

<i>SERFF Tracking Number:</i>	<i>TRVD-125355899</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company Ltd.,(U.S.Branch), ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2007-09-0040</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>2007-09-0040/2007-09-0040</i>		

Filing Contact Information

Laurie Buck, Senior Regulatory Analyst 385 Washington Street St. Paul, MN 55102	LJBUCK@travelers.com (651) 310-8570 [Phone] (651) 310-4361[FAX]
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Filing Company Information

NIPPONKOA Insurance Company Ltd.,(U.S.Branch) One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 27073 Group Code: 2558 Group Name: FEIN Number: 98-0032627 -----	State of Domicile: New York Company Type: State ID Number:
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The Charter Oak Fire Insurance Company One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 25615 Group Code: 3548 Group Name: FEIN Number: 06-0291290 -----	State of Domicile: Connecticut Company Type: State ID Number:
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The Phoenix Insurance Company One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 25623 Group Code: 3548 Group Name: FEIN Number: 06-0303275 -----	State of Domicile: Connecticut Company Type: State ID Number:
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The Travelers Indemnity Company One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 25658 Group Code: 3548 Group Name: FEIN Number: 06-0566050 -----	State of Domicile: Connecticut Company Type: State ID Number:
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The Travelers Indemnity Company of America One Tower Square Hartford, CT 01683 (860) 277-6470 ext. [Phone]	CoCode: 25666 Group Code: 3548 Group Name: FEIN Number: 58-6020487 -----	State of Domicile: Connecticut Company Type: State ID Number:
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The Travelers Indemnity Company Of Connecticut	CoCode: 25682	State of Domicile: Connecticut
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SERFF Tracking Number: TRVD-125355899 State: Arkansas
First Filing Company: NIPPONKOA Insurance Company State Tracking Number: EFT \$50
Ltd.,(U.S.Branch), ...
Company Tracking Number: 2007-09-0040
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: 2007-09-0040/2007-09-0040

One Tower Square
Hartford, CT 06183
(860) 277-6470 ext. [Phone]

Group Code: 3548
Group Name:
FEIN Number: 06-0336212

Company Type:
State ID Number:

Travelers Property Casualty Company of
America

CoCode: 25674

State of Domicile: Connecticut

One Tower Square
Hartford, CT 06183
(860) 277-6470 ext. [Phone]

Group Code: 3548
Group Name:
FEIN Number: 36-2719165

Company Type:
State ID Number:

SERFF Tracking Number: TRVD-125355899

State: Arkansas

First Filing Company: NIPPONKOA Insurance Company
Ltd.,(U.S.Branch), ...

State Tracking Number: EFT \$50

Company Tracking Number: 2007-09-0040

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Auto

Project Name/Number: 2007-09-0040/2007-09-0040

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/14/2007	11/14/2007

SERFF Tracking Number: TRVD-125355899 State: Arkansas
First Filing Company: NIPPONKOA Insurance Company State Tracking Number: EFT \$50
Ltd.,(U.S.Branch), ...
Company Tracking Number: 2007-09-0040
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: 2007-09-0040/2007-09-0040

Disposition

Disposition Date: 11/14/2007
Effective Date (New): 06/01/2008
Effective Date (Renewal): 06/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: TRVD-125355899 *State:* Arkansas
First Filing Company: NIPPONKOA Insurance Company *State Tracking Number:* EFT \$50
Ltd.,(U.S.Branch), ...
Company Tracking Number: 2007-09-0040
TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: 2007-09-0040/2007-09-0040

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Supplementary Commercial Auto Application - Arkansas	Approved	Yes
Form	Supplementary Commerical Auto Application - Personal Injury Protection - Arkansas	Approved	Yes

SERFF Tracking Number: TRVD-125355899 State: Arkansas
 First Filing Company: NIPPONKOA Insurance Company State Tracking Number: EFT \$50
 Ltd.,(U.S.Branch), ...
 Company Tracking Number: 2007-09-0040
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: Commercial Auto
 Project Name/Number: 2007-09-0040/2007-09-0040

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Supplementary Commercial Auto Application - Arkansas	UI AR 10 06 08	06-08	Election/Re New jection/Sup plemental Application s		0.00	UI AR 10 06 08.pdf
Approved	Supplementary Commerical Auto Application - Personal Injury Protection - Arkansas	UI AR 40 06 08	06-08	Election/Re New jection/Sup plemental Application s		0.00	UI AR 40 06 08.pdf

SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION**ARKANSAS**

(To be completed and signed by Named Insured)

NAME:

ADDRESS:

UNINSURED MOTORISTS COVERAGE – BODILY INJURY

An Uninsured Motor Vehicle means a motor vehicle (1) for which no liability bond or policy at the time of the accident provides at least the amounts required by applicable law; or (2) for which an insuring or bonding company denies coverage or is insolvent; or (3) that is a hit and run vehicle. Refer to your policy for the prevailing coverage provisions.

