

SERFF Tracking Number: NLTI-125332341 State: Arkansas
Filing Company: Arkansas Title Insurance Company State Tracking Number: AR-PC-07-026513
Company Tracking Number:
TOI: 34.0 Title Sub-TOI: 34.0000 Title
Product Name: Title Insurance Forms
Project Name/Number: Short Form Residential Schedule A, B and B Addendum/ARTICO 10-23-2007

Filing at a Glance

Company: Arkansas Title Insurance Company

Product Name: Title Insurance Forms

TOI: 34.0 Title

Sub-TOI: 34.0000 Title

Filing Type: Form

SERFF Tr Num: NLTI-125332341

SERFF Status: Closed

Co Tr Num:

Co Status:

Authors: Eileen Van Roeyen,

KerrieAnn Mayes-Skuran

Date Submitted: 10/23/2007

State: Arkansas

State Tr Num: AR-PC-07-026513

State Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Disposition Date: 10/25/2007

Disposition Status: Approved

Effective Date (New): 11/22/2007

Effective Date (Renewal):

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal):

General Information

Project Name: Short Form Residential Schedule A, B and B Addendum

Project Number: ARTICO 10-23-2007

Reference Organization:

Reference Title:

Filing Status Changed: 10/25/2007

State Status Changed: 10/23/2007

Corresponding Filing Tracking Number:

Filing Description:

Short Form Residential Combination One-to-Four Family Schedule A for Owner's and Loan Title Policies

Short Form Residential Combination One-to-Four Family Schedule B, Exceptions from Coverage and Affirmative Assurances

Addendum to Schedule B of Short Form Residential Combination One-to-Four Family

Company and Contact

SERFF Tracking Number: NLTI-125332341 State: Arkansas
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TOI: 34.0 Title Sub-TOI: 34.0000 Title
Product Name: Title Insurance Forms
Project Name/Number: Short Form Residential Schedule A, B and B Addendum/ARTICO 10-23-2007

Filing Contact Information

Eileen Van Roeyen, General Counsel, Vice President
evanroeyen@stewart.com
2800 West Higgins Road (847) 885-3000 [Phone]
Hoffman Estates, IL 60169 (847) 884-4998[FAX]

Filing Company Information

Arkansas Title Insurance Company CoCode: 50725 State of Domicile: Arkansas
17300 Chenal Parkway Group Code: 340 Company Type: Title Insurance
Suite 302
Little Rock, AR 72223 Group Name: Stewart Title State ID Number:
(847) 885-3000 ext. 311[Phone] FEIN Number: 71-0560086

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

SERFF Tracking Number: NLTI-125332341 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/25/2007	10/25/2007

SERFF Tracking Number: *NLTI-125332341* *State:* *Arkansas*
Filing Company: *Arkansas Title Insurance Company* *State Tracking Number:* *AR-PC-07-026513*
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TOI: *34.0 Title* *Sub-TOI:* *34.0000 Title*
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Disposition

Disposition Date: 10/25/2007

Effective Date (New): 11/22/2007

Effective Date (Renewal):

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

Rate data does NOT apply to filing.

SERFF Tracking Number: NLTI-125332341 State: Arkansas
 Filing Company: Arkansas Title Insurance Company State Tracking Number: AR-PC-07-026513
 Company Tracking Number:
 TOI: 34.0 Title Sub-TOI: 34.0000 Title
 Product Name: Title Insurance Forms
 Project Name/Number: Short Form Residential Schedule A, B and B Addendum/ARTICO 10-23-2007

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	P & C Transmittal Documents	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Short Form Residential Combination 1-4 Family Schedule A for Owner's and Loan Title Policies	Approved	Yes
Form	Short Form Residential Combination 1-4 Family Schedule B	Approved	Yes
Form	Addendum to Schedule B of Short Form Residential Combination 1-4 Family	Approved	Yes

SERFF Tracking Number: NLTI-125332341 State: Arkansas
 Filing Company: Arkansas Title Insurance Company State Tracking Number: AR-PC-07-026513
 Company Tracking Number:
 TOI: 34.0 Title Sub-TOI: 34.0000 Title
 Product Name: Title Insurance Forms
 Project Name/Number: Short Form Residential Schedule A, B and B Addendum/ARTICO 10-23-2007

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Short Form Residential Combination 1-4 Family Schedule A for Owner's and Loan Title Policies			Policy/CoveNew rage Form		0.00	ARTICO Residential Combo Schedule A.pdf
Approved	Short Form Residential Combination 1-4 Family Schedule B			Policy/CoveNew rage Form		0.00	ARTICO Residential Combo Schedule B.pdf
Approved	Addendum to Schedule B of Short Form Residential Combination 1-4 Family			Policy/CoveNew rage Form		0.00	ARTICO Residential Combo Schedule B Addendum.pdf



**SHORT FORM RESIDENTIAL COMBINATION ONE -TO-FOUR FAMILY
SCHEDULE A FOR OWNER'S AND LOAN TITLE POLICIES
ISSUED BY
ARKANSAS TITLE INSURANCE COMPANY**

This Schedule is for use only with enhanced ALTA policy forms which contain all coverages afforded by the ALTA 1992 policy forms plus additional insuring provisions.

