

SERFF Tracking Number: HNDY-125319048 State: Arkansas
Filing Company: Ohio Indemnity Company State Tracking Number: AR-PC-07-026442
Company Tracking Number: SCR-AR-2007-01F
TOI: 33.0 Other Lines of Business Sub-TOI: 33.0004 Service Contracts
Product Name: Service Contract Reimbursement
Project Name/Number: SCR-AR-2007-01F/SCR-AR-2007-01F

Filing at a Glance

Company: Ohio Indemnity Company

Product Name: Service Contract
Reimbursement

TOI: 33.0 Other Lines of Business

Sub-TOI: 33.0004 Service Contracts

Filing Type: Form

SERFF Tr Num: HNDY-125319048 State: Arkansas

SERFF Status: Closed

Co Tr Num: SCR-AR-2007-01F

Co Status:

Authors: Iris Nance, Nancy
Sherman

Date Submitted: 10/15/2007

State Tr Num: AR-PC-07-026442

State Status:

Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding

Disposition Date: 10/22/2007

Disposition Status: Approved

Effective Date Requested (New): 12/01/2007

Effective Date Requested (Renewal): 12/01/2007

Effective Date (New):

Effective Date (Renewal):

General Information

Project Name: SCR-AR-2007-01F

Project Number: SCR-AR-2007-01F

Status of Filing in Domicile: Pending

Domicile Status Comments: Currently filing
program in most states, including domicile
state.

Reference Organization:

Reference Title:

Filing Status Changed: 10/22/2007

State Status Changed: 10/16/2007

Corresponding Filing Tracking Number:

Filing Description:

Policy forms for new service contract reimbursement program.

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

Iris Nance, Compliance Manager
250 East Broad Street

inance@ohioindemnity.com
(800) 628-8581 [Phone]

SERFF Tracking Number: *HNDY-125319048* State: *Arkansas*
Filing Company: *Ohio Indemnity Company* State Tracking Number: *AR-PC-07-026442*
Company Tracking Number: *SCR-AR-2007-01F*
TOI: *33.0 Other Lines of Business* Sub-TOI: *33.0004 Service Contracts*
Product Name: *Service Contract Reimbursement*
Project Name/Number: *SCR-AR-2007-01F/SCR-AR-2007-01F*

Columbus, OH 43215 (614) 228-5552[FAX]

Filing Company Information

Ohio Indemnity Company CoCode: 26565 State of Domicile: Ohio
250 East Broad Street Group Code: -99 Company Type:
10th Floor
Columbus, OH 43215 Group Name: State ID Number:
(800) 628-8581 ext. [Phone] FEIN Number: 31-0620146

SERFF Tracking Number: *HNDY-125319048* State: *Arkansas*
Filing Company: *Ohio Indemnity Company* State Tracking Number: *AR-PC-07-026442*
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Filing Fees

Fee Required? **Yes**
Fee Amount: **\$50.00**
Retaliatory? **No**
Fee Explanation: **\$50.00 per filing.**
Per Company: **No**

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
32773	\$50.00	10/10/2007

SERFF Tracking Number: *HNDY-125319048* State: *Arkansas*
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/22/2007	10/22/2007

SERFF Tracking Number: *HNDY-125319048* *State:* *Arkansas*
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Disposition

Disposition Date: 10/22/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment: FYI - Under the Conformity to Law provision, the time to allow suit to be filed must be five (5) years.

Therefore, this provision would take precedence under filing of suit over the twelve (12) months allowed by the policy.

Rate data does NOT apply to filing.

SERFF Tracking Number: *HNDY-125319048* State: *Arkansas*
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 TOI: *33.0 Other Lines of Business* Sub-TOI: *33.0004 Service Contracts*
 Product Name: *Service Contract Reimbursement*
 Project Name/Number: *SCR-AR-2007-01F/SCR-AR-2007-01F*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Service Contract Reimbursement Policy Declarations	Approved	Yes
Form	Service Contract Reimbursement Policy	Approved	Yes
Form	Assumption of Coverage Endorsement	Approved	Yes
Form	Arkansas Amendatory Endorsement	Approved	Yes

