

SERFF Tracking Number: AEGM-125593284 State: Arkansas
 Filing Company: Stonebridge Casualty Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number:
 TOI: 33.0 Other Lines of Business Sub-TOI: 33.0001 Other Personal Lines
 Product Name: GGA285
 Project Name/Number: /

Filing at a Glance

Company: Stonebridge Casualty Insurance Company

Product Name: GGA285	SERFF Tr Num: AEGM-125593284	State: Arkansas
TOI: 33.0 Other Lines of Business	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 33.0001 Other Personal Lines	Co Tr Num:	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: Cindy Hammonds	Disposition Date: 04/29/2008
	Date Submitted: 04/03/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New):
Effective Date Requested (Renewal):		Effective Date (Renewal):

State Filing Description:
 re-assigned to ER on 4/9;

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 04/29/2008	
State Status Changed: 04/09/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
<p>On February 8, 2008, your department approved a filing consisting of numerous forms including Enrollment Forms GGA285 and GGA286. I accidently forgot to also include GGA285AR and GGA286AR. Please find attached these additional two forms.</p>	

Company and Contact

SERFF Tracking Number: AEGM-125593284 State: Arkansas
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 Product Name: GGA285
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Filing Contact Information

Cindy Hammonds, Sr. Contract Analyst chammon1@aegonusa.com
 2700 W. Plano Pky. (972) 881-6783 [Phone]
 Plano, TX 75075 (972) 881-4097[FAX]

Filing Company Information

Stonebridge Casualty Insurance Company	CoCode: 10952	State of Domicile: Ohio
2700 West Plano Parkway	Group Code: 468	Company Type: Casualty
Plano, TX 75075	Group Name:	State ID Number:
(972) 881-6973 ext. [Phone]	FEIN Number: 31-4423946	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Casualty Insurance Company	\$50.00	04/03/2008	19251078

SERFF Tracking Number: AEGM-125593284 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	04/29/2008	04/29/2008

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Product Name: GGA285
Project Name/Number: /

Disposition

Disposition Date: 04/29/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGM-125593284 State: Arkansas
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 Company Tracking Number:
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Enrollment Form	Approved	Yes
Form	Enrollment Form	Approved	Yes

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 Company Tracking Number:
 TOI: 33.0 Other Lines of Business Sub-TOI: 33.0001 Other Personal Lines
 Product Name: GGA285
 Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Enrollment Form	GGA285A	R	Application/ New Binder/Enrollment			GGA285AR - Fraud only.pdf
Approved	Enrollment Form	GGA286A	R	Application/ New Binder/Enrollment			GGA286AR - Fraud only.pdf

ENROLLMENT FORM

Yes! Please enroll me and my spouse (if selected) in the [cash benefit insurance plan.]

[AF301] **Applicant** [67C01/ADB]

[AF301] **Spouse** [67C01/ADB]

[Full Name]

[Full Name]

[Address]

[Address]

[City/State/ZIP]

[City/State/ZIP]

()

()

[Telephone]

[Telephone]

____ / ____ / ____ [Male] [Female]
[MO DAY YR]
[Date of Birth]

____ / ____ / ____ [Male] [Female]
[MO DAY YR]
[Date of Birth]

[Will this coverage replace, discontinue, or change an existing policy or contract? Yes No]

[Will this coverage replace, discontinue, or change an existing policy or contract? Yes No]

I understand that in order to enroll for this coverage, I must be [a Wells Fargo N.A. Accountholder age 18-64 and residing in a state in which this coverage may legally be offered. The first two months' coverage will be provided at no cost to me and] I may discontinue my coverage at any time. [I also understand that this coverage terminates automatically when I reach age 71.] My coverage will become effective on the date stated on my Certificate Schedule Page.

[By signing below I certify that I am not currently eligible for Medicare.]

Any person who, with intent to defraud or knowing that he/she 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.

[Beneficiary Designation for each applicant: Unless specified below, any other benefit will be paid to your then-living, lawful spouse; otherwise equally to your then-living lawful children; if any; otherwise equally to your then-living lawful parents or parent; otherwise equally to your then-living lawful brothers and sisters; otherwise to your estate.]

X
Applicant's Signature Date

X
Spouse's Signature Date

GGA285AR

For Company Use Only
Licensed Agent

ENROLLMENT FORM

Yes! Please enroll me and my spouse (if selected) in the [cash benefit insurance plan.]

[AF301] **Applicant** [67C01/ADB]

[AF301] **Spouse** [67C01/ADB]

[Full Name]

[Full Name]

[Address]

[Address]

[City/State/ZIP]

[City/State/ZIP]

()

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[Telephone]

[Telephone]

____ / ____ / ____ [Male Female]
[MO] [DAY] [YR]
[Date of Birth]

____ / ____ / ____ [Male Female]
[MO] [DAY] [YR]
[Date of Birth]

[Will this coverage replace, discontinue, or change an existing policy or contract? Yes No]

[Will this coverage replace, discontinue, or change an existing policy or contract? Yes No]

I understand that in order to enroll for this coverage, I must be [a Wells Fargo N.A. Accountholder age 18-64 and residing in a state in which this coverage may legally be offered. The first two months' coverage will be provided at no cost to me and] I may discontinue my coverage at any time. [I also understand that this coverage terminates automatically when I reach age 71.] My coverage will become effective on the date stated on my Certificate Schedule Page.

[By signing below I certify that I am currently eligible to receive Medicare benefits and have received the special notice regarding this product and Medicare benefits.]

Any person who, with intent to defraud or knowing that he/she 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.

[Beneficiary Designation for each applicant: Unless specified below, any other benefit will be paid to your then-living, lawful spouse; otherwise equally to your then-living lawful children; if any; otherwise equally to your then-living lawful parents or parent; otherwise equally to your then-living lawful brothers and sisters; otherwise to your estate.]

X
Applicant's Signature _____ Date _____

X
Spouse's Signature _____ Date _____

GGA286AR

For Company Use Only
Licensed Agent

SERFF Tracking Number: *AEGM-125593284* *State:* *Arkansas*
Filing Company: *Stonebridge Casualty Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number:
TOI: *33.0 Other Lines of Business* *Sub-TOI:* *33.0001 Other Personal Lines*
Product Name: *GGA285*
Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

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Company Tracking Number:
TOI: 33.0 Other Lines of Business Sub-TOI: 33.0001 Other Personal Lines
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 04/29/2008

Comments:

Attachment:

AR Casualty NAIC-GGA285.pdf

Property & Casualty Transmittal Document

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: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; 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					

3. Group Name	Group NAIC #
	468

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Stonebridge Casualty Insurance Co.	Ohio	10952	31-4423946	

5. Company Tracking Number	
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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
	Cindy Hammonds 2700 W. Plano Pkwy, Plano, TX 75075	Sr. Contract Analyst	877-527-6444 ext 6783	972-881-4097	Chammon1@aegonus a.com

7. Signature of authorized filer	<i>Cindy Hammonds</i>
8. Please print name of authorized filer	Cindy Hammonds

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

9. Type of Insurance (TOI)	33.0 Other Lines of Business
10. Sub-Type of Insurance (Sub-TOI)	33.001 Other Personal Lines
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Cash Benefit
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: Upon approval Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<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 #****21. Filing Description** [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

On February 8, 2008, your department approved a filing consisting of numerous forms including Enrollment Forms GGA285 and GGA286. I accidentally forgot to also include GGA285AR and GGA286AR. Please find attached these additional two forms

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.)**