

SERFF Tracking Number: NLTI-125393409 State: Arkansas  
Filing Company: Arkansas Title Insurance Company State Tracking Number: #? \$50  
Company Tracking Number: ARTICO - ARKANSAS - CPL/ICL 12-18-2007  
TOI: 34.0 Title Sub-TOI: 34.0000 Title  
Product Name: Title Insurance Forms  
Project Name/Number: ARTICO - Arkansas - CPL/ICL 12-18-2007/

## 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

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal):

State Filing Description:

SERFF Tr Num: NLTI-125393409

SERFF Status: Closed

Co Tr Num: ARTICO - ARKANSAS  
- CPL/ICL 12-18-2007

Co Status:

Author: KerrieAnn Mayes-Skuran

Date Submitted: 12/18/2007

State: Arkansas

State Tr Num: #? \$50

State Status: Fees pending

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

Disposition Date: 01/02/2008

Disposition Status: Approved

Effective Date (New): 01/02/2008

Effective Date (Renewal):

## General Information

Project Name: ARTICO - Arkansas - CPL/ICL 12-18-2007

Project Number:

Reference Organization: Not Applicable

Reference Title: Not Applicable

Filing Status Changed: 01/02/2008

State Status Changed: 01/02/2008

Corresponding Filing Tracking Number:

Filing Description:

CLOSING PROTECTION LETTER/INSURED CLOSING LETTER

Arkansas Title Insurance Company hereby files via SERFF (System for Electronic Rate and Form Filing) the form(s) referenced above.

Unless there is an objection, the Company will begin using these forms thirty (30) days from the date of this filing or upon notification by SERFF that the forms have been approved and filed, which ever occurs first.

Status of Filing in Domicile: Pending

Domicile Status Comments: This SERFF filing is being used to file in the state of domicile (Arkansas)

Reference Number: Not Applicable

Advisory Org. Circular: Not Applicable

Deemer Date:

SERFF Tracking Number: NLTI-125393409 State: Arkansas  
Filing Company: Arkansas Title Insurance Company State Tracking Number: #? \$50  
Company Tracking Number: ARTICO - ARKANSAS - CPL/ICL 12-18-2007  
TOI: 34.0 Title Sub-TOI: 34.0000 Title  
Product Name: Title Insurance Forms  
Project Name/Number: ARTICO - Arkansas - CPL/ICL 12-18-2007/

The payment for this filing will be forwarded to the Arkansas Insurance Department promptly. The rate associated with issuance of this document is \$25.00.

## Company and Contact

### 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:  
Guaranty  
(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-125393409 State: Arkansas  
Filing Company: Arkansas Title Insurance Company State Tracking Number: #? \$50  
Company Tracking Number: ARTICO - ARKANSAS - CPL/ICL 12-18-2007  
TOI: 34.0 Title Sub-TOI: 34.0000 Title  
Product Name: Title Insurance Forms  
Project Name/Number: ARTICO - Arkansas - CPL/ICL 12-18-2007/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/02/2008	01/02/2008

*SERFF Tracking Number:*      *NLTI-125393409*                      *State:*                      *Arkansas*  
*Filing Company:*              *Arkansas Title Insurance Company*              *State Tracking Number:*      *#? \$50*  
*Company Tracking Number:*      *ARTICO - ARKANSAS - CPL/ICL 12-18-2007*  
*TOI:*                      *34.0 Title*                      *Sub-TOI:*                      *34.0000 Title*  
*Product Name:*              *Title Insurance Forms*  
*Project Name/Number:*      *ARTICO - Arkansas - CPL/ICL 12-18-2007/*

## **Disposition**

Disposition Date: 01/02/2008

Effective Date (New): 01/02/2008

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-125393409 State: Arkansas  
 Filing Company: Arkansas Title Insurance Company State Tracking Number: #? \$50  
 Company Tracking Number: ARTICO - ARKANSAS - CPL/ICL 12-18-2007  
 TOI: 34.0 Title Sub-TOI: 34.0000 Title  
 Product Name: Title Insurance Forms  
 Project Name/Number: ARTICO - Arkansas - CPL/ICL 12-18-2007/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Closing Protection Letter/Insured Closing Letter	Approved	Yes
Rate	Closing Protection Letter/Insured Closing Letter	Approved	Yes

SERFF Tracking Number: NLTI-125393409 State: Arkansas  
 Filing Company: Arkansas Title Insurance Company State Tracking Number: #? \$50  
 Company Tracking Number: ARTICO - ARKANSAS - CPL/ICL 12-18-2007  
 TOI: 34.0 Title Sub-TOI: 34.0000 Title  
 Product Name: Title Insurance Forms  
 Project Name/Number: ARTICO - Arkansas - CPL/ICL 12-18-2007/

