

SERFF Tracking Number: ARKS-125771756 State: Arkansas
Filing Company: 50083 - COMMONWEALTH LAND TITLE INS CO State Tracking Number: #2043693 \$50
Company Tracking Number:
TOI: 34.0 Title Sub-TOI: 34.0000 Title
Product Name: n/a
Project Name/Number: /

Filing at a Glance

Company: 50083 - COMMONWEALTH LAND TITLE INS CO

Product Name: n/a

TOI: 34.0 Title

Sub-TOI: 34.0000 Title

Filing Type: Form

Effective Date Requested (New):

Effective Date Requested (Renewal):

State Filing Description:

SERFF Tr Num: ARKS-125771756 State: Arkansas

SERFF Status: Closed

Co Tr Num:

Co Status:

Author:

Date Submitted: 08/12/2008

State Tr Num: #2043693 \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Sarah Harper

Disposition Date: 08/14/2008

Disposition Status: Approved

Effective Date (New): 08/14/2008

Effective Date (Renewal):

08/14/2008

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 08/14/2008

State Status Changed: 08/14/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

NA NA,

NA@NA.com

SERFF Tracking Number: ARKS-125771756 State: Arkansas
Filing Company: 50083 - COMMONWEALTH LAND TITLE INS State Tracking Number: #2043693 \$50
CO
Company Tracking Number:
TOI: 34.0 Title Sub-TOI: 34.0000 Title
Product Name: n/a
Project Name/Number: /

NA (123) 555-4567 [Phone]
NA, AR 00000

Filing Company Information

50083 - COMMONWEALTH LAND TITLE INS CoCode: 50083 State of Domicile: Arkansas
CO
No Address Group Code: Company Type:
City, AR 99999 Group Name: State ID Number:
(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999

SERFF Tracking Number: ARKS-125771756 State: Arkansas
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CO
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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

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CO
Company Tracking Number:
TOI: 34.0 Title Sub-TOI: 34.0000 Title
Product Name: n/a
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Sarah Harper	08/14/2008	08/14/2008

SERFF Tracking Number: ARKS-125771756 State: Arkansas
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CO
Company Tracking Number:
TOI: 34.0 Title Sub-TOI: 34.0000 Title
Product Name: n/a
Project Name/Number: /

Disposition

Disposition Date: 08/14/2008

Effective Date (New): 08/14/2008

Effective Date (Renewal): 08/14/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125771756 State: Arkansas
Filing Company: 50083 - COMMONWEALTH LAND TITLE INS State Tracking Number: #2043693 \$50
CO
Company Tracking Number:
TOI: 34.0 Title Sub-TOI: 34.0000 Title
Product Name: n/a
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125771756 State: Arkansas
Filing Company: 50083 - COMMONWEALTH LAND TITLE INS State Tracking Number: #2043693 \$50
CO
Company Tracking Number:
TOI: 34.0 Title Sub-TOI: 34.0000 Title
Product Name: n/a
Project Name/Number: /

Supporting Document Schedules

Unsatisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/14/2008

Comments:

Satisfied -Name: ARKS-125771756 **Review Status:** 08/15/2008

Comments:

Attachment:
ARKS-125771756.pdf



ARKS-125771756

SH

2043693

50.00

6363 Poplar Avenue, #208, Memphis, TN 38119
Telephone (901) 685 2500 Fax (901) 763 3320
Writer's Direct No. (901) 685 3735
E-Mail: bnorris@landam.com

August 7, 2008

Commissioner Julia Benafield Bowman
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

Re: Form Filing - Commonwealth Land Title Insurance Company

Dear Commissioner:

Please find enclosed for filing duplicate originals of the proposed Successor Company Tie Endorsement form. I respectfully request that you approve this form for use in the state of Arkansas.

LandAmerica is in the process of merging the Transnation Title Insurance Company brand into its other operations. Once the Transnation brand has been merged, the Successor Company Tie Endorsement will allow for continuity of business operations by former Transnation agents by enabling them to endorse a Transnation policy under the Commonwealth Land Title Insurance Company brand.