Your automobile liability or motor vehicle liability policy shall automatically include Uninsured Motorists coverage for damages resulting from bodily injury for protection against the owner or operator of an uninsured motor vehicle from which the insured is legally entitled to recover damages, in an amount equal to the policy's Bodily Injury Liability limits, unless you reject said coverage or select lower limits as indicated below.

- I wish to reject Uninsured Motorists coverage.
- I wish to select Minimum Financial Responsibility (MFR) limits of \$25,000 each person, \$50,000 each accident; or \$50,000 each accident combined single limit (CSL). The Uninsured Motorists coverage limits will be either split (each person/each accident) or a combined single limit (CSL), consistent with the Bodily Injury Liability limits on your policy.
- I wish to select limits which are less than the policy's Bodily Injury Liability limits, but greater than the MFR limits. (Specify Limit)
 - \$100,000 each accident (CSL)
 - \$250,000 each accident (CSL)
 - \$300,000 each accident (CSL)
 - \$350,000 each accident (CSL)
 - \$500,000 each accident (CSL)
 - \$750,000 each accident (CSL)
 - \$1,000,000 each accident (CSL)
 - \$ _____

UNINSURED MOTORISTS COVERAGE – PROPERTY DAMAGE

If you are purchasing Uninsured Motorists coverage for bodily injury, we are required to provide you with the opportunity to purchase Uninsured Motorists coverage for property damage for protection against the owner or operator of an uninsured motor vehicle from which the insured is legally entitled to recover damages. Please indicate your selection of limits below:

- \$25,000 each accident
- \$50,000 each accident
- \$100,000 each accident
- I wish to purchase Uninsured Motorists coverage for property damage in an amount equal to the policy's property damage liability limits.
- I do not wish to purchase Uninsured Motorists coverage for property damage.

NOTE: Uninsured Motorists coverage for property damage is subject to a \$200 deductible. However, if you have elected to purchase a large deductible rating plan, the deductible rating plan amount shown on the deductible endorsement in your policy shall apply.

UNDERINSURED MOTORISTS COVERAGE

An Underinsured Motor Vehicle means a motor vehicle for which the sum of all liability bonds or policies at the time of an accident provides a limit that is less than the amount an insured is legally entitled to recover as damages caused by the accident. Refer to your policy for the prevailing coverage provisions.

If you are purchasing Uninsured Motorists coverage for bodily injury, we are providing you with the opportunity to purchase Underinsured Motorists coverage. Underinsured Motorists coverage enables recovery for damages resulting from bodily injury which the insured is legally entitled to recover from the owner or operator of another motor vehicle when the liability insurance limits of the other owner or operator are less than the amount of the damages incurred by the insured.

- I do not wish to purchase Underinsured Motorists coverage.
- I wish to select limits equal to the policy's Bodily Injury Liability limit.
- I wish to select Minimum Financial Responsibility (MFR) limits of \$25,000 each person, \$50,000 each accident; or \$50,000 each accident combined single limit (CSL). The Underinsured Motorists coverage limits will be either split (each person/each accident) or a combined single limit (CSL), consistent with the Bodily Injury Liability limits on your policy.

I wish to select limits which are less than the policy's Bodily Injury Liability limits, but greater than the MFR limits. (Specify Limit)

- \$100,000 each accident (CSL)
- \$250,000 each accident (CSL)
- \$300,000 each accident (CSL)
- \$350,000 each accident (CSL)
- \$500,000 each accident (CSL)
- \$750,000 each accident (CSL)
- \$1,000,000 each accident (CSL)
- \$ _____

I understand that my coverage election shall apply on the policy(ies) in effect at the time this form is executed and all future renewal policies until I notify the Company IN WRITING of any changes.

My signature below, and/or payment of any premium evidences my actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected, rejected or accepted by default.

SIGNATURE OF NAMED INSURED	DATE
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**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION
PERSONAL INJURY PROTECTION**

ARKANSAS

(To be completed and signed by Named Insured)

NAME: _____

ADDRESS: _____

PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE

If your automobile liability insurance policy covers a private passenger motor vehicle it will be issued with minimum Medical Expense benefits, Work Loss benefits and Accidental Death benefits.

1. Medical Expense benefits provides coverage for reasonable and necessary medical expenses, including hospital, nursing, dental, surgical, ambulance and funeral expenses.

You may select limits up to an aggregate of \$10,000 per person or reject this coverage entirely, by indicating below.

- Medical Expense benefits at the limit of \$_____, per person (\$10,000 maximum)
 Medical Expense benefits are rejected.

2. Work Loss benefits provide for 70% of the loss of income from work during a period commencing 8 days after the date of the accident, and not to exceed 52 weeks, subject to a maximum of \$140 per week. For a non-income earner, the benefits consist of expenses not to exceed \$70.00 per week, or any fractional part of a week, which are reasonably incurred for essential services in lieu of those the injured person would have performed without income. You may reject Work Loss benefits by indicating below.

