you for your business.

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AK 5626 (12 12) Page 2 of 2

State: North Carolina First Filing Company: Unitrin Safeguard Insurance Company, ...

TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name: Homeowners

Project Name/Number: Adverse Action Notice Filing/FAK5626F

Supporting Document Schedules

Satisfied - Item:	Form Filing Questionnaire FC-048
Comments:	
Attachment(s):	FC-048.pdf
Item Status:	
Status Date:	
Bypassed - Item:	Form Revision
Bypass Reason:	ОК
Attachment(s):	
Item Status:	
Status Date:	

NORTH CAROLINA DEPARTMENT OF INSURANCE FORM (S) QUESTIONNAIRE

(1) 1	NAME OF FILING ORGANIZATION Kemper Preferred
(2) I	FILER'S FILE# FAK5626F
(3)	PROGRAM TITLE Homeowners
(4)	LINE(S) OF INSURANCE Homeowners
	HOW MANY NEW FORMS AND/OR REVISED FORMS ARE BEING FILED? *NEW*REVISED 1* *Attach forms index, including form numbers, edition dates and titles.
` '	LIST ALL OLD FORM(S) BEING WITHDRAWN AND DEPARTMENT FILE NUMBER N/A
(7)	EXPLAIN THE PURPOSE(S) OF THIS FILING. (ATTACH SEPARATE SHEET)
(8)	LIST THE STATES WHERE THIS FILING HAS BEEN MADE
	HAS THIS FILING BEEN MADE IN YOUR DOMICILIARY STATE? □YES ☑ NO IF FILED, WHAT ACTION DID YOUR DOMICILIARY STATE TAKE?
(10)	LIST THE STATES THAT HAVE APPROVED THIS FILING N/A
(11)	LIST THE STATES THAT HAVE DISAPPROVED THIS FILING AND REASON(S) FOR

FC-048 (02/06)

DISAPPROVAL (ATTACH SEPARATE SHEET)

(12) ATTACH COPIES OF ALL REQUIRED MODIFICATIONS REFERRED TO IN (10) ABOVE
(13) IF THE FILING IS SIMILAR OR IDENTICAL TO A FILING MADE WITH THE N.C. DEPARTMENT OF INSURANCE BY A LICENSED BUREAU OR LICENSED RATING ORGANIZATION, COMPLETE THE FOLLOWING:
(A) NAME OF AFFILIATED BUREAU OR RATING ORGANIZATION
(B) NAME OF BUREAU OR RATING ORGANIZATION PROGRAM
(C) IDENTIFICATION NUMBER OF BUREAU OR RATING ORGANIZATION PROGRAM
(D) ARE YOU A MEMBER □; SUBSCRIBER □; SERVICE PURCHASER □
(14) IF THE FILING IS SIMILAR OR IDENTICAL TO A FILING MADE WITH THE N.C. DEPARTMENT OF INSURANCE BY A LICENSED INSURANCE COMPANY IN NORTH CAROLINA, GIVE THE N.C. INSURANCE DEPARTMENT FILE NUMBER AND APPROVAL DATE FILE # APPROVAL DATEON A SEPARATE SHEET, DESCRIBE THE DIFFERENCE(S), IF ANY, BETWEEN YOUR FORM(S) AND THOSE OF THE PREVIOUSLY APPROVED PROGRAM
(15) COMPUTER PRINTED DECLARATIONS PAGES SHOULD BE COMPLETED IN "JOHN DOE" FASHION AND ATTACHED.
(16) PROPOSED EFFECTIVE DATE AND RULE OF IMPLEMENTATION As soon as approved
(17) IF FILING AN EXCLUSION, DOES THIS EXCLUSION HAVE ANY PREMIUM IMPACT?
☐ NO ☐ YES. IS THIS COVERED IN A COMPANION FILING? ☐ NO ☐ YES
PROVIDE COMPANY/NCDOI FILE NO. FOR COMPANION FILING
(18) I CERTIFY THAT THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. Galing Canal
SIGNATURE OF OFFICER OF THE COMPANY OR HEAD OF THE FILINGS DEPARTMENT

FC-048 (02/06)