

SERFF Tracking Number: NTLM-125734529 State: Arkansas
Filing Company: Berkshire Hathaway Assurance Corporation State Tracking Number: EFT \$50
Company Tracking Number: BHAC-AR-F1
TOI: 10.0 Financial Guaranty Sub-TOI: 10.0000 Financial Guaranty
Product Name: Financial Guaranty
Project Name/Number: /

Filing at a Glance

Company: Berkshire Hathaway Assurance Corporation

Product Name: Financial Guaranty	SERFF Tr Num: NTLM-125734529	State: Arkansas
TOI: 10.0 Financial Guaranty	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 10.0000 Financial Guaranty	Co Tr Num: BHAC-AR-F1	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Authors: Janelle Kay, Karen Peterson	Disposition Date: 08/04/2008
	Date Submitted: 07/23/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 08/04/2008
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/04/2008	
State Status Changed: 07/28/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Berkshire Hathaway Assurance Corporation ("BHAC") was recently licensed to write Casualty (Credit Only) in Arkansas. BHAC is domiciled in New York and will be writing strictly Financial Guaranty. This is BHAC's initial form(s) filing.	

Company and Contact

Filing Contact Information

SERFF Tracking Number: NTLM-125734529 State: Arkansas
Filing Company: Berkshire Hathaway Assurance Corporation State Tracking Number: EFT \$50
Company Tracking Number: BHAC-AR-F1
TOI: 10.0 Financial Guaranty Sub-TOI: 10.0000 Financial Guaranty
Product Name: Financial Guaranty
Project Name/Number: /

Karen Peterson, Administrator kkpeterson@nationalindemnity.com
3024 Harney Street (402) 536-3388 [Phone]
Omaha, NE 68131 (402) 536-3237[FAX]

Filing Company Information

Berkshire Hathaway Assurance Corporation CoCode: 13070 State of Domicile: New York
3024 Harney Street Group Code: 31 Company Type: property casualty
insurer
Omaha, NE 68131 Group Name: Berkshire Hathaway State ID Number:
Group
(402) 536-3388 ext. [Phone] FEIN Number: 26-1599479

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Berkshire Hathaway Assurance Corporation	\$50.00	07/23/2008	21549648

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/04/2008	08/04/2008

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TOI: 10.0 Financial Guaranty *Sub-TOI:* 10.0000 Financial Guaranty
Product Name: Financial Guaranty
Project Name/Number: /

Disposition

Disposition Date: 08/04/2008

Effective Date (New): 08/04/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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 Company Tracking Number: BHAC-AR-F1
 TOI: 10.0 Financial Guaranty Sub-TOI: 10.0000 Financial Guaranty
 Product Name: Financial Guaranty
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Declarations	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Declarations	BH-115	05/08	Declaration New s/Schedule			_BHAC Declarations (BH-115).pdf

**BERKSHIRE HATHAWAY
ASSURANCE CORPORATION**

New York, New York

Financial Guaranty Insurance Policy

DECLARATIONS

Policy No.:

Issuer:

Description of Obligations:

Fiscal Agent:

Premium:

Effective Date:

Endorsements:

Prior Insurer:

INSURANCE POLICY TERMS AND CONDITIONS (Primary)

Berkshire Hathaway Assurance Corporation (“BHAC”), a New York corporation, in consideration of the payment of the Premium and subject to the terms and conditions of this Policy (which includes any endorsement hereto), hereby agrees unconditionally and irrevocably to pay U.S. Bank National Association or its successor, as its agent (the “Fiscal Agent”), for the benefit of the Holders of the Obligations (as set forth in the Bond Ordinance, bond resolution and other applicable authorizing documents providing for the issuance of and securing the Obligations), that portion of the Insured Payments which shall become Due for Payment but shall be unpaid by reason of Nonpayment by the Issuer.

BHAC will pay an amount equal to such Insured Payments to the Fiscal Agent on the later to occur of (i) the Business Day following the day on which BHAC shall have Received a completed Notice of Nonpayment, or (ii) the date applicable principal or interest becomes Due for Payment. If a Notice of Nonpayment to BHAC is incomplete or does not in any instance conform to the terms and conditions of this Policy, it shall be deemed not Received, and BHAC shall promptly give notice to the Fiscal Agent that the purported Notice of Nonpayment is not deemed Received. Upon receipt of such notice, the Fiscal Agent may submit an amended Notice of Nonpayment. The Fiscal Agent will disburse the amounts paid to it by BHAC in respect of such Insured Payments to the Holders only upon receipt by the Fiscal Agent, in form reasonably satisfactory to it of (i) evidence of the Holder’s right to receive such payments, and (ii) evidence, including, without limitation, any appropriate instruments of assignment, that all of the Holder’s rights to payment of such Insured Payments shall thereupon vest in BHAC. Upon such disbursement, BHAC shall become the owner of the Obligation, appurtenant coupon (if any) or right to payment of such Insured Payments and any interest thereon, and shall be fully subrogated to all of the Holder’s right, title and interest thereunder, including the Holder’s right to payment thereof. Payment by BHAC to the Fiscal Agent for the benefit of the Holders shall discharge the obligation of BHAC under this Policy to the extent of such payment.