SERFF Tracking Number: *HNDY-125319048* State: *Arkansas*
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 TOI: *33.0 Other Lines of Business* Sub-TOI: *33.0004 Service Contracts*
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Service Contract Reimbursement Policy Declarations	SCR-100	10-2007	Declaration New s/Schedule		0.00	SCR-100.pdf
Approved	Service Contract Reimbursement Policy	SCR-200	10-2007	Policy/CoveNew rage Form		0.00	SCR-200.pdf
Approved	Assumption of Coverage Endorsement	SCR-301	10-2007	Endorseme New nt/Amendm ent/Condi tions		0.00	SCR-301.pdf
Approved	Arkansas Amendatory Endorsement	SCR-400AR	10-2007	Endorseme New nt/Amendm ent/Condi tions		0.00	SCR-400AR.pdf



**OHIO
INDEMNITY
COMPANY**

250 East Broad Street, 10th Floor
Columbus, Ohio 43215
(800) 628-8581

**Service Contract
Reimbursement
Policy**

POLICY NUMBER:

DECLARATIONS PAGE

NAMED INSURED and Address (No., Street, Town, County, State, ZIP)	Agent Name and Address
The NAMED INSURED is a:	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other	
POLICY PERIOD	
EFFECTIVE DATE:	EXPIRATION DATE:
(12:01 am Pacific time at the address of the NAMED INSURED as stated herein)	
LIMITS OF LIABILITY	
Single Limit Per Claim: the actual cash value of the vehicle or product prior the event giving rise to the claim Aggregate Limit Per Service Contract: the purchase price of the vehicle or product paid by the first service contract holder.	
PREMIUM	
The Premium shall be calculated monthly and shall be equal to the sum of the applicable current rate for each Service Contract issued during the policy period. Rate per Service Contract \$ _____	
FORMS AND ENDORSEMENTS	
Forms and Endorsements included in and made part of this Policy:	
Countersigned:	By: _____ Authorized Representative



250 East Broad Street, 10th Floor
Columbus, Ohio 43215
(800) 628-8581

Service Contract Reimbursement Insurance Policy

**NOTE: THIS IS NOT A VALID INSURANCE POLICY UNLESS AND UNTIL
A DULY SIGNED, NUMBERED DECLARATIONS PAGE IS ATTACHED.**

I. INSURING AGREEMENT

In consideration of and subject to the payment of the policy **premium**, in reliance upon the statements made by the **Insured** in the Declarations Page which is attached hereto and made an integral part of this Policy, and subject to all of the policy terms, conditions, limitations, and exclusions of this Policy, and any attachments, exhibits, and endorsements contained herein, **OHIO INDEMNITY COMPANY** (the "Company") agrees to reimburse the **Insured** or pay on behalf of the **Insured** all sums that the **Insured** is legally obligated to pay, or shall perform the service that the **Insured** is legally obligated to perform, in accordance with the terms of valid **Service Contracts** issued during the term of this policy.

II. DEFINITIONS

- a. **INSURED** means the person(s) and/or organization(s) identified as the "Named Insured" on the Declarations Page, which is attached hereto and made an integral part of this Policy, who is the **Service Contract** provider contractually obligated to the **Service Contract Holder** under the terms of the **Service Contract**.
- b. **LOSS** means expenses necessarily incurred by the **Insured** or on behalf of the **Insured** in the performance of the **Insured's** contractual obligations as stated in the **Service Contract** for **Service Contract Claims** or **Service Contract Cancellations**.
- c. **REPAIR FACILITY** means a dealership or independent service center authorized by the **Insured** to perform repairs under valid **Service Contracts** on behalf of the **Insured**.
- d. **SERVICE CONTRACT** means a contract to provide repairs or maintenance issued by the **Insured** to a **Service Contract Holder**:
 - i. While this Policy is in force;
 - ii. On a contract form approved in writing by the Company; and
 - iii. For which the **premium** has been paid for this insurance to the Company.

- e. **SERVICE CONTRACT HOLDER** means any person or other legal entity who acquires the rights to the benefits under a valid **Service Contract** as defined in Section II, Paragraph e.
- f. **SERVICE CONTRACT HOLDER CLAIM** means a claim made by a **Service Contract Holder** in accordance with the terms of the **Service Contract**.
- g. **SERVICE CONTRACT FEE** means the amount paid by the **Service Contract Holder** for the **Service Contract**.
- h. **SERVICE CONTRACT CANCELLATION** means the written request made by a **Service Contract Holder** for cancellation of a **Service Contract** prior to its expiration date.
- i. **PREMIUM** means the amount the **Insured** pays for coverage provided under this policy.

