

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

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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	State Sub-TOI: 04.0000 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 Company	CoCode: 40703	State of Domicile: Wisconsin
12926 Gran Bay Parkway West	Group Code: 215	Company Type:
Jacksonville, FL 32258	Group Name:	State ID Number:
(904) 245-5600 ext. [Phone]	FEIN Number: 39-1401314	

Unitrin Auto and Home Insurance Company	CoCode: 16063	State of Domicile: New York
12926 Gran Bay Parkway West	Group Code: 215	Company Type:
Jacksonville, FL 32258	Group Name:	State ID Number:
(904) 245-5600 ext. [Phone]	FEIN Number: 52-1752227	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:

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Correspondence Summary

Dispositions

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

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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 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	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

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Form Schedule

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

Form Type Legend:

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	OTH	Other

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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:	OK
Attachment(s):	
Item Status:	
Status Date:	

NORTH CAROLINA DEPARTMENT OF INSURANCE FORM(S) QUESTIONNAIRE

(1) NAME OF FILING ORGANIZATION Kemper Preferred

(2) FILER'S FILE # FAK5626F

(3) PROGRAM TITLE Homeowners

(4) LINE(S) OF INSURANCE Homeowners

(5) HOW MANY NEW FORMS AND/OR REVISED FORMS ARE BEING FILED?

*NEW _____ *REVISED 1

***Attach forms index, including form numbers, edition dates and titles.**

(6) 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

(9) 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
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 DATE _____ ON 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.

Gabriel Canale

SIGNATURE OF OFFICER OF THE COMPANY OR HEAD OF THE FILINGS DEPARTMENT