

SERFF Tracking Number: HART-125328542 State: Arkansas
Filing Company: Trumbull Insurance Company State Tracking Number: AR-PC-07-026484
Company Tracking Number: FN.99.PLTABS.2007.02
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: FN.99.PLTABS.2007.02 AARP Down Payment Filing
Project Name/Number: Personal Automobile/FN.99.PLTABS.2007.02

Filing at a Glance

Company: Trumbull Insurance Company

Product Name: FN.99.PLTABS.2007.02 AARPSERFF Tr Num: HART-125328542 State: Arkansas

Down Payment Filing

TOI: 19.0 Personal Auto

SERFF Status: Closed

State Tr Num: AR-PC-07-026484

Sub-TOI: 19.0001 Private Passenger Auto
(PPA)

Co Tr Num:
FN.99.PLTABS.2007.02

State Status:

Filing Type: Rule

Co Status: Initial Filing

Reviewer(s): Alexa Grissom, Betty
Montesi, Brittany Yielding

Authors: Joyce Driscoll, Marilu
Gonzalez, David Logan, Sima
Nizami, Angela Isaac

Disposition Date: 10/23/2007

Date Submitted: 10/18/2007

Disposition Status: Filed

Effective Date Requested (New): 12/04/2007

Effective Date (New): 12/04/2007

Effective Date Requested (Renewal):

Effective Date (Renewal):

General Information

Project Name: Personal Automobile

Status of Filing in Domicile: Not Filed

Project Number: FN.99.PLTABS.2007.02

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/23/2007

State Status Changed: 10/19/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to revise the Personal Automobile Down Payment options in our Total Accounts Billing System that was previously filed with your Department.

We will use this revision for all policies written on or after December 4, 2007.

SERFF Tracking Number: HART-125328542 State: Arkansas
 Filing Company: Trumbull Insurance Company State Tracking Number: AR-PC-07-026484
 Company Tracking Number: FN.99.PLTABS.2007.02
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: FN.99.PLTABS.2007.02 AARP Down Payment Filing
 Project Name/Number: Personal Automobile/FN.99.PLTABS.2007.02

Company and Contact

Filing Contact Information

David Logan, Filing Analyst david.logan@thehartford.com
 690 Asylum Avenue (860) 547-3792 [Phone]
 Hartford, CT 06115 (860) 547-5941[FAX]

Filing Company Information

Trumbull Insurance Company CoCode: 27120 State of Domicile: Connecticut
 Hartford Plaza Group Code: 91 Company Type: Property
 Hartford, CT 06115 Group Name: State ID Number:
 (860) 547-5000 ext. [Phone] FEIN Number: 06-1184984

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: Independent Rule Filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Trumbull Insurance Company	\$25.00	10/18/2007	16185327

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	10/23/2007	10/23/2007

SERFF Tracking Number: HART-125328542 *State:* Arkansas
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Disposition

Disposition Date: 10/23/2007

Effective Date (New): 12/04/2007

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HART-125328542 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Rate	TABS Billing System	Filed	Yes

SERFF Tracking Number: *HART-125328542* *State:* *Arkansas*
Filing Company: *Trumbull Insurance Company* *State Tracking Number:* *AR-PC-07-026484*
Company Tracking Number: *FN.99.PLTABS.2007.02*
TOI: *19.0 Personal Auto* *Sub-TOI:* *19.0001 Private Passenger Auto (PPA)*
Product Name: *FN.99.PLTABS.2007.02 AARP Down Payment Filing*
Project Name/Number: *Personal Automobile/FN.99.PLTABS.2007.02*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HART-125328542 State: Arkansas
 Filing Company: Trumbull Insurance Company State Tracking Number: AR-PC-07-026484
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 Product Name: FN.99.PLTABS.2007.02 AARP Down Payment Filing
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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	TABS Billing System	TABS Billing System	Replacement	NON plic plus states _2_.pdf

Major Features

Bill Plans

Each policy will be assigned a bill plan consisting of monthly installments. To provide optimum flexibility the customer can pay the minimum amount due, the account balance or any amount in between. A billing account is established for each policy and the account is billed on the same day each month. Insureds will have the option of selecting their bill day or having it assigned by the company. The company will assign a bill day equal to the effective date of the policy. A request to change the bill day can be accommodated at any time during the policy period.

Bill Plans - Automobile

BILL PLAN	DOWN PAYMENT AMOUNT	# OF INSTALLMENTS – INSTALLMENT %	BILLING DAYS
Monthly*	12%	11 at 8%	12 % or 20% due prior to policy issuance 8% due every month after policy begins.

* Required down payment amount will depend upon policy application date.

Bill Plans – Homeowners **

BILL PLAN	DOWN PAYMENT AMOUNT	# OF INSTALLMENTS – INSTALLMENT %	BILLING DAYS
Monthly	12%	11 at 8%	12 % due on policy effective date. 8% due every month after policy begins.

**The down payment is billed with the initial invoice and is due on or after the effective date of the policy. Any amount paid with the application will be applied to the downpayment amount and reflected on the downpayment bill.

Payment Options Our billing system offers our customers several options in paying their premiums. Customers may take advantage of any of the following payment options:

- Payment by check mailed to our remittance operation along with the return portion of their invoice
- Monthly electronic funds withdrawal (EFT) from their bank account on the same day each month chosen by the insured
- On request EFT withdrawal from their bank account by contacting our customer service representatives prior to the due date of any insurance bill.
- On request charge to their credit card by contacting our customer service representatives prior to the due date of any insurance bill.