III. DUTIES OF THE INSURED

The **Insured** agrees to the following:

- a. **ISSUANCE OF SERVICE CONTRACT:** Within thirty (30) days after the issuance of a **Service Contract**, the **Insured** will forward the proper copy of said contract to the Company.
- b. **PAYMENT OF PREMIUMS:** Within thirty (30) days from the last day of each month in which any **Service Contract** is issued, the **Insured** shall pay the full **premium** due for such **Service Contract** to the Company or its authorized agent.
- c. **RESERVE ACCOUNT DEPOSIT:** Concurrent with the payment of **Premium**, the **Insured** shall deposit funds into a reserve account to be used for the payment of benefits and/or refunds to **Service Contract Holders** according to the terms of the **Service Contracts**. Such deposits shall be taken from the **Service Contract Fees** collected by the **Insured** and shall be at least equal to the reserve schedule amounts approved by the Company. The **Insured** may not revise said reserve schedules without the prior consent of the Company, and the **Insured** shall, upon request from the Company, provide verification of the reserve account balance to the Company.
- d. **COMMENCEMENT OF COVERAGE:** **Insured** agrees that the Company shall have no obligation under this Policy until:
 - 1. The **Insured** has issued a **Service Contract**; and
 - 2. The Company has received the **premium** for same.
- e. **NOTICE OF CLAIM:** In the event the **Insured** fails to perform or satisfy its obligations under a **Service Contract** within sixty (60) days after the **Service Contract Holder** submits proof of **Loss**, the **Service Contract Holder** may submit a **Claim** directly to the Company.

- f. **PROOF OF LOSS:** The **Insured** shall give written proof of **Loss** to the Company. Such proof shall:
1. Be made within thirty (30) days of the time stipulated in the **Service Contract**.
 2. Include the name of the **Insured** and the **Service Contract Holder**, time, place and cause of the loss; the nature and extent of the **Loss** and any other requested data.

The **Insured** agrees to submit to examination under oath by any person named by the Company as often as may be required in regard to proof of **Loss**.

IV. EXCLUSIONS

This Policy does not apply to any liability arising out of any of the following:

- a. Damages caused by repair work or failure to perform repair work by the **Insured**, its agents or employees, or any other **Repair Facility**, its agents or employees;
- b. The **Insured's** sale transaction of a vehicle or product which is the subject of a **Service Contract**, or any part of such vehicle or product;
- c. Negligence of any kind;
- d. Any defective products and/or any workmanship, including but not limited to liability arising out of implied warranties of merchantability, implied warranties of fitness for a particular purpose, or strict liability;
- e. Liability to anyone other than the **Service Contract Holder**;
- f. Any acts of fraud, or other dishonest or criminal acts of the **Insured** or its agents or employees;
- g. Garage Keeper's insurance; or
- h. Use of the product or vehicle being used in any illicit trade or transportation or in the commission of a felony.
- i. Any warranty, representation, promise, covenant, commitment, guarantee, duty or obligation other than obligations contained in valid **Service Contracts**.
- j. Liability for obligations under **Service Contracts** issued prior to the effective date of this policy.
- k. Liability for obligations under **Service Contracts** that are on contract forms or have content that the Company did not authorize, or that were not approved by the appropriate regulatory authority if such regulatory approval is required.

V. PREMIUMS AND RATES

- a. **Premium** charges for each **Service Contract** will be made per the Company's rates and rules in effect at the time each **Service Contract** is issued. The rates

in effect are reflected on the Declarations page and/or Rate Schedule attached to this Policy.

- b. The Company from time to time may effect changes in the Rate Schedule attached to this Policy. Such changes will be made by endorsement to the Policy stating the date such changes are effective.

VI. LIMITS OF LIABILITY

The limit of the Company's liability follows is as follows:

- a. **SINGLE CLAIM LIMIT OF LIABILITY:** The Company's limit of liability, with respect to any one claim, shall not exceed the actual cash value of the vehicle, equipment, product or tangible item covered by the **Service Contract** prior the event giving rise to the **Service Contract Holder Claim**. "**Actual Cash Value**" means the amount which it would cost to repair or replace damaged property with a material of like kind and quality, less any allowance for deterioration and depreciation.
- b. **AGGREGATE LIMIT OF LIABILITY PER SERVICE CONTRACT:** The Company's total limit of liability for any covered vehicle or product shall not exceed the purchase price of the vehicle or product paid by the first **Service Contract Holder**.

