

SERFF Tracking Number: PMGP-125936067 State: Arkansas  
Filing Company: PMI Mortgage Insurance Co State Tracking Number: EFT \$50  
Company Tracking Number: 017.08(A) PMI  
TOI: 06.0 Mortgage Guaranty Sub-TOI: 06.0000 MG Sub-TOI Combinations  
Product Name: 017.08(a) PMI - Correction (typo) of Revised Instant Refinance Program Application  
Project Name/Number: 017.08(a) PMI - Correction (typo) of Revised Instant Refinance Program Application /017.08(a) PMI

## Filing at a Glance

Company: PMI Mortgage Insurance Co

Product Name: 017.08(a) PMI - Correction (typo) of Revised Instant Refinance Program Application  
SERFF Tr Num: PMGP-125936067 State: Arkansas

TOI: 06.0 Mortgage Guaranty

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 06.0000 MG Sub-TOI Combinations

Co Tr Num: 017.08(A) PMI

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins

Author: Barbara Coronado

Disposition Date: 12/08/2008

Date Submitted: 12/08/2008

Disposition Status: Approved

Effective Date Requested (New): 12/29/2008

Effective Date (New): 12/29/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: 017.08(a) PMI - Correction (typo) of Revised Instant Refinance Program Application

Status of Filing in Domicile: Authorized

Project Number: 017.08(a) PMI

Domicile Status Comments: AZ is a No Filing Required State

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/08/2008

State Status Changed: 12/08/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Enclosed is PMI Mortgage Insurance Co.'s ("PMI") corrected Instant Refinance Program application for filing with the Insurance Department. This form was filed on November 25, 2008 and approved. Unfortunately, after the filing was closed we discovered a typo on the document and needed to resubmit this application. The original company filing 017.08 PMI had a requested effective date of December 29, 2008. Since the filing was already closed, please accept

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this document as its replacement.

We request the same effective date as the original filing. Should you have any questions or need additional information, please contact me at 800-288-1970, extension 6211.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - PMIG01)

Barbara Coronado, Sr. Legal Services Assistant barbara.coronado@pmigroup.com

3003 Oak Road (800) 288-1970 [Phone]

Walnut Creek, CA 94597 (925) 658-6175[FAX]

### Filing Company Information

PMI Mortgage Insurance Co

CoCode: 27251

State of Domicile: Arizona

3003 Oak Road

Group Code: 1135

Company Type: Mortgage Guaranty

Walnut Creek, CA 94597

Group Name: The PMI Group, Inc. State ID Number:

(800) 288-1970 ext. [Phone]

FEIN Number: 94-2208266

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## Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: Resumbittal of previously approved application form

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
PMI Mortgage Insurance Co	\$50.00	12/08/2008	24388273

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/08/2008	12/08/2008

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## **Disposition**

Disposition Date: 12/08/2008

Effective Date (New): 12/29/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<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>	Instant Refinance Program Application	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Instant Refinance Program Application	UW 2700 (12/08)	(12/08)	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 UW 2700 (12/08) Previous Filing #: Previous Company Filing #017.08 PMI		UW2700_1208.pdf



# Instant Refinance (Streamlined) Program

The Instant Refinance (Streamlined) Program is for those loans that are currently insured by PMI.  
Refer to PMI's web site at [www.pmi-us.com](http://www.pmi-us.com) for program requirements.