Please acknowledge receipt of this filing by marking the duplicate copy of this letter accordingly and returning it to me. A self-addressed, return envelope is enclosed for your convenience. If you have any questions or require additional information, please do not hesitate to contact me. Otherwise, I look forward to receiving your timely acknowledgement of filing.

Sincerely,



Benny Norris
Vice President & Area Underwriting Manager

Encl.

FILED-
APPROVED
AUGUST 14, 2008

RECEIVED

AUG 12 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Property & Casualty Transmittal Document (Revised 1/1/05)

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:
 Renewal Business:
 New Business:

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

3. Group Name LandAmerica Financial Group, Inc. **Group NAIC #** 0099

4. Company Name(s)	Domicile	NAIC	FEIN #	State #
Commonwealth Land Title Insurance Company	NE	50083	23-1253755	N/A

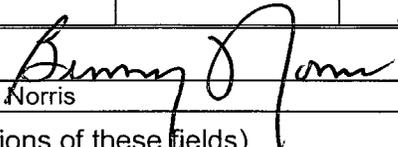
RECEIVED
AUG 12 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

5. Company Tracking Number

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Benny Norris 6363 Poplar Ave., Ste. 208 Memphis, TN 38119	VP – Area Underwriting & Escrow Manager	888-648-4853	901-763-3320	bnorris@landam.com

7. Signature of authorized filer 

8. Please print name of authorized filer Benny Norris

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

9. Type of Insurance (TOI)	34.0 TITLE
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)	Successor Company Tie
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 checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	8/8/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

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Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]

LandAmerica is in the process of merging Transnation Title Insurance Company into its other operations. Once the Transnation brand has been merged, this endorsement will allow for continuity of business operations by former Transnation agents by enabling them to endorse a Transnation policy under the Commonwealth Land Title Insurance Company brand.

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 #: 0204 3693
Amount: \$50.00

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

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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.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
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	Successor Company Tie Endorsement		[] Replacement [] Withdrawn [x] Neither		
02			[] Replacement [] Withdrawn [] Neither		
03			[] Replacement [] Withdrawn [] Neither		
04			[] Replacement [] Withdrawn [] Neither		
05			[] Replacement [] Withdrawn [] Neither		
06			[] Replacement [] Withdrawn [] Neither		
07			[] Replacement [] Withdrawn [] Neither		
08			[] Replacement [] Withdrawn [] Neither		
09			[] Replacement [] Withdrawn [] Neither		
10			[] Replacement [] Withdrawn [] Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) (**Do not refer to the body of the filing for the forms listing.**) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

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.)

1.	This filing transmittal is part of Company Tracking #			
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)			
<input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)				
3.	Overall percentage rate impact for this filing			
4.	Effect of Rate Filing – Written premium change for this program			
5.	Effect of Rate Filing – Number of policyholders			
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)			
7.	Rate Change by Company			
	Company Name	Percentage Change for this program	# of policyholders for this program	Written premium for this program
8.	Overall percentage of last rate revision			
9.	Effective Date of last rate revision			
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)			
11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or withdrawn?	Previous state filing number, if required by state
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

ENDORSEMENT – SUCCESSOR COMPANY TIE

Issued by **Commonwealth Land Title Insurance Company**



Commonwealth Land Title Insurance Company is a member of the LandAmerica family of title insurance underwriters.

Commonwealth File No.: [Complete using a CLTIC file number (different from prior TTIC file number). Number may be the same as CLTIC policy number.]

Commonwealth Policy No.: [Complete using a CLTIC policy number (different from prior TTIC policy number).]

Commonwealth Land Title Insurance Company ("the Company") by this endorsement incorporates the entire title insurance policy that is referenced below previously issued by Transnation Title Insurance Company (the "Transnation Policy"). Without limitation, the Transnation Policy includes all Schedules, Covered Risks, Exclusions, Exceptions, Conditions and Endorsements previously issued.