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Closing Protection Letter/Insured Closing Letter			Endorsement/Amendment/Conditions New		0.00	ARTICO CPL-ICL Form EXECUTED 12-18- 2007.pdf



Craig D. Gill  
President--Arkansas Title Insurance Company  
17300 Chenal Parkway, Suite 302  
Little Rock, Arkansas 72223

Addressee:

(Covered Party)

RE: Closing Protection Letter/Insured Closing Letter  
Issuing Agency File Number:  
Buyer/Borrower:  
  
Issuing Agency:

Dear Madam or Sir:

When title insurance of Arkansas Title Insurance Company (the "Company") is specified for your protection in connection with the closing of the Real Estate Transaction conducted by the Issuing Agent or the Approved Attorney and in which you are to be the: (a) lessee of an interest in land, (b) purchaser of an interest in land, or (c) lender secured by a mortgage (including any other security instrument) of an interest in land, its assignees or a warehouse lender. If the aggregate of all funds you transmit to the Issuing Agent or Approved Attorney for Real Estate Transaction does not exceed \$10 million, the Company, subject to the Conditions and Exclusions set forth below, hereby agrees to reimburse your actual loss incurred by you in connection with such closing when conducted by an Issuing Agent or an Approved Attorney and when such loss arises out of:

1. Failure of the Issuing Agent or Approved Attorney to comply with your written closing instructions to the extent that they relate to (a) the status of the title to said interest in land or the validity, enforceability and priority of the lien of said mortgage on said interest in land, including the obtaining of documents and the disbursement of funds necessary to establish such status of title or lien, or (b) the obtaining of any other document, specifically required by you, but not to the extent that said instructions require a determination of the validity, enforceability or effectiveness of such other document, or (c) the collection and payment of funds due you, or

2. Fraud, dishonesty or negligence of the Issuing Agent or Approved Attorney in handling your funds or documents in connection with such closings to the extent such fraud, dishonesty or negligence relates to the status of the title to said interest in land or to the validity, enforceability, and priority of the lien of said mortgage on said interest in land.

If you are a lender protected under the foregoing paragraph, your borrower, your assignee and your warehouse lender in connection with a loan secured by a mortgage shall be protected as if this letter were addressed to them.

#### CONDITIONS AND EXCLUSIONS

1. The Company will not be liable to you for loss arising out of:

A. Failure of Issuing Agent or Approved Attorney to comply with your closing instructions which require title insurance protection inconsistent with that set forth in the title insurance binder or commitment issued by the Company. Instructions which require the removal of specific exceptions to title or compliance with the requirements contained in said binder or commitment shall not be deemed to be inconsistent.

B. Loss or impairment of your funds in the course of collection or while on deposit with a bank due to bank failure, insolvency or suspension, except such shall result from failure of the Issuing Agent or the Approved Attorney to comply with your written closing instructions to deposit the funds in a bank which you designated by name.

C. Mechanics' and materialmen's liens in connection with the Real Estate Transaction if it is a purchase or lease or construction loan transaction, except to the extent that protection against such liens is afforded by a title insurance binder, commitment or policy of the Company.

D. Fraud, dishonesty or negligence of your employee, agent, attorney or broker.

E. Your settlement or release of any claim without the written consent of the Company.

F. Any matters created, suffered, assumed or agreed to by you or known to you.

2. If the closing is to be conducted by an Approved Attorney, a title insurance binder or commitment for the issuance of a policy of title insurance of the Company must have been received by you prior to the transmission of your final closing instructions to the Approved Attorney.

3. When the Company shall have reimbursed you pursuant to this letter, it shall be subrogated to all rights and remedies which you would have had against any person or property had you not been so reimbursed. Liability of the Company for such reimbursement shall be reduced to the extent that you have knowingly and voluntarily impaired the value of such right of subrogation.

4. The protection herein offered shall not extend to the actions of the Issuing Agent or Approved Attorney if the aggregate of all funds you transmit to the Issuing Agent or Approved Attorney for the Real Estate Transaction exceeds the amount set forth on the first page of this letter and the Company shall have no liability for the mishandling of all or any part of such funds by the Issuing Agent or Approved Attorney except pursuant to an express written agreement between you and the Company made with reference to the Real Estate Transaction.

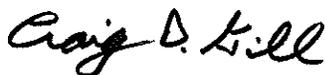
5. Any liability of the Company for loss incurred by you in connection with the closing of the Real Estate Transaction by the Issuing Agent or Approved Attorney shall be limited to the protection provided by this letter. However, this letter shall not affect the protection afforded by a title insurance binder, commitment or policy of the Company.

