

SERFF Tracking Number: CHER-125887248 State: Arkansas  
Filing Company: Securian Casualty Company State Tracking Number: EFT \$75  
Company Tracking Number: CPI-END-002  
TOI: 28.0 Credit Sub-TOI: 28.0002 Creditor-Placed Auto  
Product Name: CPI Endorsements 2  
Project Name/Number: /

## Filing at a Glance

Company: Securian Casualty Company  
Product Name: CPI Endorsements 2  
TOI: 28.0 Credit  
Sub-TOI: 28.0002 Creditor-Placed Auto

SERFF Tr Num: CHER-125887248 State: Arkansas  
SERFF Status: Closed State Tr Num: EFT \$75  
Co Tr Num: CPI-END-002 State Status: Fees verified and received  
Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins  
Author: Matt Rushing Disposition Date: 11/18/2008  
Date Submitted: 11/18/2008 Disposition Status: Approved  
Effective Date Requested (New): On Approval Effective Date (New): 01/01/2009  
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

Filing Type: Form

State Filing Description:

## General Information

Project Name:  
Project Number:  
Reference Organization:  
Reference Title:  
Filing Status Changed: 11/18/2008  
State Status Changed: 11/18/2008  
Corresponding Filing Tracking Number: CPI-END-002  
Filing Description:  
November 18, 2008

Status of Filing in Domicile: Pending  
Domicile Status Comments:  
Reference Number:  
Advisory Org. Circular:  
Deemer Date:

Arkansas Insurance Department  
1200 West Third St.  
Little Rock, AR 72201

*SERFF Tracking Number:*      *CHER-125887248*                      *State:*                      *Arkansas*  
*Filing Company:*              *Securian Casualty Company*                      *State Tracking Number:*      *EFT \$75*  
*Company Tracking Number:*      *CPI-END-002*  
*TOI:*                      *28.0 Credit*                      *Sub-TOI:*                      *28.0002 Creditor-Placed Auto*  
*Product Name:*                      *CPI Endorsements 2*  
*Project Name/Number:*              /

Attention: Property and Casualty Division

Re: Collateral Protection Insurance – Coverage Endorsements

Filing Identification Number: CPI-END-002

Form Number Form Description

08-50532 Premium Deficiency with Loss and Loss Ratios

08-50533 Skip with Flexible Location Dates

08-50534 Repossession Expense with Loss

08-50535 Repo Expense Combined Cap

08-50536 Blanket Skip

06-50452 Application for Collateral Protection Insurance

These forms are being filed to be used with our Collateral Protection Insurance product, which was approved by the State of Arkansas on 08/28/2007. The SERFF tracking number for that filing is CHER-125273609

These endorsements are designed to offer greater flexibility within our Collateral Protection Insurance program. Also, we are replacing our previously approved Application to provide more detail.

If you need additional information, please contact Matt Rushing who is the Analyst for this filing project. Matt may be contacted by email at [matt.rushing@cnlf.com](mailto:matt.rushing@cnlf.com); by fax at 651-665-7364; or by telephone at 478-314-3197.

Sincerely,

Terry A. McClellan  
Vice President

SERFF Tracking Number: CHER-125887248 State: Arkansas  
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 TOI: 28.0 Credit Sub-TOI: 28.0002 Creditor-Placed Auto  
 Product Name: CPI Endorsements 2  
 Project Name/Number: /

## Company and Contact

### Filing Contact Information

Matt Rushing, Filings Analyst matt.rushing@cnlf.com  
 PO Box 6097 (800) 849-4265 [Phone]  
 Macon, GA 31208-6097 (478) 757-1568[FAX]

### Filing Company Information

Securian Casualty Company CoCode: 10054 State of Domicile: Minnesota  
 P O Box 6097 Group Code: 869 Company Type: Property & Casualty  
 Macon, GA 31208-6097 Group Name: State ID Number:  
 (478) 314-3159 ext. [Phone] FEIN Number: 41-1741988  
 -----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$75.00  
 Retaliatory? Yes  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Securian Casualty Company	\$75.00	11/18/2008	23999676