VII. POLICY TERM

This Policy is issued and goes into effect as of the Date and Time shown on the Declarations Page. This Policy shall remain in effect until the earlier of the effective date of cancellation as described in Section VIII or the Expiration Date shown on the Declarations Page.

VIII. POLICY CANCELLATION

- a. **BY THE COMPANY:** The Company shall have the right to cancel the Policy without cause by giving sixty (60) days advance written notice to the **Insured**. Also, the Company shall have the right to cancel the Policy by giving twenty (20) days advance written notice to the **Insured**:
 - 1. If required to do so by any regulatory body;
 - 2. In the event the **Insured** does not make **premium** payment as required;
 - 3. In the event of any act of fraud by the **Insured**; or
 - 4. In the event of any violation of any of the terms of this Policy.
- b. **BY THE INSURED:** The **Insured** has the right to cancel this Policy:
 - 1. By sending the Company written notice of its intent to cancel the Policy showing the date cancellation is to be effective.
 - 2. By returning the original policy or a signed statement of lost policy to the Company showing the date cancellation is to be effective.

- c. **EFFECT OF CANCELLATION:** Cancellation of this Policy shall not affect the duties of the **Insured** or the Company, as set forth in this Policy, as to **Service Contracts** issued before the effective date of cancellation of this Policy.

IX. POLICY PERIOD AND TERRITORY

This Policy applies only to **Losses** on **Service Contracts** issued during the policy period that occur within the United States of America and Canada.

X. GENERAL CONDITIONS

- a. **INSURED'S REPRESENTATIONS:** By acceptance of this Policy, the **Insured** agrees that all statements contained in the application for this Policy and on the Declarations Page attached hereto are correct. This Policy is issued in reliance upon the truth of such statements and includes all agreements between the **Insured** and the Company.
- b. **INSPECTION AND AUDIT:** The Company shall have the right to inspect the **Insured's** premises, books and records as same pertain to coverage under this Policy. This right shall extend until one (1) year after **Insured's Service Contracts** are no longer in effect.
- c. **SUBROGATION AND RECOVERIES:**
 - 1. In the event of any payment by the Company under the Policy, the Company shall be entitled to all of the **Insured's** rights of recovery therefor against any person or entity. The **Insured** shall execute and deliver instruments and papers and do whatever is necessary to secure such rights. The **Insured** shall do nothing to interfere with such rights.
 - 2. After a payment of a **Loss** by the Company, all amounts recovered by the **Insured** for which the **Insured** has been indemnified shall become the property of and be forwarded immediately to the Company by the **Insured** up to the total amount of **Loss** paid by the Company.
 - 3. The Company shall not be entitled to any subrogation proceeds unless and until the **Insured** has been fully reimbursed for his or its **Loss**.
- d. **NO BENEFIT TO BAILEE:** The insurance afforded by this Policy shall not inure directly or indirectly to the benefit of any carrier or other bailee for damages or losses to any item covered by a **Service Contract**.
- e. **CHANGES/AMENDMENTS:** No waiver or change of the terms of this Policy shall be made except when done so in writing, signed by an authorized representative of the Company. Written changes must be attached to and form a part of this Policy.
- f. **ASSIGNMENT BY INSURED:** The **Insured** may not assign any of its interest under this Policy, without the prior written consent of the Company in a properly executed endorsement to this Policy.
- g. **INSOLVENCY OR BANKRUPTCY OF INSURED:** The insolvency or bankruptcy of the **Insured** shall not relieve the Company of its obligations under this Policy. Should a judgment be rendered against an insolvent or bankrupt **Insured**, the

Company shall be liable for the amount of such judgment not to exceed the applicable limit of liability under this Policy.

- h. **ACTION AGAINST THE COMPANY:** No action shall lie against the Company unless, as a condition precedent thereto:
1. The **Insured** shall have fully complied with all terms and conditions of this Policy;
 2. The amount of the **Insured's** obligation to pay shall have been finally determined either by judgment against the **Insured** (after actual trial) or by written agreement of the **Insured**, claimant and Company; and
 3. It is commenced within twelve (12) months of the date of **Loss**.
- i. **CONFORMITY TO STATE LAW:** If any of the provisions of this policy do not conform to the statutes of the state of issue on the policy effective date, such provisions are hereby amended to meet the minimum of those state statutes.

