

SERFF Tracking Number: ITIC-125596813 State: Arkansas
Filing Company: Investors Title Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: R08-19AR
TOI: 34.0 Title Sub-TOI: 34.0000 Title
Product Name: CPL
Project Name/Number: /

Filing at a Glance

Company: Investors Title Insurance Company

Product Name: CPL

TOI: 34.0 Title

Sub-TOI: 34.0000 Title

Filing Type: Rate

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal):

State Filing Description:

SERFF Tr Num: ITIC-125596813

SERFF Status: Closed

Co Tr Num: R08-19AR

Co Status: In Progress

Author: Eva Searle

Date Submitted: 04/15/2008

State: Arkansas

State Tr Num: EFT \$25

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Brittany Yielding, Sarah Harper

Disposition Date: 04/21/2008

Disposition Status: Approved

Effective Date (New): 04/21/2008

Effective Date (Renewal):

04/21/2008

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 04/21/2008

State Status Changed: 04/21/2008

Corresponding Filing Tracking Number:

Filing Description:

In order to comply with ACA § 23-103-405, we are submitting herein our fee for issuance of a Closing Protection Letter for approval.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

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Eva Searle, Product Specialist
PO Drawer 2687
Chapel Hill, NC 27515-2687
esearle@invtitle.com
(919) 945-2552 [Phone]
(919) 968-2224[FAX]

Filing Company Information

Investors Title Insurance Company
121 N. Columbia Street
Chapel Hill, NC 27514
(800) 326-4842 ext. [Phone]
CoCode: 50369
Group Code: 627
Group Name:
FEIN Number: 56-0997685
State of Domicile: North Carolina
Company Type:
State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Investors Title Insurance Company	\$25.00	04/15/2008	19574185

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Sarah Harper	04/21/2008	04/21/2008

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Disposition

Disposition Date: 04/21/2008

Effective Date (New): 04/21/2008

Effective Date (Renewal): 04/21/2008

Status: Approved

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:
Investors Title Insurance Company	0.000%	\$0	0	\$	%	%	0.000%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Property & Casualty Trasmittal Document	Approved	Yes
Rate	Closing Protection Coverage	Approved	Yes

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Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: Neutral
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

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):
Investors Title Insurance Company	0.000%	0.000%	\$0	0		%	%

<i>SERFF Tracking Number:</i>	<i>ITIC-125596813</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Investors Title Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>R08-19AR</i>		
<i>TOI:</i>	<i>34.0 Title</i>	<i>Sub-TOI:</i>	<i>34.0000 Title</i>
<i>Product Name:</i>	<i>CPL</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Closing Protection Coverage	CPC rate	New	AR - CPC rate.pdf

CLOSING PROTECTION COVERAGE

The coverage provided by a Closing Protection Letter is limited to a specific residential real estate transaction. The fee for the issuance of a Closing Protection Letter indemnifying a seller, lessee, or purchaser of an interest in land, a borrower, or a lender secured by a mortgage, including any other security instrument, of an interest in land shall be \$25. The entire rate for the Closing Protection Letter shall be retained by the Insurer.

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Supporting Document Schedules

Satisfied -Name: Property & Casualty Trasmittal
Document

Review Status:

Approved

04/21/2008

Comments:

Attachment:

PC Transmittal doc.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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

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

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input 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)
14. Effective Date(s) Requested	New: <input type="text"/> Renewal: <input type="text"/>
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 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 #	
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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

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.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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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)

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

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
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	