SERFF Tracking Number: CHER-125887248

State: Arkansas

Filing Company: Securian Casualty Company

State Tracking Number: EFT \$75

Company Tracking Number: CPI-END-002

TOI: 28.0 Credit

Sub-TOI: 28.0002 Creditor-Placed Auto

Product Name: CPI Endorsements 2

Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/18/2008	11/18/2008

SERFF Tracking Number: CHER-125887248

State: Arkansas

Filing Company: Securian Casualty Company

State Tracking Number: EFT \$75

Company Tracking Number: CPI-END-002

TOI: 28.0 Credit

Sub-TOI: 28.0002 Creditor-Placed Auto

Product Name: CPI Endorsements 2

Project Name/Number: /

## Disposition

Disposition Date: 11/18/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *CHER-125887248* State: *Arkansas*  
 Filing Company: *Securian Casualty Company* State Tracking Number: *EFT \$75*  
 Company Tracking Number: *CPI-END-002*  
 TOI: *28.0 Credit* Sub-TOI: *28.0002 Creditor-Placed Auto*  
 Product Name: *CPI Endorsements 2*  
 Project Name/Number: */*

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Premium Deficiency with Loss	Approved	Yes
<b>Form</b>	Skip with Flexible Location Dates	Approved	Yes
<b>Form</b>	Repossession Expense Combined Limit	Approved	Yes
<b>Form</b>	Blanket Skip	Approved	Yes
<b>Form</b>	Repossession Expense with Loss	Approved	Yes
<b>Form</b>	Application for Collateral Protection Insurance	Approved	Yes

SERFF Tracking Number: CHER-125887248 State: Arkansas  
 Filing Company: Securian Casualty Company State Tracking Number: EFT \$75  
 Company Tracking Number: CPI-END-002  
 TOI: 28.0 Credit Sub-TOI: 28.0002 Creditor-Placed Auto  
 Product Name: CPI Endorsements 2  
 Project Name/Number: /

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Premium Deficiency with Loss	08-50532		Endorsement/Amendment/Conditions		0.00	Premium deficiency with loss and loss ratios.pdf
Approved	Skip with Flexible Location Dates	08-50533		Endorsement/Amendment/Conditions		0.00	Skip with flexible location dates.pdf
Approved	Repossession Expense Combined Limit	08-50535		Endorsement/Amendment/Conditions		0.00	Repo Expense Combined cap.pdf
Approved	Blanket Skip	08-50536		Endorsement/Amendment/Conditions		0.00	Blanket Skip.pdf
Approved	Repossession Expense with Loss	08-50434		Endorsement/Amendment/Conditions		0.00	repossession expense with loss.pdf
Approved	Application for Collateral Protection Insurance	06-50552		Application/Replacement Binder/Enrollment	Replaced Form #: 0.00 Previous Filing #:		06-50452 0908.pdf

# SECURIAN CASUALTY COMPANY

## PREMIUM DEFICIENCY ENDORSEMENT

The Policy to which this endorsement is attached is hereby amended as follows:

If, after the repossession and sale of collateral on which a Notice of Insurance has been issued under this Policy, there remains a deficiency balance which is determined by you to be uncollectible, you may receive up to the amount of the Earned Premium upon cancellation of the Notice of Insurance, but in no event to exceed the remaining deficiency balance. You must supply documentation requested by us to substantiate the claim.

Claims under this endorsement are to be submitted within ninety (90) days from the sale of the collateral. Prior to payment, we will calculate the Actual Loss Ratio. This coverage does not apply:

1. If the Actual Loss Ratio exceeds the Permissible Loss Ratio, or;
2. to dealer originated loans with recourse

### DEFINITIONS:

**NET WRITTEN PREMIUM**-is the total of all premium written under this Policy less all return premium for cancellations of Notices of Insurance written under this policy.

**EARNED PREMIUM**-is that portion of all Net Written Premium that is earned at any given point in time.

**INCURRED LOSSES**-are the total of all adjustment expenses, reserves for all reported losses, reserves for unreported losses as computed by us, and paid losses less salvage and subrogation.

**ACTUAL LOSS RATIO**-is the ratio that the total of the Incurred Losses and Adjustment Expenses, including previous payments under this endorsement, bears to the total Earned Premium of this Policy for the current twelve (12) month period.

