

SERFF Tracking Number: QBEC-125877841 State: Arkansas  
Filing Company: Praetorian Insurance Company State Tracking Number: #? \$25  
Company Tracking Number: 08-278-PIM-AR  
TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine  
Product Name: Personal Inland Marine - Fine Arts Program  
Project Name/Number: Installment Payment Option Rule Filing/08-278-PIM-AR

## Filing at a Glance

Company: Praetorian Insurance Company

Product Name: Personal Inland Marine - Fine Arts Program SERFF Tr Num: QBEC-125877841 State: Arkansas

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: #? \$25

Sub-TOI: 09.0006 Other Personal Inland Marine

Co Tr Num: 08-278-PIM-AR

State Status: Fees verified

Filing Type: Rule

Co Status:

Reviewer(s): Becky Harrington, Brittany Yielding

Author: Janet Kiger

Disposition Date: 10/29/2008

Date Submitted: 10/29/2008

Disposition Status: Filed

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Installment Payment Option Rule Filing

Status of Filing in Domicile: Authorized

Project Number: 08-278-PIM-AR

Domicile Status Comments: Illinois approved effective November 1, 2008.

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 10/29/2008

Deemer Date:

State Status Changed: 10/29/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: Praetorian Insurance Company - NAIC: 0517-37257 FEIN: 36-3030511

Fine Arts Program - Personal Inland Marine

Installment Payment Option Rule Filing

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**Summary:**

Praetorian Insurance Company wishes to submit for your review and approval our Fine Arts – Personal Inland Marine Installment Payment Option Rule Filing.

**Proposed Rule Filing:**

Installment Payment Option (PIM INSTALL OPTION RULE PAGE 10 08)

The insured shall be given the option of paying the annual policy premium in full or in installments. The following installment options are available.

1. Annual pay plan – 100%
2. Quarterly Installments – 25%, 25%, 25%, 25%
3. Semi-Annual Installments – 50%, 50%
4. Monthly Installments

No installment charge is applied for the annual pay plan. For all other installment options a \$5 charge is applied for each installment. If the policy is subsequently paid in full no further installment charges are applied.

**Rate Impact:**

No rate impact - installment payments are optional.

Enclosed are the following:

- State Transmittals (if applicable)
- Filing Fee (if applicable)
- Filing Memorandum
- Final Printed Rule Page – PIM INSTALL OPTION RULE PAGE 10 08

Our proposed effective date is the Date of Approval.

## **Company and Contact**

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**Filing Contact Information**

Janet Kiger, Assistant Vice President janet.kiger@qbeamericas.com  
 1200 Landmark Center (402) 345-1818 [Phone]  
 Omaha, NE 68102 (402) 345-4401[FAX]

**Filing Company Information**

Praetorian Insurance Company CoCode: 37257 State of Domicile: Illinois  
 88 Pine Street - 16th Floor Group Code: 796 Company Type:  
 New York , NY 10005 Group Name: QBE Insurance State ID Number:  
 Group  
 (212) 422-9888 ext. [Phone] FEIN Number: 36-3030511  
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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Praetorian Insurance Company	\$0.00	10/29/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	10/29/2008	10/29/2008

SERFF Tracking Number: QBEC-125877841 State: Arkansas  
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## Disposition

Disposition Date: 10/29/2008  
 Effective Date (New):  
 Effective Date (Renewal):  
 Status: Filed  
 Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Praetorian Insurance Company	0.000%	\$0	22	\$54,622	0.000%	0.000%	0.000%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC loss cost data entry document		Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		Yes
Supporting Document	Filing Memo	Filed	Yes
Rate	Installment PAYment Option Rule Page	Filed	Yes

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**Rate Information**

Rate data applies to filing.

