

SERFF Tracking Number: PRAE-125251018 State: Arkansas
Filing Company: Praetorian Insurance Company State Tracking Number: AR-PC-07-025979
Company Tracking Number: PC-07-F-AR
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: PetCare
Project Name/Number: PetCare Form Filing/PC-07-F-AR

Filing at a Glance

Company: Praetorian Insurance Company

Product Name: PetCare

TOI: 09.0 Inland Marine

Sub-TOI: 09.0004 Pet Insurance Plans

Filing Type: Form

SERFF Tr Num: PRAE-125251018 State: Arkansas

SERFF Status: Closed

Co Tr Num: PC-07-F-AR

Co Status:

Author: Janet Kiger

Date Submitted: 08/31/2007

State Tr Num: AR-PC-07-025979

State Status:

Reviewer(s): Becky Harrington,
Betty Montesi, Brittany Yielding

Disposition Date: 09/06/2007

Disposition Status: Approved

Effective Date (New):

Effective Date (Renewal):

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

General Information

Project Name: PetCare Form Filing

Project Number: PC-07-F-AR

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 09/06/2007

State Status Changed: 08/31/2007

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Domicile Status Comments: Pending in all 50
States.

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

RE: Praetorian Insurance Company - NAIC: #796-37257 FEIN: 36-3030511

PetCare Program

Independent Inland Marine Pet Health Insurance

Form Filing

Praetorian Insurance Company (PIC) wishes to submit for your review and approval our PetCare Program -
Independent Inland Marine Pet Health Insurance Form Filing.

SERFF Tracking Number: PRAE-125251018 State: Arkansas
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Enclosed are the following:

Filing Fee (if applicable)
State Filing Transmittal (if applicable)
Filing Memorandum
1147 ed 09 2007 Wellness Program for Cats and Dogs
1148 ed 09 2007 Viral Endorsement

Our proposed effective date is the date of approval.

Company and Contact

Filing Contact Information

Janet Kiger, Assistant Vice President jkiger@praetorianfinancial.com
1200 Landmark Center (800) 324-0269 [Phone]
Omaha, NE 68102 (402) 345-4401[FAX]

Filing Company Information

Praetorian Insurance Company CoCode: 37257 State of Domicile: Illinois
Wall Street Plaza Group Code: 796 Company Type: Property & Casualty

88 Pine Street
New York, NY 10005 Group Name: QBE Insurance State ID Number:
Group Ltd
(212) 805-9700 ext. [Phone] FEIN Number: 36-3030511

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: AR Filing Fee = 50.00
Per Company: No

SERFF Tracking Number: PRAE-125251018 State: Arkansas
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Praetorian Insurance Company	\$50.00	08/31/2007	15386160

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	09/06/2007	09/06/2007

SERFF Tracking Number: PRAE-125251018 *State:* Arkansas
Filing Company: Praetorian Insurance Company *State Tracking Number:* AR-PC-07-025979
Company Tracking Number: PC-07-F-AR
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0004 Pet Insurance Plans
Product Name: PetCare
Project Name/Number: PetCare Form Filing/PC-07-F-AR

Disposition

Disposition Date: 09/06/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PRAE-125251018 State: Arkansas
 Filing Company: Praetorian Insurance Company State Tracking Number: AR-PC-07-025979
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memo	Approved	Yes
Form	Wellness Program for Cats and Dogs	Approved	Yes
Form	Viral Exclusion	Approved	Yes

SERFF Tracking Number: PRAE-125251018 State: Arkansas
 Filing Company: Praetorian Insurance Company State Tracking Number: AR-PC-07-025979
 Company Tracking Number: PC-07-F-AR
 TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
 Product Name: PetCare
 Project Name/Number: PetCare Form Filing/PC-07-F-AR

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Wellness Program for Cats and Dogs	1147	ed 09 2007	Endorsement/Amendment/Conditions	New	50.30	1147 ed 09 2007 Wellness Rider.pdf
Approved	Viral Exclusion	1148	ed 09 2007	Endorsement/Amendment/Conditions	New	51.50	1148 ed 09 2007 Viral excl.pdf

PetCare Pet Insurance Products

ENDORSEMENT

Wellness Program for Cats & Dogs

The Insurer will reimburse the Insured/Owner for the actual cost, to a maximum of \$150. per year blanket coverage, for Vaccinations, an Annual Physical Examination, Spaying and Neutering, Heartworm Testing and Preventative Medication, Teeth Cleaning (scaling and polishing of the teeth).

WELLNESS FEES

This is an outline of your pet's categorization of Wellness Fees.
All procedures/ treatments must be completed by a licensed veterinarian.

Vaccinations

Core Canine and Feline Vaccinations only. These include canine core vaccines for canine parvovirus (CPV), canine distemper virus (CDV), canine adenovirus (CAV), and rabies. The core feline vaccines are those for feline herpesvirus 1 (FHV1), feline calicivirus (FCV), feline panleukopenia virus (FPV) and rabies.