**PERMISSIBLE LOSS RATIO**-is \_\_\_\_\_ of the Earned Premium developed under this Policy for the current twelve (12) month period.

**DEFICIENCY BALANCE**-means the balance remaining on the loan, less deductions for unearned interest, unearned insurance charges and any late charges or penalties added after the loan was made.

**TERMINATION:** IF THIS ENDORSEMENT OR THE POLICY TO WHICH IT IS ATTACHED IS CANCELLED, NO FURTHER PAYMENT WILL BE MADE UNDER THIS ENDORSEMENT.

**PREMIUM RATE:** [\$ \_\_\_\_\_ per certificate in force per quarter]

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, conditions, or limitations of the Policy to which this endorsement is attached other than as stated above.

This endorsement is attached to and forms a part of:

Policy Number \_\_\_\_\_ and is subject to all the terms and conditions of the Policy not inconsistent hereto.

Issued to \_\_\_\_\_.

By: **SECURIAN CASUALTY COMPANY**

Effective Date of this Endorsement \_\_\_\_\_ Endorsement  
Number \_\_\_\_\_

\_\_\_\_\_  
Countersigned at

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

# SECURIAN CASUALTY COMPANY

## BROAD FORM CONVERSION, SECRETION AND CONFISCATION COVERAGE ENDORSEMENT

The Policy to which this endorsement is attached is hereby amended as follows:

**COVERAGE:** We will provide coverage for any direct loss sustained by you due to conversion, secretion or confiscation of the Insured Collateral described on an individual Notice of Insurance.

**DEFINITIONS:**

CONVERSION means when the borrower substantially changes, severely damages or destroys, sells, trades or disposes of the Insured Collateral without your consent.

SECRETION means when the borrower conceals or hides the Insured Collateral from you or removes the Insured Collateral from the area of use known to you with the apparent intent of wrongfully appropriating.

CONFISCATION means when a government body or official lawfully obtains possession of the Insured Collateral.

**CONDITIONS PRECEDENT TO LIABILITY:** The conditions precedent to the attaching our liability for any loss or damage under this endorsement are:

1. That you have an interest in the Insured Collateral by virtue of a legally enforceable instrument and the Insured Collateral was delivered to a bona fide retail purchaser.
2. That the borrower has defaulted in his obligation to you.
3. That you have made all reasonable efforts to locate and repossess the Insured Collateral, including all legal means available, as evidenced by supporting documentation.
4. That you have made all reasonable efforts to locate and collect from any comaker on the loan.
5. That you have located and made all reasonable efforts to reclaim the Insured Collateral from the governmental body or official, if it has been legally confiscated.
6. That for a conversion or secretion loss you have reported the Borrower's loan status to a credit reporting bureau as a "skip" or "charge-off".

**DATE OF LOSS:** Date of loss shall be the date we receive notice that all conditions precedent to liability have been met.

**INVESTIGATION:** For any loss caused by conversion or secretion of the Insured Collateral, we shall have \_\_\_\_\_ days from the date of loss to investigate the claim and attempt to locate the collateral. If we locate the collateral and notify you of its location, we have no further liability for coverage provided by this endorsement.

**OUR MAXIMUM LIABILITY-SETTLEMENT OPTIONS:** The amount we will pay will not exceed the least of:

1. The value of the Insured Collateral as of the date of loss as determined by averaging the wholesale and retail values shown in vehicle pricing guide commonly in use by lenders in the state in which the loan is made, or
2. Your unpaid loan balance as of the date of loss, less;
  - any payments more than 120 days past due; and
  - any unearned interest, finance charges and unearned Insurance charges; and
  - any late charges or penalties added after the loan was made.

**ADDITIONAL CONDITIONS:**

1. You must give us clear title to the collateral when payment for loss under this endorsement is made by us to you.
2. For any loss caused by confiscation there will be a waiting period of sixty (60) days from the date of loss prior to the settlement of the loss by us.