6. Claims shall be made promptly to the Company at its Office at 17300 Chenal Parkway, Suite 302, Little Rock, Arkansas 72223. When the failure to give prompt notice shall prejudice the Company, then liability of the Company hereunder shall be reduced to the extent of such prejudice. The Company shall not be liable hereunder unless notice of claim in writing is received by the Company within (90) days from the date of discovery of loss. The Company shall not be liable hereunder unless notice of claim in writing is received by the Company at its office in Little Rock, Arkansas, one year from the date of closing.

Any claim arising under this letter will be submitted to arbitration pursuant to the title insurance arbitration rules of the American Land Title Association.

Any previous insured closing service letter of similar agreement is hereby canceled with respect to the Real Estate Transaction.

By:



Craig D. Gill

*SERFF Tracking Number:*      *NLTI-125393409*                      *State:*                      *Arkansas*  
*Filing Company:*              *Arkansas Title Insurance Company*              *State Tracking Number:*      *#? \$50*  
*Company Tracking Number:*      *ARTICO - ARKANSAS - CPL/ICL 12-18-2007*  
*TOI:*                      *34.0 Title*                      *Sub-TOI:*                      *34.0000 Title*  
*Product Name:*              *Title Insurance Forms*  
*Project Name/Number:*      *ARTICO - Arkansas - CPL/ICL 12-18-2007/*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: NLTI-125393409 State: Arkansas  
 Filing Company: Arkansas Title Insurance Company State Tracking Number: #? \$50  
 Company Tracking Number: ARTICO - ARKANSAS - CPL/ICL 12-18-2007  
 TOI: 34.0 Title Sub-TOI: 34.0000 Title  
 Product Name: Title Insurance Forms  
 Project Name/Number: ARTICO - Arkansas - CPL/ICL 12-18-2007/

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Closing Protection Letter/Insured Closing Letter		New	ARTICO - Arkansas CPL-ICL PC Xmtl 12-18-2007.pdf ARTICO CPL-ICL Form Filing Cvr Ltr 12-18-2007.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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---

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

<b>5. Company Tracking Number</b>	ARTICO – Arkansas – CPL/ICL 12-18-2007
-----------------------------------	--

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

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	KerrieAnn Mayes-Skuran 2800 West Higgins Road Suite 835 Hoffman Estates, IL 60169	Regulatory Compliance Specialist	800-533-6584 847-884-2311	847-885-3636	kamskuran@stewart.com
<b>7.</b>	Signature of authorized filer		<i>KerrieAnn Mayes-Skuran</i>		
<b>8.</b>	Please print name of authorized filer		KerrieAnn Mayes-Skuran		

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	34.0 Title
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	34.0000 Title
<b>11.</b>	<b>State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing title)</b>	
<b>13.</b>	<b>Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input checked="" type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New:    When Approved    Renewal:
<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	Not Applicable
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	Not Applicable
<b>18.</b>	<b>Company's Date of Filing</b>	18 December 2007
<b>19.</b>	<b>Status of filing in domicile</b>	<input checked="" 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 #	ARTICO – Arkansas – CPL/ICL 12-18-2007
-----	---	--

21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
-----	--

**CLOSING PROTECTION LETTER/INSURED CLOSING LETTER**

Arkansas Title Insurance Company hereby files via SERFF (System for Electronic Rate and Form Filing) the form(s) referenced above.

Unless there is an objection, the Company will begin using these forms thirty (30) days from the date of this filing or upon notification by SERFF that the forms have been approved and filed, which ever occurs first.

The payment for this filing will be forwarded to the Arkansas Insurance Department promptly. The rate associated with issuance of this document is \$25.00.

**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.)**

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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	ARTICO – Arkansas – CPL/ICL 12-18-2007
-----------	--	--

<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if 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	Closing Protection Letter/Insured Closing Letter		<input checked="" type="checkbox"/> New <input 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		

PC FFS-1

## 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; Loss Cost & Rule or Rate, etc.)

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

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	ARTICO – Arkansas – CPL/ICL 12-18-2007
-----------	--	--

<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
-----------	--	--

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)
Arkansas Title Insurance Company	0	0	0	0	\$25.00	0	0

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	Minimum % Change

### 5. Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	0	
5b	Overall percentage rate impact for this filing	0	
5c	Effect of Rate Filing – Written premium change for this program	0	
5d	Effect of Rate Filing – Number of policyholders affected	0	

<b>6.</b>	Overall percentage of last rate revision	Not Applicable
<b>7.</b>	Effective Date of last rate revision	Not Applicable
<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Not Applicable

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Closing Protection Letter/Insured Closing Letter	<input checked="" type="checkbox"/> New <input 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	
--	--	--	--

PC RRFS-1  
© 2007 National Association of Insurance Commissioners



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

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

18 December 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: **Arkansas Title Insurance Company**  
**NAIC #50725** Filing of Closing  
Protection Letter/Insured Closing Letter

Dear Ms. Rawlins:

**CLOSING PROTECTION LETTER/INSURED CLOSING LETTER**

**Arkansas Title Insurance Company** hereby files via SERFF (System for Electronic Rate and Form Filing) the form(s) referenced above.