- Work Loss benefits are rejected.

3. Accidental Death benefits provide for \$5,000 to be paid to the personal representative of the insured, should injury, sickness or disease resulting from an automobile accident cause death within one (1) year from the date of the accident. You may reject Accidental Death benefits by indicating below.

- Accidental Death benefits are rejected.

I understand that my coverage election shall apply on the policy or policies in effect at the time this form is executed and all future renewal policies until I notify the Company IN WRITING of any changes.

My signature below, and/or payment of any premium, evidences my actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits I have selected, rejected or accepted by default.

SIGNATURE OF NAMED INSURED

DATE

SERFF Tracking Number: TRVD-125355899

State: Arkansas

First Filing Company: NIPPONKOA Insurance Company
Ltd.,(U.S.Branch), ...

State Tracking Number: EFT \$50

Company Tracking Number: 2007-09-0040

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Auto

Project Name/Number: 2007-09-0040/2007-09-0040

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVD-125355899

State: Arkansas

First Filing Company: NIPPONKOA Insurance Company
Ltd.,(U.S.Branch), ...

State Tracking Number: EFT \$50

Company Tracking Number: 2007-09-0040

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Auto

Project Name/Number: 2007-09-0040/2007-09-0040

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Approved	11/14/2007
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Comments:

Attachments:

AR NAIC Transmittal.pdf
NAIC Form Filing Schedule.pdf

Satisfied -Name:	Cover Letter	Review Status:	Approved	11/14/2007
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Comments:

Attachment:

AR 2007-09-0040 Filing Letter.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

3. Group Name	Group NAIC #
Travelers	3548
NIPPONKOA	2558

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Charter Oak Fire Insurance Company	CT	25615	06-0291290	
The Phoenix Insurance Company	CT	25623	06-0303275	
The Travelers Indemnity Company	CT	25658	06-0566050	
The Travelers Indemnity Company of America	CT	25666	58-6020487	
The Travelers Indemnity Company of CT	CT	25682	06-0336212	
Travelers Property and Casualty Co. of America	CT	25674	36-2719165	
NIPPONKOA Insurance Company, Limited	NY	27073	98-0032627	

5. Company Tracking Number	2007-09-0040
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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
	Laurie Buck 385 Washington Street St. Paul, MN 55102	Sr. Regulatory Analyst	651.310.8570 800.328.2189, ext. 08570	651.310.4361	ljbuck@travelers.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Laurie Buck, Senior Regulatory Analyst		

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

9. Type of Insurance (TOI)	20.0 Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	20.0001 Business Auto
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	N/A
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: 06/01/2008 Renewal: 06/01/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	November 13, 2007
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 #	2007-09-0040
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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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In compliance with the insurance laws and regulations in your state, our companies respectfully submit this filing.

We plan to implement these changes with respect to policies effective on or after June 1, 2008.

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]

ARKANSAS

Check #: N/A

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 #	2007-09-0040			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
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	Supplementary Commercial Automobile Application – Arkansas	UI AR 10 06 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
02	Supplementary Commercial Automobile Application – Arkansas	UI AR 40 06 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
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		



Laurie Buck
Senior Regulatory Analyst
Regulatory Affairs, Business Insurance
Toll Free: 800.328.2189 Ext. 08570
Direct: 651.310.8570; Fax: 651.310.4361
385 Washington Street, MC 9275-NB14L
St. Paul, MN 55102
Email: ljbuck@travelers.com

November 13, 2007

Commissioner Julie Benafield Bowman
Commissioner of Insurance
State of Arkansas
1200 West Third Street
3rd and Cross
Little Rock, AR 72201-1904

The Charter Oak Fire Insurance Company	3548-25615
The Phoenix Insurance Company	3548-25623
The Travelers Indemnity Company	3548-25658
The Travelers Indemnity Company of America	3548-25666
The Travelers Indemnity Company of Connecticut	3548-25682
Travelers Property and Casualty Company of America	3548-25674
NIPPONKOA Insurance Company, Ltd. (U.S. Branch)	2558-27073

Commercial Auto
Form Filing
Company Filing Number: 2007-09-0040

Dear Commissioner:

In compliance with the insurance laws and regulations in your state, our companies respectfully submit this filing for our Commercial Auto program.

This filing contains our Supplementary Commercial Auto Applications for the selection or rejection of Uninsured and Underinsured Motorists and Personal Injury Protection Coverage in compliance with your States' requirements. For detailed description of the forms, refer to the attached Form Transmittal Supplement.

We plan to implement these changes with respect to policies effective on or after **June 1, 2008**. Your approval of this filing will be appreciated. Should you have any questions regarding this submission, please feel free to contact me at your convenience.

Sincerely,

Laurie Buck, ACP
Senior Regulatory Analyst
LB/ca
Enclosures