**ADDITIONAL EXCLUSIONS:** We will not pay for losses:

1. to collateral on loans more than one hundred twenty (120) days past due as of the effective date of this endorsement.
2. where the collateral can be reclaimed by you from a governmental body or official by paying any fines or fees which may have been levied.

**PREMIUM RATE:** \$ \_\_\_\_\_ per Certificate in force per calendar quarter, commencing with the inception date of this endorsement.

**TERMINATION:** COVERAGE UNDER THIS ENDORSEMENT IS TERMINATED CONCURRENT WITH THE TERMINATION OF THE POLICY TO WHICH IT IS ATTACHED.

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, conditions, or limitations of the Policy to which this endorsement is attached other than as stated above.

This endorsement is attached to and forms a part of:

Policy Number \_\_\_\_\_ and is subject to all the terms and conditions of the Policy not inconsistent hereto.

Issued to \_\_\_\_\_.

By: **SECURIAN CASUALTY COMPANY**

Effective Date of this Endorsement \_\_\_\_\_ Endorsement Number \_\_\_\_\_

Countersigned at

Date

Authorized Signature

# SECURIAN CASUALTY COMPANY

## REPOSSESSION EXPENSE REIMBURSEMENT ENDORSEMENT

The Policy to which this endorsement is attached is hereby amended as follows:

**COVERAGE:** In the event an eligible collateral is repossessed by you and a Notice of Insurance is in force on the repossessed collateral at the time of repossession, we will reimburse you for the expense necessarily incurred in connection with taking possession of the collateral, including storage, towing, and a mechanic's lien.

The most we will pay will be \$\_\_\_\_\_ for the release of a mechanic's lien and other covered expenses, not to exceed your deficiency balance.

### DEFINITIONS:

**MECHANIC'S LIEN**-is the legally enforceable right to payment for services performed on or to the insured collateral.

**DEFICIENCY BALANCE**-means the balance remaining on the loan, less deductions for unearned interest, unearned insurance charges, and any late charges or penalties added after the loan was made.

**ADDITIONAL CONDITION:** Claims under this coverage endorsement must be submitted to us within ninety (90) days of the expense or loss being incurred by you.

**ADDITIONAL EXCLUSION:** Reimbursement will not be made for expenses of a person employed by you or of an organization owned or operated by you.

**PREMIUM RATE:** \$\_\_\_\_\_ per Certificate in force per calendar quarter, commencing with the inception date of this Endorsement.

**TERMINATION:** COVERAGE UNDER THIS ENDORSEMENT IS TERMINATED CONCURRENT WITH THE TERMINATION OF THE POLICY TO WHICH IT IS ATTACHED.

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, conditions, or limitations of the Policy to which this endorsement is attached other than as stated above.

This endorsement is attached to and forms a part of:

Policy Number \_\_\_\_\_ and is subject to all the terms and conditions of the Policy not inconsistent hereto.

Issued to \_\_\_\_\_

By: **SECURIAN CASUALTY COMPANY**

Effective Date of this Endorsement \_\_\_\_\_ Endorsement Number \_\_\_\_\_

\_\_\_\_\_

---

Countersigned at

---

Date

---

Authorized Signature

SAMPLE

# SECURIAN CASUALTY COMPANY

## PORTFOLIO CONVERSION AND CONFISCATION COVERAGE

We shall pay for any direct loss you may sustain, during the term of this policy, caused by conversion of the entire collateral, or confiscation of the collateral, provided:

1. The collateral is eligible for placement under the collateral protection insurance program;
2. You furnish us a copy of:
  - a. The fully completed credit application with evidence of proper verification prior to the finance contract or credit extension;
  - b. The finance contract;
  - c. The title;
  - d. A report of all recovery efforts; and
  - e. All other documents evidencing your interest in the collateral;
3. You have made every reasonable effort to:
  - a. Locate and repossess the collateral;
  - b. Locate the borrower and collect the unpaid balance;
  - c. Contact the last known employer, nearest friend or relative not living with the borrower, and any other creditor known;
4. You report the borrower's default to a credit bureau; and
5. A LENDER'S COLLATERAL PROTECTION POLICY is in force as of the date of loss.

