

SERFF Tracking Number: CHER-125562239 State: Arkansas
Filing Company: Securian Casualty Company State Tracking Number: #? \$50
Company Tracking Number:
TOI: 28.0 Credit Sub-TOI: 28.0002 Creditor-Placed Auto
Product Name: Declarations Page
Project Name/Number: /

Filing at a Glance

Company: Securian Casualty Company
Product Name: Declarations Page
TOI: 28.0 Credit
Sub-TOI: 28.0002 Creditor-Placed Auto
Filing Type: Form

SERFF Tr Num: CHER-125562239 State: Arkansas
SERFF Status: Closed State Tr Num: #? \$50
Co Tr Num: State Status: Fees pending
Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Author: Laura Jones Disposition Date: 04/16/2008
Date Submitted: 03/26/2008 Disposition Status: Approved
Effective Date (New): 04/01/2008
Effective Date Requested (New): On Approval
Effective Date Requested (Renewal): On Approval
Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 04/16/2008
State Status Changed: 04/16/2008 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

This filing is an addition to filing number AR-PC-07-025907 which was approved by the Arizona Department of Insurance on 8/28/2008. This filing is the Declarations Page to be used with the previously approved filing. We are not altering the previously approved forms in any way. Should you have any questions concerning this filing, you may contact Matt Rushing who is the Filing Analyst for this project. Matt may be contacted at (478) 314-3197 or via electronic mail at matt.rushing@cnlf.com.

Company and Contact

SERFF Tracking Number: CHER-125562239 State: Arkansas
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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? No
Retaliatory? No
Fee Explanation:
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/16/2008	04/16/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Form Filing Fee	Note To Reviewer	Laura Jones	04/16/2008	04/16/2008
Form filing fee	Note To Filer	Llyweyia Rawlins	04/14/2008	04/14/2008

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Disposition

Disposition Date: 04/16/2008

Effective Date (New): 04/01/2008

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: *CHER-125562239* State: *Arkansas*
 Filing Company: *Securian Casualty Company* State Tracking Number: *#? \$50*
 Company Tracking Number:
 TOI: *28.0 Credit* Sub-TOI: *28.0002 Creditor-Placed Auto*
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Declarations Page	Approved	Yes

SERFF Tracking Number: *CHER-125562239* *State:* *Arkansas*
Filing Company: *Securian Casualty Company* *State Tracking Number:* *#? \$50*
Company Tracking Number:
TOI: *28.0 Credit* *Sub-TOI:* *28.0002 Creditor-Placed Auto*
Product Name: *Declarations Page*
Project Name/Number: */*

Note To Reviewer

Created By:

Laura Jones on 04/16/2008 11:32 AM

Subject:

Form Filing Fee

Comments:

Ms Rawlins: We have requested the \$50 check be issued. It should be put in the mail on Friday, April 18th with the SERFF tracking number. Please let us know if you need anything additional.

Matt Rushing

SERFF Tracking Number: *CHER-125562239* *State:* *Arkansas*
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Company Tracking Number:
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Product Name: *Declarations Page*
Project Name/Number: */*

Note To Filer

Created By:

Llyweyia Rawlins on 04/14/2008 12:13 PM

Subject:

Form filing fee

Comments:

Hello Matt

For the state of Arkansas there is a \$50 form filing fee that is due.

When can I expect to receive your payment? Once I receive your payment I can finish reviewing your filing.

Thank You

Llyweyia Rawlins

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Declarations Page	07-50488		Declaration New s/Schedule			07-50488 SCC CPI Declarations Page.pdf

COLLATERAL PROTECTION POLICY
SECURIAN CASUALTY COMPANY

400 Robert Street North, Saint Paul, Minnesota 55101-2098

DECLARATIONS:

POLICY NUMBER:

Item 1. INSURED LENDER:

Agent:

Street:

Street:

City, State, Zip:

City, State, Zip:

Item 2. POLICY PERIOD

FROM:	TO:
Month Day Year	Month Day Year
	until cancelled

12:01 A.M.

standard time at the address of the Named Insured.

Item 3. COVERAGE-PHYSICAL DAMAGE AND THEFT

A deductible of \$ will apply to each loss except when the collateral is repossessed. All individual Notices of Insurance issued under the Policy will identify the collateral insured, contract balance or the value assigned to the collateral, and the premium charged. Premium will be charged in accordance with the rate schedule attached to the Policy.

Item 4. ELIGIBLE COLLATERAL AND MAXIMUM LIMIT OF LIABILITY.

Types of collateral not specifically listed on the attached Eligible Collateral Endorsement or collateral on loans which exceed the Maximum Limit of Liability shown on the attached Eligible Collateral Endorsement are not eligible for coverage.

Item 5. ENDORSEMENTS attached to Policy at issue:

Item 6. PREMIUM REFUNDS:

THIS POLICY DOES NOT AFFORD PROTECTION AGAINST BODILY INJURY OR PROPERTY DAMAGE LIABILITY, NOR DOES IT PROVIDE PERSONAL INJURY PROTECTION BENEFITS, AND WILL NOT FULFILL THE REQUIREMENTS OF ANY FINANCIAL RESPONSIBILITY OR NO-FAULT LAW.
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COVERAGE UNDER THE POLICY DOES NOT PROTECT THE EQUITY OF THE BORROWER IN THE EVENT OF A TOTAL LOSS TO OR A REPOSSESSION OF THE INSURED COLLATERAL

Countersigned at

Date

Authorized Signature

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

04/16/2008

Comments:

Attachment:

AR CPI Dec Page Transmittal.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

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					
3. Group Name					Group NAIC #
Minnesota Mutual Group					0869
4. Company Name(s)		Domicile	NAIC #	FEIN #	
Securian Casualty Company		Minnesota	10054	41-1741988	
5. Company Tracking Number		CPI-AR-DEC			
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)					
9. Type of Insurance (TOI)		28 Credit			
10. Sub-Type of Insurance (Sub-TOI)		28.2002 Creditor Placed Auto			
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]		N/A			
12. Company Program Title (Marketing title)		CPI			
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: 4/1/2008	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		March 26, 2008			
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 #	CPI-AR-DEC
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21.	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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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]
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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.)**

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.)

1.	This filing transmittal is part of Company Tracking #	CPI-AR-DEC			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	CPI-AR-DEC			
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	Declarations Page	07-50488	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

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