PMI Master Policy #: \_\_\_\_\_

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

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

**Fax to a PMI Regional Operations Center:**

**Dallas, TX                      866.649.9634**  
**Downers Grove, IL        888.444.9792**

**CONTACT INFORMATION:**

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

Phone#: (\_\_\_\_\_) \_\_\_\_\_

Fax#: (\_\_\_\_\_) \_\_\_\_\_

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

Current PMI Certificate#: \_\_\_\_\_

Customer Loan#: \_\_\_\_\_

BORROWER NAME(S): \_\_\_\_\_

SUBJECT PROPERTY ADDRESS: \_\_\_\_\_

**Provide the terms of the refinance that apply:**

**Loan Terms:**

Loan Amount: \$ \_\_\_\_\_

Premium Financed: \$ \_\_\_\_\_

Total Loan Amount: \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_%

Loan Type:  Fixed    ARM    Other

Subordinate Financing: \$ \_\_\_\_\_

Loan Term: \_\_\_\_\_ months

Amortization Term: \_\_\_\_\_ months

**Adjustable Rate/Adjustable Payment Data**

Initial Payment Rate: \_\_\_\_\_%

ARM 1st/Next Interest Rate Adj. \_\_\_\_\_ / \_\_\_\_\_ months

ARM 1st/Next Interest Rate Cap: \_\_\_\_\_ / \_\_\_\_\_ %

**Temporary Buydown Information:**

1-0%             2-1%

3-2-1%         Other \_\_\_\_\_

Frequency of Buydown Adjustments: \_\_\_\_\_ months

**MORTGAGE INSURANCE COVERAGE:**

Coverage: \_\_\_\_\_%

Renewal Type:  Constant    Amortizing

Premium Financed:  Yes    No

**Payment Plan:**

pmiNU MONTHLY<sup>SM</sup>                       MONTHLY

Super Single<sup>SM</sup> - Refundable         Level Annual

Super Single<sup>SM</sup> - Non Refundable

Customer represents that all the information provided in this application is correct and complete and conforms to applicable PMI program requirements in effect at the time of application. 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 may be subject to criminal or civil penalties. **(A fraudulent insurance act is a crime in the District of Columbia, Kentucky and New Mexico.) (In Maine, criminal penalties may include imprisonment, fines, or denial of insurance benefits.)**

SIGNATURE OF CUSTOMER'S AUTHORIZED REPRESENTATIVE, TITLE

DATE



## Instant Refinance (Streamlined) Program

PMI will consider insuring the new loan without implementing the Distressed Markets Policy or other underwriting guideline changes, if the loan being refinanced is currently insured with PMI and the refinance improves the borrower's and PMI's position. The loan must be submitted to the Regional Operations Center (ROC) for review and approval if current guidelines are not met.

**REQUIRED DOCUMENTATION:**

- PMI Application for Insurance
- Residential Loan Application and Transmittal Summary with income and assets disclosed in the original loan file.
- A minimum 12-month payment history
- The original appraised value must be provided. The lender represents that the property value has not declined since the appraisal date.

**FAX TO A PMI REGIONAL OPERATIONS CENTER**

Dallas, TX	866.649.9634
Downers Grove, IL	888.444.9792

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## **Rate Information**

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	12/08/2008
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**Comments:**

**Attachment:**

20081208104955966.pdf

**Property & Casualty Transmittal Document**

**Reset Form**

**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:

New Business	
Renewal Business	

f. State Filing #:

g. SERFF Filing #:

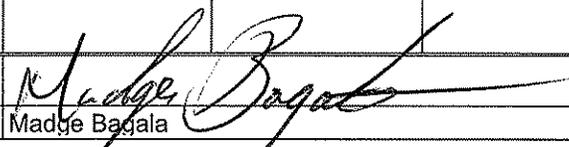
h. Subject Codes

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

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
PMI Mortgage Insurance Co.	Arizona	27251	94-2208266	

<b>5. Company Tracking Number</b>	017.08(a) PMI
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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
Madge Bagala 3003 Oak Road, Walnut Creek, CA 94597	Director, Legal Operations	800-288-1970, ext. 6211	925-658-6175	madge.bagala@pmigroup.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Madge Bagala		

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

9. Type of Insurance (TOI)	06.0 Mortgage Guaranty
10. Sub-Type of Insurance (Sub-TOI)	06.0001 Fixed Rate MG
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	Correction (typo) of the Revised Instant Refinance Prg App
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: 12/29/2008    Renewal:
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	12/8/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # 017.08(a) PMI

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

Enclosed is PMI Mortgage Insurance Co.'s ("PMI") corrected Instant Refinance Program application for filing with the Insurance Department. This form was filed on November 25, 2008 and approved. Unfortunately, after the filing was closed we discovered a typo on the document and needed to resubmit this application. The original company filing 017.08 PMI had a requested effective date of December 29, 2008. Since the filing was already closed, please accept this document as its replacement.

We request the same effective date as the original filing. Should you have any questions or need additional information, please contact me at 800-288-1970, extension 6211.

[View Complete Filing Description](#)

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.)

## 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>	017.08(a) PMI			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	n/a			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form #</b> Include edition date	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number,</b> if required by state
01	Instant Refinance Program Application	UW 2700 (12/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	UW 2700 (12/08)	
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