Annual Physical Examination

The routine physical examination that your veterinarian performs on your pet.

Spay/ Neuter

The surgical methods used to provide birth control for animals. Spaying refers to the procedure for a female and neutering for a male animal. This does include spaying for false pregnancy and neutering cryptorchid males.

Heartworm Testing and Preventative

All testing done to ensure your pet is free of heartworm infection and the required Federal Drug Administration approved Heartworm prevention/ preventative drug.

Teeth Cleaning (Scale and Polish)

The procedure done to clean the teeth, this includes the costs of pre-surgical bloodwork, anesthesia, oral exam, the scale and polish and any medications prescribed by the licensed veterinarian relating to the procedure

Effective date of this Endorsement is as stated on the Document of Insurance

Attached to and forming part of policy # (insert policy number)

Premium: \$12.95 monthly

PetCare Pet Insurance Products

Endorsement

Viral Exclusion

It is hereby understood and agreed:

that the following exclusion is added to the Policy Terms & Conditions:

**23. The Insurer shall not be liable for any claim arising from, or as a result of:
viral epidemic, viral pandemic.**

All other Terms & Conditions remain unchanged.

Effective date of this Endorsement is as stated on the Document of Insurance.

Attached to & forming part of Policy # (**insert policy #**)

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 09/06/2007

Comments:

Attachments:

ARFFS-1.pdf
ARPCTD-1.pdf

Satisfied -Name: Filing Memo **Review Status:** Approved 09/06/2007

Comments:

Attachment:

Filing Memorandum Program Description.pdf

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 #	PC-07-F-AR			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	Not Applicable			
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	Wellness Program for Cats and Dogs	1147 ed 09 2007	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
02	Viral Exclusion	1148 ed 09 2007	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
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		

Effective March 1, 2007

This page is informational only and do not need to be submitted with your filings!

Notes for Form Filing Transmittal
DESCRIPTION OF ITEMS IN THE FORM FILING SCHEDULE

FORM FILING SCHEDULE

- 1. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state
- 2. This filing corresponds to rate/rule filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.
- 3. Exhibit/Form Name/Description/Synopsis:** This is a list of forms being filed. **Do not refer to the body of the filing for a separate forms listing, unless allowed by state. This is required information and is required here.** The line numbers below this are to help the Departments that track the number of forms they receive.

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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name QBE	Group NAIC # 796
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4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Praetorian Insurance Company	IL	37257	36-3030511	

5. Company Tracking Number	PC-07-F-AR
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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
	Janet Kiger 1299 Farnam, Suite 950 Omaha NE 68102	Asst VP	800-324-0269 ext 110	402-345-4401	jkiger@praetorianfinancial.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Janet Kiger		

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

9.	Type of Insurance (TOI)	09.0 – Inland Marine		
10.	Sub-Type of Insurance (Sub-TOI)	09.0004– Pet Insurance Plan		
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 (give description)		
14.	Effective Date(s) Requested	New:	Date of Approval	Renewal: Date of Approval
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16.	Reference Organization (if applicable)	N/A		
17.	Reference Organization # & Title	N/A		
18.	Company's Date of Filing	08/23/07		
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 #	PC-07-F-AR
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	
RE:	Praetorian Insurance Company - NAIC: #796-37257 FEIN: 36-3030511 PetCare Program Independent Inland Marine – Pet Health Insurance Form Filing	

Praetorian Insurance Company (PIC) wishes to submit for your review and approval our PetCare Program - Independent Inland Marine – Pet Health Insurance Form Filing.

Enclosed are the following:

- Filing Fee (if applicable)
- State Filing Transmittal (if applicable)
- Filing Memorandum
- 1147 ed 09 2007 – Wellness Program for Cats and Dogs
- 1148 ed 09 2007 – Viral Exclusion

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]
<p>Check #: EFT via SERFF Amount: 50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

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

PRAETORIAN INSURANCE COMPANY
1200 Landmark Center, Suite 950
1299 Farnam, Street
Omaha, Nebraska 68102

Praetorian Insurance Company
PetCare Program
Filing Memorandum/Program Description

Program Description

Pethealth Inc. was founded in 1998 for the purpose of providing financial and other related services to the veterinary and companion animal markets. The core business for Pethealth is the provision of accident and illness insurance for cats and dogs through its wholly owned subsidiaries PetCare Insurance Brokers Ltd. and PetCare Insurance Agency, Ltd. (collectively, "PetCare"). The company's Pet Insurance Products allow pet owners to replace the high cost of unexpected accidents and illnesses suffered by their pets with a budgetable monthly insurance premium.

Proposed Endorsements

1147 ed 09 2007 – Wellness Program for Cats and Dogs - Optional Endorsement with Rate Impact

1148 ed 09 2007 – Viral Exclusion - Mandatory Endorsement without Rate Impact