Service Fees A service fee will be assessed (where allowed) each time an installment bill is issued unless the insured has selected the full pay bill plan. Service fees may be avoided by paying the account balance or prepaying several installments in advance of the bill day.

See attached, Exhibit A, for billing fee schedule for your state.

NSF Fee An NSF fee is assessed when checks or electronic funds transfers are returned by the bank for insufficient funds.

See attached, Exhibit A for billing fee schedule for your state

Billing Cycle Generally, customers will be given 17 days to pay each insurance bill issued. If the minimum amount due is not received by the due date a direct notice of cancellation is issued to the customer. The cancellation notice provides that the policy will be reinstated if payment is received by the due date shown on the notice.

Endorsement Processing

Endorsements are spread evenly over remaining installments. The following chart details how endorsements will be billed:

Payment Method	Additional Premium Endorsement	Return Premium Endorsement
Non-EFT and Non-Credit Card Customers	<p>If The policy term has future installments remaining</p> <p>Then... The additional premium is spread equally over the future installments. If there is an outstanding bill, this bill is never increased by an additional premium endorsement.</p> <p>If... No installments remain,</p> <p>Then... The endorsement will be billed in full on the next account bill day.</p>	<p>If The policy term has future installments remaining</p> <p>Then... The return premium will be spread equally over future installments, including any installments currently being billed.</p> <p>If... No installments remain,</p> <p>Then... The endorsement credit will apply to any other policy term with a debit balance.</p> <p>If... the account balance is a credit,</p> <p>Then... The amount will immediately be refunded to the insured.</p>
Monthly EFT and Monthly Credit Card Customers	<p>The endorsement will be spread equally over any future withdrawals for the policy term being endorsed.</p> <p>If no withdrawals remain, an additional draw notice will be issued to the insured on the next account bill day.</p>	<p>The endorsement will be spread equally to reduce any future withdrawals for the policy term being endorsed.</p> <p>If the account balance is a credit, the amount will immediately be refunded to the insured.</p>

Payment Reconciliation Payments will be applied to accounts in a uniform and consistent order with the emphasis on preventing policies from canceling. The order in which payments will be applied to balances is:

1. Minimum premium amount due on policies where a direct notice of cancellation is outstanding
2. Past due amounts on all active policy terms
3. Past due amounts on any canceled or expired policy terms
4. Past due fees
5. Current due amounts on all active policy terms
6. Current due canceled or expired policy terms
7. Current due fees
8. Future installment amounts

Refunds Overpayments and premium credits will be refunded to the insured when the **entire account** has a credit balance. If one policy term develops a credit, that credit amount will be applied to any outstanding balances on other policy terms first. If no balances exist on those other policy terms, the credit will be disbursed immediately to the insured.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
 Property & Casualty **Review Status:** Filed 10/23/2007

Comments:

NAIC Uniform Transmittal Documents

Attachments:

AR PC-RRFS-1 2007.pdf
 AR TD 1.pdf

Bypassed -Name: NAIC Loss Cost Filing Document
 for OTHER than Workers' Comp **Review Status:** Filed 10/23/2007

Bypass Reason: na/

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Filed 10/23/2007

Bypass Reason: n/a

Comments:

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Lost Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1. This filing transmittal is part of Company Tracking #	FN.99.PLTABS.2007.02
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2. This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3. Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a. Rate Change by Company (As Proposed)							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Trumbull Insurance Company	n/a	n/a	n/a	n/a	n/a	n/a	n/a

4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Hartford Fire Insurance Company							
Hartford Accident and Indemnity Co.							
Hartford Casualty Ins. Co.							
Hartford Underwriters Ins. Co.							
Twin City Fire Insurance Company							
Hartford Ins. Co. of the Midwest							
Trumbull Insurance Company							
Property & Casualty Ins. Co. of Hartford							
Sentinel Insurance Company							

Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing - Written premium change for this program		
5d.	Effect of Rate Filing - Number of policyholders affected		
6.	Overall percentage of last rate revision		
7.	Effective Date of last rate revision		
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)		

9. See Next Page

PC RRFS-1

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn ?	Previous state filing number, if required by state
01	TABS Billing System	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
05		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
06		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
07		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
08		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
09		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
10		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
11		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
12		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
13		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
14		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
15		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only

2. Insurance Department Use only	
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3. Group Name	Group NAIC #
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Trumbull Ins. Co.	Connecticut	0091-27120	06-1184984	

5. Company Tracking Number	FN.99.PLTABS.2007.02
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
David Logan 1 Hartford Plaza, Hartford, CT 06155	Filing Analyst	860-547-3792	860-547-5941	david.logan1@TheHartford.co

7. Signature of authorized filer	
8. Please print name of authorized filer	David Logan

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	19.00
10. Sub-Type of Insurance (Sub-TOI)	Personal Automobile
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 12/04/2007 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	12/04/2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	FN.99.PLTABS.2007.02
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The purpose of this filing is to revise the Personal Automobile Down Payment options in our Total Accounts Billing System that was previously filed with your Department.
We will use this revision for all policies written on or after December 4, 2007.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT
Amount: \$25.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)