**Filing Method:** File and Use  
**Rate Change Type:** Neutral  
**Overall Percentage of Last Rate Revision:** 0.000%  
**Effective Date of Last Rate Revision:** 04/15/2001  
**Filing Method of Last Filing:** File and Use

**Company Rate Information**

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Praetorian Insurance Company	0.000%	0.000%	\$0	22	\$54,622	0.000%	0.000%

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Installment Payment Option Rule Page	PIM INSTALL OPTION RULE PAGE 10 08	New	PIM INSTALL OPTION RULE PAGE 10 08.pdf

**PRAETORIAN INSURANCE COMPANY**  
**FINE ARTS PROGRAM**  
**PERSONAL INLAND MARINE**  
**INSTALLMENT PAYMENT OPTION RULE**

**INSTALLMENT PAYMENT OPTION**

The insured shall be given the option of paying the annual policy premium in full or in installments. The following installment options are available.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Filed 10/29/2008

**Comments:**

**Attachments:**

ARPCTD-1.pdf

ARRRFS-1.pdf

**Satisfied -Name:** Filing Memo **Review Status:** Filed 10/29/2008

**Comments:**

**Attachment:**

Rule Filing Memo.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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					
<b>3. Group Name</b> Hannover RE	<b>Group NAIC #</b> 0517				
<b>4. Company Name(s)</b> Praetorian Insurance Company	<b>Domicile</b> IL	<b>NAIC #</b> 37257	<b>FEIN #</b> 36-3030511	<b>State #</b> 000911	
<b>5. Company Tracking Number</b>		<b>08-278-PIM-AR</b>			
<b>Contact Info of Filer(s) or Corporate Officer(s)</b> [include toll-free number]					
<b>6. Name and address</b> Janet Kiger 1299 Farnam, Suite 950 Omaha NE 68102	<b>Title</b> Asst VP	<b>Telephone #s</b> 800-324-0269 ext 110	<b>FAX #</b> 402-345-4401	<b>e-mail</b> jkiger@praetorianfinancial.com	
<b>7. Signature of authorized filer</b>					
<b>8. Please print name of authorized filer</b>	Janet Kiger				
<b>Filing information</b> (see General Instructions for descriptions of these fields)					
<b>9. Type of Insurance (TOI)</b>	09.0 – Inland Marine				
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	09.0006 Other Personal Inland Marine				
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>					
<b>12. Company Program Title (Marketing title)</b>					
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input 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:	Date of Approval	Renewal:	Date of Approval	
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>16. Reference Organization (if applicable)</b>	N/A				
<b>17. Reference Organization # &amp; Title</b>	N/A				
<b>18. Company's Date of Filing</b>	10/29/08				
<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>	<b>08-278-PIM-AR</b>
<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]	

RE: Praetorian Insurance Company - NAIC: 0517-37257 FEIN: 36-3030511  
 Fine Arts Program - Personal Inland Marine  
 Installment Payment Option Rule Filing

**Summary:**

Praetorian Insurance Company wishes to submit for your review and approval our Fine Arts – Personal Inland Marine Installment Payment Option Rule Filing.

**Proposed Rule Filing:**

Installment Payment Option (PIM INSTALL OPTION RULE PAGE 10 08)

The insured shall be given the option of paying the annual policy premium in full or in installments. The following installment options are available.

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**Rate Impact:**

No rate impact - installment payments are optional.

<b>22.</b>	<p><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]</p>
<p><b>Check #:</b> N/A  <b>Amount:</b> N/A</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

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

**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>	08-278-PIM-AR
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase
  Rate Decrease
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File and Use
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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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)
Praetorain Insurance Company	0	0	0	22	54,622	0	0

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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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
<b>5a.</b>	<b>Overall percentage rate indication (when applicable)</b>	0	
<b>5b.</b>	<b>Overall percentage rate impact for this filing</b>	0	
<b>5c.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>	0	
<b>5d.</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>	00	

<b>6.</b>	<b>Overall percentage of last rate revision</b>	0 – Initial Rate and Rule Filing
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<b>7.</b>	<b>Effective Date of last rate revision</b>	04/15/2001
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File and Use
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<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or Withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01	PIM INSTALL OPTION RULE PAGE 10 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A
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	

**PRAETORIAN INSURANCE COMPANY**  
**FINE ARTS PROGRAM**  
**PERSONAL INLAND MARINE**  
**INSTALLMENT PAYMENT OPTION RULE**  
**FILING MEMORANDUM**

**Summary:**

Praetorian Insurance Company wishes to submit for your review and approval our Fine Arts – Personal Inland Marine Installment Payment Option Rule Filing.

**Proposed Rule Filing:**

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