

SERFF Tracking Number: ARAG-125647436 State: Arkansas  
Filing Company: ARAG Insurance Company State Tracking Number: #24020 \$50  
Company Tracking Number: 03-PULTIMATE 1/03  
TOI: 33.0 Other Lines of Business Sub-TOI: 33.0001 Other Personal Lines  
Product Name: 03-PULTIMATE FORM JF  
Project Name/Number: /

## Filing at a Glance

Company: ARAG Insurance Company  
Product Name: 03-PULTIMATE FORM JF SERFF Tr Num: ARAG-125647436 State: Arkansas  
TOI: 33.0 Other Lines of Business SERFF Status: Closed State Tr Num: #24020 \$50  
Sub-TOI: 33.0001 Other Personal Lines Co Tr Num: 03-PULTIMATE 1/03 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding  
Author: Jane Fors Disposition Date: 05/29/2008  
Date Submitted: 05/27/2008 Disposition Status: Approved  
Effective Date Requested (New): On Approval Effective Date (New):  
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):  
State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Authorized  
Project Number: Domicile Status Comments: Approved 5/15/08  
Reference Organization: N/A Reference Number: N/A  
Reference Title: N/A Advisory Org. Circular: N/A  
Filing Status Changed: 05/29/2008  
State Status Changed: 05/29/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
Enclosed please find a form filing for our Ultimate Legal Plan (03-PULTIMATE 1/03). The purpose of this filing is to replace the certificate endorsement for Major Trial (CUTRIAL 1/03) with the attached Major Trial (CUTRIAL 4/08) certificate endorsement. This certificate endorsement was updated to clarify that action sparking coverage under major trial is already a covered matter under the certificate when using a Network Attorney and that the major trial coverage is only an extension of further protection. This filing does not replace any of our existing filings.

In this regard, we are submitting the following documentation to process our filing:

|                                 |                                     |                               |                                     |
|---------------------------------|-------------------------------------|-------------------------------|-------------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>ARAG-125647436</i>               | <i>State:</i>                 | <i>Arkansas</i>                     |
| <i>Filing Company:</i>          | <i>ARAG Insurance Company</i>       | <i>State Tracking Number:</i> | <i>#24020 \$50</i>                  |
| <i>Company Tracking Number:</i> | <i>03-PULTIMATE 1/03</i>            |                               |                                     |
| <i>TOI:</i>                     | <i>33.0 Other Lines of Business</i> | <i>Sub-TOI:</i>               | <i>33.0001 Other Personal Lines</i> |
| <i>Product Name:</i>            | <i>03-PULTIMATE FORM JF</i>         |                               |                                     |
| <i>Project Name/Number:</i>     | <i>/</i>                            |                               |                                     |

Certificate Endorsement - CUTRIAL 4/08 Major Trial  
Side-By-Side Comparison

An effective date upon approval is requested.

## Company and Contact

### Filing Contact Information

Jane Fors, Compliance Associate  
400 Locust Street  
Des Moines, IA 50309

Jane.Fors@ARAGgroup.com  
(800) 888-4184 [Phone]  
(515) 246-8710[FAX]

### Filing Company Information

ARAG Insurance Company  
400 Locust Street

CoCode: 34738  
Group Code:

State of Domicile: Iowa  
Company Type: Property and  
Casualty

Suite 480  
Des Moines, IA 50309  
(800) 888-4184 ext. 221[Phone]

Group Name:  
FEIN Number: 42-1338303  
-----

State ID Number: 2731

## Filing Fees

|                  |                         |
|------------------|-------------------------|
| Fee Required?    | Yes                     |
| Fee Amount:      | \$50.00                 |
| Retaliatory?     | No                      |
| Fee Explanation: | \$50.00 PER ENDORSEMENT |
| Per Company:     | No                      |

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 024020       | \$50.00      | 05/22/2008 |
|              | \$0.00       |            |

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## Correspondence Summary

### Dispositions

| Status   | Created By    | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Edith Roberts | 05/29/2008 | 05/29/2008     |

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Project Name/Number: /

## Disposition

Disposition Date: 05/29/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARAG-125647436 State: Arkansas  
 Filing Company: ARAG Insurance Company State Tracking Number: #24020 \$50  
 Company Tracking Number: 03-PULTIMATE 1/03  
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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>Supporting Document</b> | Side by Side Comparison                          | Approved           | Yes                  |
| <b>Form</b>                | Major Trial                                      | Approved           | Yes                  |

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 Project Name/Number: /

## Form Schedule

| Review Status | Form Name   | Form #  | Edition Date | Form Type                        | Action   | Action Specific Data  | Readability | Attachment                   |
|---------------|-------------|---------|--------------|----------------------------------|----------|---|-------------|------------------------------|
| Approved      | Major Trial | CUTRIAL | 4/08         | Endorsement/Amendment/Conditions | Replaced | Replaced Form #: CUTRIAL 1/03<br>Previous Filing #: 03-PULTIMATE 1/03 |             | CUTRIAL 4-08 Major Trial.pdf |

**Major Trial**

Representation at *trial* beginning on the 4th day of *trial* (\$[400] per 1/2 day of *trial* time) in covered court proceedings for which *indemnity benefits* are being provided

(CUTRIAL 4/08)

|  | <u>Network Attorney</u>             | <u>Non-Network<br/>Attorney<br/>(Indemnity Benefit)</u> |
|--|-------------------------------------|---|
|  | Included Within<br>Covered Benefits | [\$100,000]***  |