Transnation Policy No.:
Date of Policy:
Named Insured:

The Company issues this endorsement as evidence of its assumption of insurance to the extent of further insurance provided by endorsements issued by the Company at this date or subsequently that reference the Commonwealth Policy Number.

Any notice of claim and any other notice or statement in writing required to be given to the Company under this endorsement or the Transnation Policy must be given to the Company at its main office at 5600 Cox Road, Glen Allen VA 23060. Liability assumed by this endorsement shall be determined based upon the terms and conditions of the Transnation Policy, this endorsement and subsequent endorsements issued by the Company. The Company reserves its rights pursuant to the Conditions of the Policy to subrogate to the rights of the Insured to recover for any loss or damage sustained by the Insured that is insured against by the Transnation Policy.

Except as it expressly states, this Endorsement does not (i) modify any of the terms and provisions of the Transnation Policy, (ii) modify any prior endorsements, (iii) extend the Date of Policy, or (iv) increase the Amount of Insurance. To the extent a provision of the Transnation Policy or a previous Endorsement is inconsistent with an express provision of this Endorsement, this Endorsement controls. Otherwise, this Endorsement is subject to all of the terms and provisions of the Transnation policy and of any prior endorsements.

IN WITNESS WHEREOF, the Company has caused this Endorsement to be signed with the facsimile signatures of its President and Secretary and sealed as required by its By-Laws.

COMMONWEALTH LAND TITLE INSURANCE COMPANY

Dated:

Countersigned:

By: _____
Authorized Officer or Agent



By: *Therese L. Chandler*
President

Attest: *Alvin King*
Secretary

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Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]

LandAmerica is in the process of merging Transnation Title Insurance Company into its other operations. Once the Transnation brand has been merged, this endorsement will allow for continuity of business operations by former Transnation agents by enabling them to endorse a Transnation policy under the Commonwealth Land Title Insurance Company brand.

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 #: 02043693
Amount: \$50.00

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.)

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.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
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	Successor Company Tie Endorsement		[] Replacement [] Withdrawn [x] Neither		
02			[] Replacement [] Withdrawn [] Neither		
03			[] Replacement [] Withdrawn [] Neither		
04			[] Replacement [] Withdrawn [] Neither		
05			[] Replacement [] Withdrawn [] Neither		
06			[] Replacement [] Withdrawn [] Neither		
07			[] Replacement [] Withdrawn [] Neither		
08			[] Replacement [] Withdrawn [] Neither		
09			[] Replacement [] Withdrawn [] Neither		
10			[] Replacement [] Withdrawn [] Neither		

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3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



RATE/RULE FILING SCHEDULE

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(Do not refer to the body of the filing for the component/exhibit listing.)

1.	This filing transmittal is part of Company Tracking #		
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)		
	<input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)		
3.	Overall percentage rate impact for this filing		
4.	Effect of Rate Filing – Written premium change for this program		
5.	Effect of Rate Filing – Number of policyholders		
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)		
7.	Rate Change by Company		
	Company Name	Percentage Change for this program	# of policyholders for this program
			Written premium for this program
8.	Overall percentage of last rate revision		
9.	Effective Date of last rate revision		
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)		
11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or withdrawn?
			Previous state filing number, if required by state
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither

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5. The appropriate filing fees, if required, and
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Transnation Policy No.:
Date of Policy:
Named Insured:

The Company issues this endorsement as evidence of its assumption of insurance to the extent of further insurance provided by endorsements issued by the Company at this date or subsequently that reference the Commonwealth Policy Number.

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IN WITNESS WHEREOF, the Company has caused this Endorsement to be signed with the facsimile signatures of its President and Secretary and sealed as required by its By-Laws.

COMMONWEALTH LAND TITLE INSURANCE COMPANY

Dated:

Countersigned:

By: _____
Authorized Officer or Agent



By: *Rhodene L. Chandler*
President

Attest: *Alvin King*
Secretary

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