

SERFF Tracking Number: AEX-125727992 State: Arkansas
Filing Company: Stonebridge Casualty Insurance Company State Tracking Number: #7210031100 \$50
Company Tracking Number: OC AR0003823F02
TOI: 33.0 Other Lines of Business Sub-TOI: 33.0001 Other Personal Lines
Product Name: Other Personal Liability
Project Name/Number: Other Personal Liability/OC AR0003823F02

Filing at a Glance

Company: Stonebridge Casualty Insurance Company

Product Name: Other Personal Liability	SERFF Tr Num: AEX-125727992	State: Arkansas
TOI: 33.0 Other Lines of Business	SERFF Status: Closed	State Tr Num: #7210031100 \$50
Sub-TOI: 33.0001 Other Personal Lines	Co Tr Num: OC AR0003823F02	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: SPI ADMSPC	Disposition Date: 08/08/2008
	Date Submitted: 07/09/2008	Disposition Status: Approved
Effective Date Requested (New):		Effective Date (New):
Effective Date Requested (Renewal):		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Other Personal Liability
Project Number: OC AR0003823F02
Reference Organization:
Reference Title:
Filing Status Changed: 08/08/2008
State Status Changed: 08/08/2008
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile:
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:

Deemer Date:

I apologize. It was discovered that one sentence on the Master Policy that should have been filed as variable was not. The first sentence in the Type of Insurance and Premium Section now has been corrected with variable data. Please replace the copy submitted under SERFF filing AEX-125445397 which was approved on February 7, 2008 (Your department number was 7210030970) with the attached corrected form.

Company and Contact

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Filing Contact Information

Cindy Hammonds, Senior Contract Analyst chammon1@aegonusa.com
 2700 W. Plano Pkwy (972) 881-6000 [Phone]
 Plano, TX 75075 (972) 881-4097[FAX]

Filing Company Information

Stonebridge Casualty Insurance Company CoCode: 10952 State of Domicile: Ohio
 100 South Third Street Group Code: 468 Company Type:
 Columbus, OH 43215 Group Name: State ID Number:
 (410) 685-5500 ext. [Phone] FEIN Number: 31-4423946

Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
7210031100	\$50.00	07/07/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/08/2008	08/08/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Alexa Grissom	07/10/2008	07/10/2008	SPI ADMSPC	07/14/2008	07/14/2008
Industry Response						

SERFF Tracking Number: *AEXX-125727992* *State:* *Arkansas*
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Disposition

Disposition Date: 08/08/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Group Master Policy	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/10/2008
Submitted Date 07/10/2008
Respond By Date

Dear Cindy Hammonds,

This will acknowledge receipt of the captioned filing. The filing fee was not submitted. Please send a \$50.00 check and the form will be reviewed. Please respond via SERFF when the fee is sent.

Please feel free to contact me if you have questions.

Sincerely,
Alexa Grissom

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/14/2008
Submitted Date 07/14/2008

Dear Edith Roberts,

Comments:

Please see requested check information below.

Response 1

Comments: Check to cover filing fee was sent and delivered today. Please see below.

Our records indicate that the following shipment has been delivered:

Reference:
40943000

Ship (P/U) date:
Jul 11, 2008

Delivery date:

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Product Name: Other Personal Liability
Project Name/Number: Other Personal Liability/OC AR0003823F02
Jul 14, 2008 9:09 AM

Sign for by:
K.LOWE

Delivered to:
Mailroom

Service type:
FedEx Priority Overnight

Packaging type:
FedEx Envelope

Number of pieces:
1

Weight:
0.50 lb.

Special handling/Services:
Deliver Weekday

Tracking number:
799351511715

Shipper Information
Tim Graves
AEGON DMS
2700 W. PLANO PKWY
PLANO
TX
US
75075

Recipient Information
HONORABLE JULIE BENAFIELD BOWMAN
ARKANSAS INSURANCE DEPARTMENT

SERFF Tracking Number: *AEXX-125727992* *State:* *Arkansas*
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I1200 WEST THIRD STREET
LITTLE ROCK
AR
US
722011904

Please do not respond to this message. This email was sent from an unattended mailbox. This report was generated at approximately 9:11 AM CDT on 07/14/2008.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

I hope that now that the required filing fee has arrived at the DOI, you will be able to begin your review of this submission.

Thank you for your help.