In the event you report a conversion loss:

1. We shall have  ninety (90)  sixty (60) days from the date all documentation is received from you to investigate and locate the collateral;
2. We agree to waive repossession and inspection as required under ARTICLE VI. CONDITIONS PRECEDENT TO LIABILITY;
3. You must assign the finance contract and title to us without recourse upon claim settlement.

If the collateral is located, you must repossess the collateral, using legal proceedings if necessary, in order for any other loss to be considered under any other coverage under the collateral protection insurance program.

In the event a loss is paid under Confiscation Coverage, you must assign the finance contract and title to us without recourse upon claim settlement.

For this endorsement only, ARTICLE VI. CONDITIONS PRECEDENT TO LIABILITY in the LENDER'S COLLATERAL PROTECTION POLICY is replaced by the following:

### ARTICLE VI. CONDITIONS PRECEDENT TO LIABILITY

Before we become liable for loss or damage:

1. Your interest must be impaired;
2. You must provide us evidence of a finance contract and properly filed title;
3. The finance contract must be no more than 90 days past due on the date of loss;
4. The finance contract must have been assigned for repossession with an authorized repossession agent; and
5. This coverage does not apply if your incurred loss ratio for the current 12 month period exceeds 50%.

**PORTFOLIO CONVERSION AND CONFISCATION COVERAGE (cont.)**  
**NY.334-1007-50**

**DEFINITIONS**

“Collateral” for the sole purpose of this endorsement means personal property eligible for placement under the collateral protection insurance program.

“Conversion” is defined as the event in which the borrower sells, trades, removes, misappropriates, conceals or disposes of the entire collateral without your consent.

“Confiscation” means the seizure of the collateral by a public official for the benefit or use of the State.

“Date of Loss” under this endorsement means the date we receive notice from you that all conditions precedent to a claim have been met.

“Earned Premium” means unearned premium at the beginning of the period, plus net written premium for the period, less unearned premium at the end of the period.

“Eligible for placement” means loans designated by you and submitted to us with an eligible collateral code for tracking.

“Incurred Loss Ratio” means the ratio that the total of the incurred losses bears to the total earned premium.

“Incurred Losses” means the total of all paid losses and the reserves for all reported losses and loss adjustment expense, plus the reserves for unreported loss and loss adjustment expense as computed by us, less salvage and subrogation.

This endorsement is attached to and forms a part of:

Lender's Policy Number \_\_\_\_\_ and is subject to all the terms and conditions of the policy not inconsistent hereto.

Issued to: \_\_\_\_\_

By: \_\_\_\_\_

Effective date of this endorsement: \_\_\_\_\_

\$ \_\_\_\_\_/loan/month

# SECURIAN CASUALTY COMPANY

## REPOSSESSION EXPENSE REIMBURSEMENT ENDORSEMENT

The Policy to which this endorsement is attached is hereby amended as follows:

**COVERAGE:** In the event an eligible collateral is repossessed by you and a Notice of Insurance is in force on the repossessed collateral at the time of repossession, and provided there is a covered loss under this Policy, we will reimburse you for the expense necessarily incurred in connection with taking possession of the collateral, including storage, towing, and a mechanic's lien.

The most we will pay will be \$\_\_\_\_\_ for the release of a mechanic's lien and \$\_\_\_\_\_ per loan for other covered expenses, not to exceed your deficiency balance.

### DEFINITIONS:

**MECHANIC'S LIEN** – is the legally enforceable right to payment for services performed on or to the insured collateral.

**DEFICIENCY BALANCE** – means the balance remaining on the loan, less deductions for unearned interest, unearned insurance charges, and any late charges or penalties added after the loan was made.

**ADDITIONAL CONDITION:** Claims under this coverage endorsement must be submitted to us within ninety (90) days of the expense or loss being incurred by you.

**ADDITIONAL EXCLUSION:** Reimbursement will not be made for expenses of a person employed by you or of an organization owned or operated by you.

**PREMIUM RATE:** \$\_\_\_\_\_ per Certificate in force per calendar quarter, commencing with the inception date of this Endorsement.

**TERMINATION:** COVERAGE UNDER THIS ENDORSEMENT IS TERMINATED CONCURRENT WITH THE TERMINATION OF THE POLICY TO WHICH IT IS ATTACHED.