LOAN NUMBER _____
OWNER'S POLICY NUMBER _____
LOAN POLICY NUMBER _____

AGENT'S FILE NUMBER _____
OWNER'S POLICY AMOUNT \$ _____
LOAN POLICY AMOUNT \$ _____

Note: Coverage for a Lender, Owner, or both, shall be afforded ONLY when the appropriate Enhanced Policy Number and Policy Liability Amount is completed. Absence of a completed Policy Number and Liability amount indicates No Coverage is afforded.

DATE OF EACH POLICY: The latter of _____ (Date of Disbursement) or (for Owner's Policy coverage) the Date of Recording of the Deed, and (for Loan Policy coverage) Date of Recording of the Loan Instrument, into the Owner or Lender identified below

NAME OF OWNER: _____

NAME OF LENDER: _____

PROPERTY IDENTIFICATION: for Owner's Policy coverage that property which is described in the deed to the Owner named above; for Loan Policy coverage that property which is described in the Loan instrument from the Owner to the Lender, and identified by street address:

() OWNER'S POLICY ADDENDUM ATTACHED

() LOAN POLICY ADDENDUM ATTACHED

Owner's interest in the described property is Fee Simple.

OWNER'S DEDUCTIBLES//MAXIMUM LIABILITY AMOUNTS: Each of the following coverages are subject to the lesser deductible of 1% of Owner's Policy Amount or the Deductibles listed below for each of those Covered Risks; also, subject to the following Maximum Liability Amounts as listed for each Covered Risk:

- Covered Risk 14 (Subdivision Law Violation) \$2500 Deductible -Maximum Liability Amount \$10,000
- Covered Risk 15 (Building Permit) \$5000 Deductible -Maximum Liability Amount \$25,000
- Covered Risk 16 (Zoning) \$5000 Deductible -Maximum Liability Amount \$25,000
- Covered Risk 18 (Encroachment of wall or fence) \$2500 Deductible -Maximum Liability Amount \$5,000

This policy shall not be valid until countersigned by a duly authorized signatory. Schedule B of the Short Form Residential Combination One-To-Four Family for owners and loan title policies must be attached hereto and is incorporated herein by reference, with addendum, if any, as indicated above.

Countersigned: _____
Authorized Signature

ARKANSAS TITLE INSURANCE COMPANY



By: *Craig D. Lillard*

President

Attest: *Thomas J. Sepehorn*
Chairman of the Board

**SHORT FORM RESIDENTIAL COMBINATION ONE -TO-FOUR FAMILY
SCHEDULE B**

EXCEPTIONS FROM COVERAGE AND AFFIRMATIVE ASSURANCES

This schedule is for use only with enhanced ALTA policy forms which contain all coverages afforded by the ALTA 1992 policy forms plus additional insuring provisions.

Except to the extent of the affirmative coverages as set forth in the applicable policy insuring provisions, this policy does not insure against loss or damage (and the Company will not pay costs, attorney's fees or expenses) which arise by reason of:

1. Those taxes and special assessments and which become due and payable subsequent to Date of Policy.
2. Covenants, conditions and restrictions, if any, appearing in the public records. This policy insures that the same have not been violated, except that such affirmative assurance does not extend to covenants, conditions and restrictions relating to environmental protection unless a notice of a violation thereof has been recorded or filed in the public records and is not referenced in an addendum attached hereto. Further, the loan title policy only shall insure that any future violation of any covenants, conditions and restrictions appearing in the public records, including any relating to environmental protection, will not result in a forfeiture or reversion of title and, for the loan policy, that there are no provisions therein under which the lien of the insured mortgage can be extinguished, subordinated or impaired.
3. Any easements or servitudes appearing in the public records. As to any loan policy issued herein the lender is insured that none of the improvements encroach upon the easements and that any use of the easements for the purposes granted or reserved will not interfere with or damage the improvements, including lawns, shrubbery and trees.
4. Any lease, grant, exception or reservation of minerals or mineral rights appearing in the public records. This policy insures that the use of the land for residential one-to-four family dwelling purposes is not and will not be, affected or impaired by reason of any lease, grant, exception or reservation of mineral rights appearing in the public records and this policy insures against damage to existing improvements, including lawns, shrubbery and trees, resulting from the future exercise of any right to use the surface of the land for the extraction or development of the minerals or mineral rights so leased, granted, excepted or reserved. Nothing herein shall insure against loss or damage resulting from subsidence.
5. This policy insures against loss or damage by reason of any violation, variation, encroachment or adverse circumstance affecting the title that would have been disclosed by an accurate survey. The term "encroachment" includes encroachments of existing improvements located on the land onto adjoining land, and encroachments onto the land of existing improvements located on adjoining land.