IN WITNESS WHEREOF, the Company has caused this Policy to be executed by its President and Secretary and, if required by state law, this Policy shall not be valid unless countersigned by a duly authorized representative of the Company.



Secretary



President



250 East Broad Street, 10th Floor
Columbus, Ohio 43215
(800) 628-8581

Service Contract Reimbursement Insurance Policy

ASSUMPTION OF COVERAGE ENDORSEMENT

This endorsement, effective _____, forms part of Policy Number _____

Issued to _____

In consideration of the reporting by the **Insured** of the **Service Contracts** issued prior to the effective date of the policy between dates _____ and _____, the payment by the **Insured** of the total **Premium** applicable to such **Service Contracts**, and the acceptance of such **Premium** by the Company, we agree to waive exclusion (j) and to include them for coverage under the policy. The following definition in Section II – DEFINITIONS is also replaced with the following:

- e. **SERVICE CONTRACT** means a **Service Contract** issued by the **Insured** to a **Service Contract Holder**:
- i. While this Policy is in force or during the time period prior to the effective date as defined by this endorsement;
 - ii. On a contract form approved in writing by the Company; and
 - iii. For which the **premium** has been paid for this insurance to the Company.

The Company agrees to assume only those **service contracts** reflected on a complete and correct list that the **Insured** provides, subject to the Company's approval. The **Insured** must supply a complete list containing all information that the Company requires, and true and correct sample of any and all such **service contracts**.



250 East Broad Street, 10th Floor
Columbus, Ohio 43215
(800) 628-8581

**Service Contract Reimbursement
Insurance Policy**

**ARKANSAS AMENDATORY
ENDORSEMENT**

This endorsement, effective _____, forms part of Policy Number _____

Issued to _____

Section X. GENERAL CONDITIONS is amended as follows:

The following paragraph is hereby added:

j. INSURANCE DEPARTMENT CONTACT INFORMATION:

Arkansas Insurance Department
Consumer Insurance Division
1200 W. 3rd Street
Little Rock, AR 72201-1904
Phone (800) 852-5494 or (501) 371-2640

Except as modified, deleted or amended by this Endorsement, all other provisions, conditions, definitions, exclusions and limitations of the Policy to which this endorsement is attached remain in full force and effect.

<i>SERFF Tracking Number:</i>	<i>HNDY-125319048</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ohio Indemnity Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026442</i>
<i>Company Tracking Number:</i>	<i>SCR-AR-2007-01F</i>		
<i>TOI:</i>	<i>33.0 Other Lines of Business</i>	<i>Sub-TOI:</i>	<i>33.0004 Service Contracts</i>
<i>Product Name:</i>	<i>Service Contract Reimbursement</i>		
<i>Project Name/Number:</i>	<i>SCR-AR-2007-01F/SCR-AR-2007-01F</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: *HNDY-125319048* State: *Arkansas*
Filing Company: *Ohio Indemnity Company* State Tracking Number: *AR-PC-07-026442*
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 10/22/2007

Comments:

Attachment:

PC Transmittal Doc - AR.pdf

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 #: HNDY-125319048 h. Subject Codes
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3. Group Name	Group NAIC #
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4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Ohio Indemnity Company	Ohio	26565	31-0620146	

5. Company Tracking Number	SCR-AR-2007-01F
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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
	Iris Nance	Specialty Product Manager	(800) 628-8581	(614) 228-5552	inance@ohioindemnity.com
7.	Signature of authorized filer		<i>Iris A. Nance</i>		
8.	Please print name of authorized filer		Iris Nance		

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

9. Type of Insurance (TOI)	33. Miscellaneous
10. Sub-Type of Insurance (Sub-TOI)	33.0004 Service Contracts
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Service Contract Reimbursement
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: 12/01/2007 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	10/15/2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	SCR-AR-2007-01F
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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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Policy forms for new service contract reimbursement program.

Serff Tracking Number: HNDY-125319048

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]
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Check #: 32773
Amount: \$50.00

Calculation: \$50.00 per filing.

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.)**

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	SCR-AR-2007-01F
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2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Service Contract Reimbursement Policy Declarations	SCR100 (10/2007)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Service Contract Reimbursement Policy	SCR-200 (10/2007)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Assumption of Coverage Endorsement	SCR-301(10/2007)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Arkansas Amendatory Endorsement	SCR-400AR (10/2007)	<input checked="" 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		