This Policy is non-cancelable by BHAC for any reason. The Premium on this Policy is not refundable for any reason, including the payment prior to maturity of the Obligations. This Policy does not insure against any acceleration payment which at any time may become due in respect of any Obligation, other than at the sole option of BHAC, nor does this Policy insure against any risk other than Nonpayment.

Except to the extent expressly modified by the Declarations to this Policy or any endorsement hereto, the following terms shall have the meanings specified for all purposes of this Policy.

“Avoided Payment” means any amount previously distributed to a Holder in respect of any Insured Payment by or on behalf of the Issuer, which amount has been recovered from such Holder pursuant to any applicable bankruptcy law in accordance with a final, nonappealable order of a court having competent jurisdiction that such payment constitutes an avoidable preference with respect to such Holder.

“Business Day” means any day other than (i) a Saturday or Sunday, or (ii) any day on which the offices of the Fiscal Agent are authorized or required by law, executive order or governmental decree to be closed.

“Due for Payment” means (i) when referring to the principal of an Obligation, the stated maturity date thereof, or the date on which such Obligation shall have been duly called for mandatory

sinking fund redemption, and does not refer to any earlier date on which payment is due by reason of a call for redemption (other than by mandatory sinking fund redemption), acceleration or other advancement of maturity (unless BHAC in its sole discretion elects to make any principal payment, in whole or in part, on such earlier date) and (ii) when referring to interest on an Obligation, the stated date for payment of such interest.

“Holder” means, in respect of any Obligation, the person or entity who, at the time of Nonpayment, is entitled under the terms of such Obligation to payment of principal or interest thereunder, except that Holder shall not include the Issuer or any person or entity whose direct or indirect obligation constitutes the underlying security for the Obligations.

“Insured Payments” means the principal of and interest on the Obligations that shall become Due for Payment. Insured Payments shall not include any additional amounts owing by the Issuer solely as a result of the failure by the Issuer to pay such amount when due and payable, including without limitation any such additional amounts as may be attributable to penalties or to interest accruing at a default rate, to amounts payable in respect of indemnification, or to any other additional amounts payable by the Issuer by reason of such failure.

“Nonpayment” means, in respect of an Obligation, the failure of the Issuer to have provided sufficient funds to the paying agent for payment in full of all principal and interest Due for Payment on such Obligation. It is further understood that the term “Nonpayment” in respect of an Obligation includes any Avoided Payment.

“Notice” means telephonic or telegraphic notice subsequently confirmed in writing, or written notice given by overnight or other delivery service, or by certified or registered United States mail, from a Holder or a paying agent for the Obligations to BHAC. Notices to BHAC may be mailed by certified mail or may be delivered by telecopier to facsimile number (203) 363 5221, attn: Bond Insurance Claims, or to such other address as shall be specified by BHAC to the Fiscal Agent in writing.

“Obligation” means the bonds stated in the Declarations.

“Receipt” or “Received” means actual receipt of Notice of or, if Notice is given by overnight or other delivery service, or by certified or registered United States mail, by a delivery receipt signed by a person authorized to accept delivery on behalf of BHAC.

THIS POLICY IS NOT COVERED BY THE PROPERTY/CASUALTY INSURANCE SECURITY FUND SPECIFIED IN ARTICLE 76 OF THE NEW YORK INSURANCE LAWS. Payments under this Policy may not be accelerated except at the sole option of BHAC.

Premium is due not later than the Effective Date.

This Policy will be governed by, and shall be construed in accordance with, the laws of the State of New York.

IN WITNESS WHEREOF, BHAC has caused this Policy to be executed on its behalf by its duly authorized officer, and to become effective and binding upon BHAC by virtue of such signature.

BERKSHIRE HATHAWAY ASSURANCE CORPORATION

By: _____
Name: _____
Title: _____

ATTEST:

By: _____
Name: _____
Title: _____

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Product Name: Financial Guaranty
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

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TOI: 10.0 Financial Guaranty Sub-TOI: 10.0000 Financial Guaranty
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 08/04/2008

Comments:

Attachment:

Arkansas Transmittal.pdf

Property & Casualty Transmittal Document

Reset Form

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 #	_____
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4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Berkshire Hathaway Assurance Corporatio	New York	13070	26-1599479	

5. Company Tracking Number	BHAC-AR-F1
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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
Karen Peterson		(866) 720-7861	(402) 536-3237	kkpeterson@nationalindemnity.com
Janelle Kay		(866) 720-7861	(402) 536-3237	jkkay@nationalindemnity.com

7. Signature of authorized filer *Karen Peterson*

8. Please print name of authorized filer Karen Peterson

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

9. Type of Insurance (TOI)	10.0 Financial Guaranty
10. Sub-Type of Insurance (Sub-TOI)	10.0000 Financial Guaranty
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: On 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	07/23/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # BHAC-AR-F1

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

Berkshire Hathaway Assurance Corporation ("BHAC") was recently licensed to write Casualty (Limited to Credit Only) business in Arkansas. BHAC is prepared to write Financial Guaranty coverage in Arkansas upon approval. BHAC will insure principal of and interest payments on selected obligations trading in the secondary market. This initial form(s) filing consists of the form(s) that will be needed to write such coverage. The form(s) have been approved in BHAC's domiciliary state of New York.

[View Complete Filing Description](#)

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 #: EFT Submission

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, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	BHAC-AR-F1
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2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A
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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	BH-115 (05/08)	<input checked="" 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		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1