*SERFF Tracking Number:* ARAG-125647436

*State:* Arkansas

*Filing Company:* ARAG Insurance Company

*State Tracking Number:* #24020 \$50

*Company Tracking Number:* 03-PULTIMATE 1/03

*TOI:* 33.0 Other Lines of Business

*Sub-TOI:* 33.0001 Other Personal Lines

*Product Name:* 03-PULTIMATE FORM JF

*Project Name/Number:* /

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 05/29/2008

**Comments:**

Please see attached transmittal

**Attachment:**

industry\_rates\_PCtransDoc\_intelligent.pdf2.pdf

**Satisfied -Name:** Side by Side Comparison **Review Status:** Approved 05/29/2008

**Comments:**

Please see attachment

**Attachment:**

UA Major Trial Certificate Endorsement Side-By-Side Comparison.pdf

## Property & Casualty Transmittal Document

|   |   |
|---|---|
| <b>1. Reserved for Insurance Dept. Use Only</b> | <b>2. Insurance Department Use only</b><br>a. Date the filing is received:<br>b. Analyst:<br>c. Disposition:<br>d. Date of disposition of the filing:<br>e. Effective date of filing:<br>New Business<br>Renewal Business<br>f. State Filing #:<br>g. SERFF Filing #:<br>h. Subject Codes |
|---|---|

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

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

|                                   |  |
|-----------------------------------|--|
| <b>5. Company Tracking Number</b> |  |
|-----------------------------------|--|

**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<br><input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><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 #

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

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.)

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.)

|           |  |  |
|-----------|--|--|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b> |  |
|-----------|--|--|

|           |   |  |
|-----------|---|--|
| <b>2.</b> | <b>This filing corresponds to rate/rule filing number</b><br>(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        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 02        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 03        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 04        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 05        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 06        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 07        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 08        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 09        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 10        |  |                                    | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |

PC FFS-1

## 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.)**

|           |  |  |
|-----------|--|--|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b> |  |
|-----------|--|--|

|           |   |  |
|-----------|---|--|
| <b>2.</b> | <b>This filing corresponds to form filing number</b><br>(Company tracking number of form filing, if applicable) |  |
|-----------|---|--|

Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

|           |  |  |
|-----------|--|--|
| <b>3.</b> | <b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b> |  |
|-----------|--|--|

|            |   |
|------------|---|
| <b>4a.</b> | <b>Rate Change by Company (As Proposed)</b> |
|------------|---|

| 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) |
|--------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
|              |  |                       |   |  |                                  |                                   |                                   |
|              |  |                       |   |  |                                  |                                   |                                   |

|            |  |
|------------|--|
| <b>4b.</b> | <b>Rate Change by Company (As Accepted) For State Use Only</b> |
|------------|--|

| 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 |
|--------------|--|-----------------------|---|--|----------------------------------|------------------|------------------|
|              |  |                       |   |  |                                  |                  |                  |
|              |  |                       |   |  |                                  |                  |                  |

|           |  |
|-----------|--|
| <b>5.</b> | <b>Overall Rate Information (Complete for Multiple Company Filings only)</b> |
|-----------|--|

|           |   | COMPANY USE | STATE USE |
|-----------|---|-------------|-----------|
| <b>5a</b> | Overall percentage rate indication (when applicable)            |             |           |
| <b>5b</b> | Overall percentage rate impact for this filing                  |             |           |
| <b>5c</b> | Effect of Rate Filing – Written premium change for this program |             |           |
| <b>5d</b> | Effect of Rate Filing – Number of policyholders affected        |             |           |

|           |  |  |
|-----------|--|--|
| <b>6.</b> | Overall percentage of last rate revision |  |
|-----------|--|--|

|           |                                      |  |
|-----------|--------------------------------------|--|
| <b>7.</b> | Effective Date of last rate revision |  |
|-----------|--------------------------------------|--|

|           |   |  |
|-----------|---|--|
| <b>8.</b> | Filing Method of Last filing<br>(Prior Approval, File & Use, Flex Band, etc.) |  |
|-----------|---|--|

| 9. | Rule # or Page # Submitted for Review | Replacement or withdrawn?  | Previous state filing number, if required by state |
|----|---------------------------------------|--|--|
| 01 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |
| 02 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |
| 03 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |

**Major Trial (CUTRIAL 1/03) Certificate Language**

**Major Trial (CUTRIAL 4/08) Certificate Language**

**Broaden/Restricts/  
Clarifies Language**

|  | Network<br>Attorney | Non-Network<br>Attorney |  | Network<br>Attorney                       | Non-Network<br>Attorney |           |
|--|---------------------|-------------------------|--|---|-------------------------|-----------|
| Representation at <i>trial</i> beginning on the 4th day of <i>trial</i> (\$[400] per 1/2 day of <i>trial</i> time) in covered court proceedings for which <i>indemnity benefits</i> are being provided | [\$100,000]***      | [\$100,000]***          | Representation at <i>trial</i> beginning on the 4th day of <i>trial</i> (\$[400] per 1/2 day of <i>trial</i> time) in covered court proceedings for which <i>indemnity benefits</i> are being provided | Included<br>Within<br>Covered<br>Benefits | [\$100,000]***          | Clarifies |