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, conditions, or limitations of the Policy to which this endorsement is attached other than as stated above.

This endorsement is attached to and forms a part of:

Policy Number \_\_\_\_\_ and is subject to all the terms and conditions of the Policy not inconsistent hereto.

Issued to \_\_\_\_\_

By: **THE COMPANY INDICATED ABOVE**

Effective Date of this Endorsement \_\_\_\_\_ Endorsement Number \_\_\_\_\_

\_\_\_\_\_  
Countersigned at \_\_\_\_\_ Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_

**Securian Casualty Company**

APPLICATION FOR COLLATERAL PROTECTION INSURANCE

**PART I - APPLICANT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Current Number of Outstanding Loans: \_\_\_\_\_ Order-Up Program

Current or Previous C.P.I. Experience (Please provide information on the reverse side)

**PART II - COVERAGES REQUESTED**

- Automatic Coverage  ACV Settlement Option
- Waiver Amount \$ \_\_\_\_\_  Premium Deficiency Loss Ratio \_\_\_\_\_
- Conversion, Secretion and Confiscation – Basic
- Deductible \_\_\_\_\_ No. of Days to locate \_\_\_\_\_  Optional Cancellation (Pro-rata)
- Conversion, Secretion and Confiscation – Broad
- Deductible \_\_\_\_\_ No. of Days to locate \_\_\_\_\_  Amended Premium Refund (Standard LSI)
- Instrument Non-Filing (all loans)
- Repossession Expense Reimbursement \$500/Mechanics Lien \$750
- Repossession Expense Reimbursement \$1,000/Mechanics Lien \$2,000
- Repossessed Collateral Coverage (all loans)
- Deductible Options: Borrower \$ \_\_\_\_\_ Lender \$ \_\_\_\_\_

**PART III - INSURED COLLATERAL TYPES**

- Private Passenger Auto/Vans  Boats and Trailers
- Light Trucks  Motorcycles
- Commercial Trucks and Trailers  Airplanes (on a tie down)
- Mobilehomes \_\_\_\_\_
- Motor Homes and Recreational Vehicles (including Jet Skis and Snowmobiles)

**KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.**

**NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**

**OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

**THIS APPLICATION IS SUBJECT TO THE APPROVAL OF THE COMPANY AND NOTHING CONTAINED HEREIN SHALL BE BINDING UPON THE COMPANY UNLESS AND UNTIL THIS APPLICATION IS APPROVED AND ACCEPTED BY THE COMPANY. THE POLICY EFFECTIVE DATE WILL BE ASSIGNED BY THE COMPANY.**

\_\_\_\_\_  
Signature of Applicant Title Date

\_\_\_\_\_  
(Please Print Name) Requested Effective Date

GENERAL AGENT: \_\_\_\_\_

CODE NO.: \_\_\_\_\_ SUB CODE NO.: \_\_\_\_\_

(please complete reverse side)

**LENDER'S COLLATERAL LOAN PORTFOLIO PROFILE**

Please answer the following questions based upon the collateralized/secured portfolio only.

- 1. What percentage of your loan portfolio is: Direct \_\_\_\_\_ Indirect \_\_\_\_\_
- 2. If you make indirect loans, what percentage of the dealer paper you purchase would be rated:  
A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_
- 3. What percentage of your loans are for collateral that is: New \_\_\_\_\_ Used \_\_\_\_\_
- 4. What percentage of your loans have at least a 10% down payment? \_\_\_\_\_
- 5. What percentage of your loans have a zero down payment? \_\_\_\_\_
- 6. What is the average loan balance owing? \_\_\_\_\_ What is the average remaining loan term? \_\_\_\_\_
- 7. How many of your auto loans have an original loan term of:
- 8. Less than 60 months \_\_\_\_\_ 60 months \_\_\_\_\_ Greater than 60 months \_\_\_\_\_
- 9. What percentage of your loans are: Auto \_\_\_\_\_ Boat \_\_\_\_\_ RV \_\_\_\_\_ Mobilehome \_\_\_\_\_
- 10. What is your delinquency rate on: Direct loans \_\_\_\_\_ Indirect loans \_\_\_\_\_
- 11. What is your repossession rate on: Direct loans \_\_\_\_\_ Indirect loans \_\_\_\_\_
- 12. What is your percentage of unrecovered Skips? \_\_\_\_\_
- 13. How many new loans do you make in a year? \_\_\_\_\_
- 14. Loan officers average number of years of consumer lending experience \_\_\_\_\_
- 15. Who handles:  
Collections \_\_\_\_\_  
Repossessions \_\_\_\_\_
- 16. If applicant is a credit union, membership base is:  
community \_\_\_\_\_ employer \_\_\_\_\_ occupation \_\_\_\_\_ other \_\_\_\_\_  
(please specify)