Cindy Hammonds

Sincerely,
SPI ADMSPC

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Group Master Policy	MPCAS001	6-26-08	Policy/Coverage Form	Replaced	Replaced Form #:0.00 Previous Filing #:		MPCAS001.PDF

GROUP MASTER POLICY

Stonebridge Casualty Insurance Company

A Stock Company
Home Office: Columbus, Ohio
Administrative Office: [2700 W. Plano Parkway, Plano, Texas 75075]

As You read through this policy, the words "We," "Us," and "Our" refer to the Stonebridge Casualty Insurance Company. "You" and "Your" mean the Policyholder named in the Application-Schedule page. "He," "Him" or "His" refer to your Insured Certificate Holder who has been issued a Certificate of Insurance, regardless of sex. This policy and its Application-Schedule page contain all agreements between You and Us. The Certificate(s) of Insurance shown in the Application-Schedule are made part of this policy and contain Our agreements as to the insurance protection provided under this policy. For service or information on this policy, contact the agent who sold the policy or our Administrative Office.

WHO IS ELIGIBLE FOR A CERTIFICATE OF INSURANCE

To be eligible for insurance an individual must have an Account as defined in the Application-Schedule in good standing with You. The individual must be a natural person. He must not be over the maximum age stated in the Application-Schedule. Only one individual may be issued a Certificate of Insurance on an Account. The individual billed on an Account shall be the Insured Certificate Holder.

EFFECTIVE DATE

The Effective date of each Certificate of Insurance shall be the date You process each eligible individual's completed enrollment form.

A Certificate of Insurance will be issued to each eligible individual within 30 days of Your receipt of his completed enrollment form.

CLAIM INFORMATION

You must provide Us with the Account information necessary to process a claim.

TYPE OF INSURANCE AND PREMIUM

This insurance is [Monthly Premium - Monthly Renewable Disability Income and Involuntary Unemployment Insurance]. The monthly insurance charges are computed pursuant to the Certificate of Insurance attached hereto. The premium will be paid monthly. All amounts charged by You may not exceed the premium rates established by Us. They must be in accordance with the methods we have set forth.

Payment of Premiums - All premiums due by the terms of this Policy shall be paid by the Policyholder to the Administrative Office of the Company on or prior to the day they are due.

Insureds are required to contribute 100 percent of the premium payable under this Policy for their Certificates [after the first 30 / 60 / 90 days]. If at any time the Policyholder refuses to accept such contributions and pay the premium for the Insured, the Insured may pay such premium directly to the Administrative Office of the Company on or prior to the day it is due.

If no initial premium is requested by the Company with the Insured's enrollment form, the Insured shall have 21 days from the Effective Date shown on the Certificate Schedule Page to pay the first premium. If the first premium is not paid within such 21-day period, the Certificate shall be considered void from the beginning and no benefits will be paid for any Loss.

Grace Period - Thirty-one days of grace without interest charge will be allowed for the payment of every premium after the first. The benefits shall continue in force during the grace period.

CANCELLATION OF POLICY

You or We can cancel this policy by giving the other party at least 90 days written notice prior to the premium due date. This policy shall stop as to individual Certificates of Insurance on the Insured Certificate Holder's third billing date after notice of cancellation is received by You or Us unless this policy is replaced. If this policy is replaced coverage shall stop on individual Certificates of Insurance on the Insured Certificate Holder's first billing date after notice is received that the policy is cancelled.

GENERAL PROVISIONS

- A. Data Required** - On or before the 15th day of each policy month You must supply Us with the requested information. We will supply You with the necessary forms.
- B. Clerical Error** - We cannot cancel the Insured Certificate Holder's insurance if, through clerical error, You:
1. Fail to furnish the required insurance information.
 2. Fail to make the required insurance payment.
 3. Report a false termination.
- C. Policy Conformed to Statute** - Any terms of this policy which are in conflict with the statutes of the state where issued are amended to conform to the minimum requirements of the statutes.
- D. Bankruptcy of Insured Certificate Holder** - Bankruptcy or insolvency of any Insured Certificate Holder shall not relieve Us of Our obligation.
- F. Changes of Contract** - This policy cannot be changed in any way except by a written agreement signed by an officer of our Company.
- G. Examination of Records** - All Your records containing information to the insurance under this policy must be available to Us during the policy term. It must also be available within one year after the termination of this policy.

IN WITNESS WHEREOF, **Stonebridge Casualty Insurance Company** has caused this contract to be signed by its President and Secretary.



President



Secretary

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

08/08/2008

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.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: 50%; 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 Company	OH	10952	31-4423946	

5. Company Tracking Number	OC AR0003823F02
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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 K. Hammonds, FLMI, CCP, AIRC, ACS 2700 W. Plano Pkwy Plano TX 75075	Senior Contract Analyst	877-527-6444 Ext. 6783	972-881-4097	chammon1@aegonusa.com
7.	Signature of authorized filer		<i>Cindy Hammonds</i>		
8.	Please print name of authorized filer		Cindy K. Hammonds, FLMI, CCP, AIRC, ACS		

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)	33.0001 Other Personal Lines
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 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: _____ 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 type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