ARKANSAS TITLE INSURANCE COMPANY

ADDENDUM TO SCHEDULE B OF SHORT FORM RESIDENTIAL COMBINATION ONE-TO-FOUR FAMILY

FOR OWNERS POLICY NUMBER _____
FOR LOAN POLICY NUMBER _____

IN ADDITION TO THE MATTERS SET FORTH ON SCHEDULE B OF THE POLICY TO WHICH THIS ADDENDUM IS ATTACHED, THIS POLICY DOES NOT INSURE AGAINST LOSS OR DAMAGE BY REASON OF THE FOLLOWING:

1. Defects, liens, encumbrances, adverse claims or other matters, if any, created first appearing in the public records or attaching subsequent to the effective date hereof but prior to the date the Proposed Insured acquires for value of record the estate or interest or mortgage thereon covered by this Commitment.
2. All assessments and taxes for the current tax year, and all subsequent years.
3. Any lien, or right to a lien, for services, labor or material heretofore or hereafter furnished, imposed by law and not shown by the public records.
4. Any encroachments, easements, measurements, variations in area or content, party walls, or other facts which a correct survey of the premises would show.
5. Rights or claims of parties in possession not shown by the public records.
6. Roads, ways, streams or easements, or claims of easements, if any, not shown by the public records, riparian rights and the title to any filled-in-lands.
7. Ownership of title to any mineral interest and the effect on the surface of rights or exercise of any rights included in such mineral rights.
8. All oil, gas, and minerals in and under said land, together with the rights of ingress and egress thereon, for the purpose of producing, marketing, and saving the same.
9. Subject to right of way easements and restrictions of record.
10. Terms, provisions, conditions, covenants, restrictions, easements, charges, assessments and liens, as contained in recorded documents, but omitting any covenants or restrictions, if any, based upon race, color, religion, sex, sexual orientation, familial status, marital status, disability, handicap, national origin, ancestry, or source of income, as set forth in applicable state or federal laws, except to the extent that said covenant or restriction is permitted by applicable law.
11. Building setback lines and easements, as shown on recorded plats and any amendments thereto.
12. Any and all authority of the Homeowner's association to regulate and or levy assessments against the subject property and right of others in the common areas, if any.

SERFF Tracking Number: *NLTI-125332341* *State:* *Arkansas*
Filing Company: *Arkansas Title Insurance Company* *State Tracking Number:* *AR-PC-07-026513*
Company Tracking Number:
TOI: *34.0 Title* *Sub-TOI:* *34.0000 Title*
Product Name: *Title Insurance Forms*
Project Name/Number: *Short Form Residential Schedule A, B and B Addendum/ARTICO 10-23-2007*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: NLTI-125332341 State: Arkansas
Filing Company: Arkansas Title Insurance Company State Tracking Number: AR-PC-07-026513
Company Tracking Number:
TOI: 34.0 Title Sub-TOI: 34.0000 Title
Product Name: Title Insurance Forms
Project Name/Number: Short Form Residential Schedule A, B and B Addendum/ARTICO 10-23-2007

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/25/2007

Comments:

Attachment:

ARTICO Forms Filing PC Transmittal 10-23-2007.pdf

Satisfied -Name: P & C Transmittal Documents **Review Status:** Approved 10/25/2007

Comments:

Attachment:

ARTICO Forms Filing PC Transmittal 10-23-2007.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 10/25/2007

Comments:

Attachment:

ARTICO Forms Filing Cover Letter 10-23-2007.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

Reset Form

1. Reserved for Insurance Dept. Use Only

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2. Insurance Department Use only

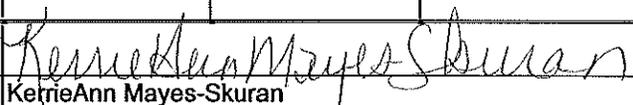
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3. Group Name	Stewart Title Guaranty Company			Group NAIC #	0340
4. Company Name(s)	Domicile	NAIC #	FEIN #		
Arkansas Title Insurance Company	Arkansas	50725	71-0560086		