Unless there is an objection, the Company will begin using these forms thirty (30) days from the date of this filing or upon notification by SERFF that the forms have been approved and filed, which ever occurs first.

The payment for this filing will be forwarded to the Arkansas Insurance Department promptly. The rate associated with issuance of this document is \$25.00.

If there is any additional information which you require, please feel free to contact me at 847/885-3000 Ext. 311. Please note that my direct dial number is 847/884-2311 if you would care to update my contact information.

Sincerely,

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

KerrieAnn Mayes-Skuran

SERFF Tracking Number: NLTI-125393409 State: Arkansas  
Filing Company: Arkansas Title Insurance Company State Tracking Number: #? \$50  
Company Tracking Number: ARTICO - ARKANSAS - CPL/ICL 12-18-2007  
TOI: 34.0 Title Sub-TOI: 34.0000 Title  
Product Name: Title Insurance Forms  
Project Name/Number: ARTICO - Arkansas - CPL/ICL 12-18-2007/

## Supporting Document Schedules

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

**Review Status:**

Approved

01/02/2008

**Comments:**

**Attachment:**

ARTICO - Arkansas CPL-ICL PC Xmtl 12-18-2007.pdf

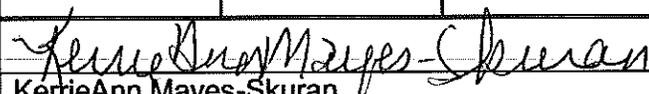
## Property & Casualty Transmittal Document

<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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---

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

<b>5. Company Tracking Number</b>	ARTICO – Arkansas – CPL/ICL 12-18-2007
-----------------------------------	--

**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 Suite 835 Hoffman Estates, IL 60169	Regulatory Compliance Specialist	800-533-6584 847-884-2311	847-885-3636	kamskuran@stewart.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		KerrieAnn Mayes-Skuran		

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	34.0 Title
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	34.0000 Title
<b>11.</b>	<b>State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing title)</b>	
<b>13.</b>	<b>Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input checked="" type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New:    When Approved    Renewal:
<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	Not Applicable
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	Not Applicable
<b>18.</b>	<b>Company's Date of Filing</b>	18 December 2007
<b>19.</b>	<b>Status of filing in domicile</b>	<input checked="" 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 #	ARTICO – Arkansas – CPL/ICL 12-18-2007
-----	---	--

21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
-----	--

**CLOSING PROTECTION LETTER/INSURED CLOSING LETTER**

Arkansas Title Insurance Company hereby files via SERFF (System for Electronic Rate and Form Filing) the form(s) referenced above.

Unless there is an objection, the Company will begin using these forms thirty (30) days from the date of this filing or upon notification by SERFF that the forms have been approved and filed, which ever occurs first.

The payment for this filing will be forwarded to the Arkansas Insurance Department promptly. The rate associated with issuance of this document is \$25.00.

**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.)**

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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	ARTICO – Arkansas – CPL/ICL 12-18-2007
-----------	--	--

<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if 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	Closing Protection Letter/Insured Closing Letter		<input checked="" type="checkbox"/> New <input 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		

PC FFS-1

## 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; Loss Cost & Rule or Rate, etc.)

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

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	ARTICO – Arkansas – CPL/ICL 12-18-2007
-----------	--	--

<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
-----------	--	--

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)
Arkansas Title Insurance Company	0	0	0	0	\$25.00	0	0

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	Minimum % Change

### 5. Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	0	
5b	Overall percentage rate impact for this filing	0	
5c	Effect of Rate Filing – Written premium change for this program	0	
5d	Effect of Rate Filing – Number of policyholders affected	0	

<b>6.</b>	Overall percentage of last rate revision	Not Applicable
<b>7.</b>	Effective Date of last rate revision	Not Applicable
<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Not Applicable

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Closing Protection Letter/Insured Closing Letter	<input checked="" type="checkbox"/> New <input 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	
--	--	--	--

PC RRFS-1  
© 2007 National Association of Insurance Commissioners