---

**FOR AGENT/COMPANY USE ONLY**

Risk modification remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Risk modification factor \_\_\_\_\_ %

Signature \_\_\_\_\_ Date \_\_\_\_\_

<i>SERFF Tracking Number:</i>	<i>CHER-125887248</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Securian Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$75</i>
<i>Company Tracking Number:</i>	<i>CPI-END-002</i>		
<i>TOI:</i>	<i>28.0 Credit</i>	<i>Sub-TOI:</i>	<i>28.0002 Creditor-Placed Auto</i>
<i>Product Name:</i>	<i>CPI Endorsements 2</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: CHER-125887248

State: Arkansas

Filing Company: Securian Casualty Company

State Tracking Number: EFT \$75

Company Tracking Number: CPI-END-002

TOI: 28.0 Credit

Sub-TOI: 28.0002 Creditor-Placed Auto

Product Name: CPI Endorsements 2

Project Name/Number: /

## Supporting Document Schedules

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

**Review Status:**

Approved

11/18/2008

**Comments:**

**Attachment:**

AR 2nd Endorsements Transmittal.pdf

## Property &amp; Casualty Transmittal Document (Revised 1/1/06)

<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. Group Name</b>	Minnesota Mutual Group			<b>Group NAIC #</b>	0869
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>		
Securian Casualty Company	Minnesota	10054	41-1741988		

<b>5. Company Tracking Number</b>	CPI-END-002
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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
Laura Jones	VP Agency	(478) 314-3159 (800) 333-0404	(478) 757-1568	Laura.jones@cnlf.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Laura Jones		

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

<b>9. Type of Insurance (TOI)</b>	28 Credit
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	28.2002 Creditor Placed Auto
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	N/A
<b>12. Company Program Title (Marketing title)</b>	CPI
<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: 01/01/2009 Renewal:
<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>	November 18, 2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b> This filing transmittal is part of Company Tracking #	CPI-END-002
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<b>21.</b> 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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November 18, 2008

Arkansas Insurance Department  
1200 West Third St.  
Little Rock, AR 72201

Attention: Property and Casualty Division

Re: Collateral Protection Insurance – Coverage Endorsements  
Filing Identification Number: CPI-END-002

Form Number Form Description  
08-50532 Premium Deficiency with Loss and Loss Ratios  
08-50533 Skip with Flexible Location Dates  
08-50534 Repossession Expense with Loss  
08-50535 Repo Expense Combined Cap  
05-50536 Blanket Skip

These forms are being filed to be used with our Collateral Protection Insurance product, which was approved by the State of Arkansas on 08/28/2007. The SERFF tracking number for that filing is CHER-125273609

These endorsements are designed to offer greater flexibility within our Collateral Protection Insurance program.

If you need additional information, please contact Matt Rushing who is the Analyst for this filing project. Matt may be contacted by email at [matt.rushing@cnlf.com](mailto:matt.rushing@cnlf.com); by fax at 651-665-7364; or by telephone at 478-314-3197.

Sincerely,

Terry A. McClellan  
Vice President

**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:**

**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>	CPI-END-002			
<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	Premium Deficiency with Loss and Loss Ratios	08-50532	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Skip with Flexible location dates	08-50533	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Repossession Expense with Loss	08-50534	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Repossession Expense Combined Cap	08-50435	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Blanket Skip	08-50536	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Application for Collateral Protection Insurance	06-50552	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	06-50552	

PC FFS-1

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