5. Company Tracking Number	ARTICO FILING 10-23-2007
----------------------------	--------------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
KerrieAnn Mayes-Skuran 2800 West Higgins Road Hoffman Estates, IL 60169	Regulatory Compliance Specialist	(847) 884-2311 (800) 885-3000	(847) 885-3636	kamskuran@stewart.com

7. Signature of authorized filer	
8. Please print name of authorized filer	KerrieAnn Mayes-Skuran

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

9. Type of Insurance (TOI)	34.0 Title
10. Sub-Type of Insurance (Sub-TOI)	34.0000 Title
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 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: _____
14. Effective Date(s) Requested	New: 11-22-2007 Renewal: _____

Property & Casualty Transmittal Document---

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	10-23-2007
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved
20.	This filing transmittal is part of Company Tracking #	ARTICO FILING 10-23-2007

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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Short Form Residential Combination One-to-Four Family Schedule A for Owner's and Loan Title Policies

Short Form Residential Combination One-to-Four Family Schedule B, Exceptions from Coverage and Affirmative Assurances

Addendum to Schedule B of Short Form Residential Combination One-to-Four Family

[View Complete Filing Description](#)

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 #:
Amount: \$50.00

Check in the amount of \$50.00 to be sent to the Arkansas Insurance Department

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.)**

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 #	ARTICO FILING 10-23-2007			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>				
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	Short Form Residential Comb 1-4 Family Sched. A for Owner/Loan Policy		<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Short Form Residential Comb 1-to-4 Family Schedule B		<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Addendum to Schedule B of short Form Residential Combo 1-4 Family		<input checked="" 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		

Property & Casualty Transmittal Document (Revised 1/1/06)

Reset Form

1. Reserved for Insurance Dept. Use Only

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2. Insurance Department Use only

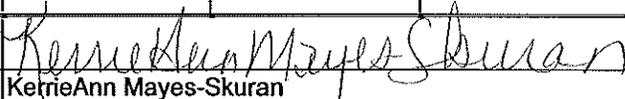
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3. Group Name	Stewart Title Guaranty Company			Group NAIC #	0340
4. Company Name(s)	Domicile	NAIC #	FEIN #		
Arkansas Title Insurance Company	Arkansas	50725	71-0560086		

5. Company Tracking Number	ARTICO FILING 10-23-2007
-----------------------------------	--------------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	KerrieAnn Mayes-Skuran 2800 West Higgins Road Hoffman Estates, IL 60169	Regulatory Compliance Specialist	(847) 884-2311 (800) 885-3000	(847) 885-3636	kamskuran@stewart.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	KerrieAnn Mayes-Skuran

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

9.	Type of Insurance (TOI)	34.0 Title
10.	Sub-Type of Insurance (Sub-TOI)	34.0000 Title
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 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: _____
14.	Effective Date(s) Requested	New: 11-22-2007 Renewal: _____

Property & Casualty Transmittal Document---

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	10-23-2007
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved
20.	This filing transmittal is part of Company Tracking #	ARTICO FILING 10-23-2007

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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Short Form Residential Combination One-to-Four Family Schedule A for Owner's and Loan Title Policies

Short Form Residential Combination One-to-Four Family Schedule B, Exceptions from Coverage and Affirmative Assurances

Addendum to Schedule B of Short Form Residential Combination One-to-Four Family

[View Complete Filing Description](#)

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 #:
 Amount: \$50.00

Check in the amount of \$50.00 to be sent to the Arkansas Insurance Department

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.)

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(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 #	ARTICO FILING 10-23-2007			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>				
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
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02	Short Form Residential Comb 1-to-4 Family Schedule B		<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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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		



Administrative Offices
2800 W. Higgins Road, Suite 835
Hoffman Estates, Illinois 60169

(847) 885-3000
(847) 885-3636 Fax

23 October 2007

Ms. Llyweyia Rawlins
Certified Rate and Form Analyst
Arkansas Insurance Department
Property and Casualty Section
1200 West Third Street
Little Rock, Arkansas 77201-1904

RE: NAIC #50725
Arkansas Title Insurance Company
Title Insurance Form Filing

Dear Ms. Rawlins,

Arkansas Title Insurance Company, an Arkansas title insurer, wishes to file the attached new forms. These schedules are for use only with the enhanced ALTA policy forms which contain all coverages afforded by the ALTA 1992 policy forms plus additional insuring provisions.

I am also attaching the NAIC Transmittal (Property and Casualty Transmittal Document).

The effective date for the use of these forms will be 22 November 2007 or upon the date of approval by the Arkansas Insurance Department.

If you have questions or require additional information, please contact me at your convenience at 847/884-2311.

Your time and attention in this matter are greatly appreciated.

Respectfully,

A handwritten signature in cursive script that reads "KerrieAnn Mayes-Skuran".

KerrieAnn Mayes-Skuran