

SERFF Tracking Number: ATLT-125413347 State: Arkansas  
Filing Company: TransUnion National Title Insurance Company State Tracking Number: #? \$50  
Company Tracking Number: SCHEDULES ARKANSAS  
TOI: 34.0 Title Sub-TOI: 34.0000 Title  
Product Name: ALTA Schedule Filings  
Project Name/Number: Schedule A & B Filings/

## Filing at a Glance

Company: TransUnion National Title Insurance Company

Product Name: ALTA Schedule Filings

TOI: 34.0 Title

Sub-TOI: 34.0000 Title

Filing Type: Form

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

SERFF Tr Num: ATLT-125413347

SERFF Status: Closed

Co Tr Num: SCHEDULES  
ARKANSAS

Co Status:

Author: Robert Hinson

Date Submitted: 01/09/2008

State: Arkansas

State Tr Num: #? \$50

State Status: Fees not received

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins, Brittany Yielding

Disposition Date: 01/10/2008

Disposition Status: Approved

Effective Date (New): 01/10/2008

Effective Date (Renewal):  
01/10/2008

State Filing Description:

## General Information

Project Name: Schedule A & B Filings

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 01/10/2008

State Status Changed: 01/09/2008

Corresponding Filing Tracking Number:

Filing Description:

We are filing Schedule A-B for our previously filed 2006 ALTA Owners Policy(TUN354), and Schedule A-BI-BII for our previously filed 2006 ALTA Loan Policy (TUN321) which were omitted from the original filing (ATLT-125357997).

Status of Filing in Domicile: Pending

Domicile Status Comments: South Carolina is a  
"file and use" state.

Reference Number:

Advisory Org. Circular:

Deemer Date:

## Company and Contact

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**Filing Contact Information**

Robert Hinson, Vice President rhinson@transunion.com  
 2711 Middleburg Drive (803) 799-4747 [Phone]  
 Columbia, SC 29204 (803) 799-4443[FAX]

**Filing Company Information**

TransUnion National Title Insurance Company	CoCode: 51152	State of Domicile: South Carolina
2711 Middleburg Drive	Group Code: 3889	Company Type: Title Insurance
Columbia, SC 29204	Group Name: TransUnion	State ID Number:
(803) 799-4747 ext. [Phone]	FEIN Number: 57-0575396	

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**Filing Fees**

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
25175	\$50.00	01/07/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/10/2008	01/10/2008



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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Schedule A-BI-BII Loan Policy	Approved	Yes
Form	Schedule A-B Owners Policy	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Schedule A-BI-BIITUN321A Loan Policy	TUN321A	06/17/06	Declaration New s/Schedule		0.00	SCHEDULE A LOAN.pdf
Approved	Schedule A-B Owners Policy	TUN354A	06/17/06	Declaration New s/Schedule		0.00	SCHEDULE A OWNER.pdf



TransUnion National Title Insurance Company  
P.O. Box 8627 (29202-8627)  
2711 Middleburg Drive, Suite 312  
Columbia, SC 29204  
Tel (800) 257-2842  
Fax (803) 799-4443  
transuniontitle.com

SCHEDULE A  
ALTA LOAN POLICY

File No.: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Loan No.: \_\_\_\_\_  
Address Reference: \_\_\_\_\_  
Amount of Insurance: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_  
Date of Policy: \_\_\_\_\_ at \_\_\_\_\_

1. Name of Insured:
2. The estate or interest in the Land that is encumbered by the Insured Mortgage is:
3. Title is vested in:
4. The Insured Mortgage and its assignments, if any, are described as follows:
5. The Land referred to in this policy is described as follows: SEE ATTACHED EXHIBIT "A"

TRANSUNION NATIONAL TITLE INSURANCE COMPANY

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Authorized Signatory

SCHEDULE B

File No.

Policy No.

EXCEPTIONS FROM COVERAGE

This policy does not insure against loss or damage, and the Company will not pay costs, attorneys' fees, or expenses that arise by reason of:

PART I

PART II

In addition to the matters set forth in Part I of this Schedule, the Title is subject to the following matters, and the Company insures against loss or damage sustained in the event that they are not subordinate to the lien of the Insured Mortgage:

EXHIBIT "A"  
LEGAL DESCRIPTION



TransUnion National Title Insurance Company  
P.O. Box 8627 (29202-8627)  
2711 Middleburg Drive, Suite 312  
Columbia, SC 29204  
Tel (800) 257-2842  
Fax (803) 799-4443  
transuniontitle.com

SCHEDULE A  
ALTA OWNER'S FORM

File No.:  
Address Reference:  
Amount of Insurance: \$  
Date of Policy: at

Policy No.:  
Premium: \$

1. Name of Insured:
  
2. The estate or interest in the Land that is insured by this policy is:
  
3. Title is vested in:
  
4. The Land referred to in this policy is described as follows: See Attached Exhibit "A"

TRANSUNION NATIONAL TITLE INSURANCE COMPANY

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Authorized Signatory

SCHEDULE B

File No.

Policy No.

EXCEPTIONS FROM COVERAGE

This policy does not insure against loss or damage, and the Company will not pay costs, attorneys' fees, or expenses that arise by reason of:

1. Taxes for the year , plus all costs, penalties and interest.

Exhibit "A"  
Legal Description



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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 01/10/2008

**Comments:**  
transmittal doc. attached; check mailed with copy on 1/09/2008

**Attachment:**  
2006 Transmittal Document Arkansas2.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: ATLT-125413347 h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
TransUnion	3889

<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
TransUnion National Title Insurance Company	South Carolina	51152	57-0575396	2771

<b>5. Company Tracking Number</b>	2007-ALTA Arkansas
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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
	Robert Hinson TransUnion National Title Insurance Company P.O. Box 8627 Columbia, SC 29202-8627	Vice President	800-257-2842 x 13	803-799-4443	rhinson@transunion.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Robert Hinson		

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

<b>9. Type of Insurance (TOI)</b>	TITLE
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	TITLE
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	34.0 TITLE
<b>12. Company Program Title (Marketing title)</b>	
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New:   On approval   Renewal:
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	01/9/2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	SCHEDULES ARKANSAS
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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TransUnion National Title Insurance Company hereby files the above-referenced forms. We are filing Schedule A-B for our previously filed 2006 ALTA Owners Policy(TUN354), and Schedule A-BI-BII for our previously filed 2006 ALTA Loan Policy (TUN321) which were omitted from the original filing (ATLT- 125357997).

<b>22.</b>	<b>Filing Fees</b> (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 #: 25175**

**Amount: \$ 50.00**

**Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201  
(501)371-2600 or 1-800-282-9134  
(501) 371-2618 fax**

**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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## 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	2006 ALTA ARKANSAS			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	ALTA Loan Policy SCHEDULES A, BI, BII	TUN321A 6/17/2006	[ <input checked="" type="checkbox"/> ] New [ <input type="checkbox"/> ] Replacement [ <input type="checkbox"/> ] Withdrawn		
02	ALTA Owner's Policy SCHEDULES A, B	TUN354A 6/17/2006	[ <input checked="" type="checkbox"/> ] New [ <input type="checkbox"/> ] Replacement [ <input type="checkbox"/> ] Withdrawn		

PC FFS-1