Filing at a Glance

Companies: 12904 - Tokio Marine & Nichido Fire Insurance Co., Ltd., 32301 - TNUS Insurance Company, 41238 - TRANS PACIFIC INS CO

Product Name: Commerical General Liability	SERFF Tr Num: ARKS-125362508	State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: #25848 $50
Sub-TOI: 17.0001 Commercial General Liability	Co Tr Num: 07-AR-3-GL-36-8	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author:	Disposition Date: 12/10/2007
	Date Submitted: 11/16/2007	Disposition Status: Approved
Effective Date Requested (New):		Effective Date (New): 03/01/2008
Effective Date Requested (Renewal):		Effective Date (Renewal):

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 12/10/2007	
State Status Changed: 12/10/2007	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Company and Contact

Filing Contact Information

NA NA,
NA
NA, AR 00000

NA@NA.com
(123) 555-4567 [Phone]

Filing Company Information

12904 - Tokio Marine & Nichido Fire Insurance Co., Ltd.	CoCode: 12904	State of Domicile: Arkansas
No Address	Group Code:	Company Type:
City, AR 99999	Group Name:	State ID Number:
(999) 999-9999 ext. [Phone]	FEIN Number: 99-9999999	

32301 - TNUS Insurance Company	CoCode: 32301	State of Domicile: Arkansas
No Address	Group Code:	Company Type:
City, AR 99999	Group Name:	State ID Number:
(999) 999-9999 ext. [Phone]	FEIN Number: 99-9999999	

41238 - TRANS PACIFIC INS CO	CoCode: 41238	State of Domicile: Arkansas
No Address	Group Code:	Company Type:
City, AR 99999	Group Name:	State ID Number:
(999) 999-9999 ext. [Phone]	FEIN Number: 99-9999999	

Filing Fees

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

SERFF Tracking Number:	*ARKS-125362508*	*State:*	*Arkansas*
First Filing Company:	*12904 - Tokio Marine & Nichido Fire Insurance Co., Ltd., ...*	*State Tracking Number:*	*#25848 $50*
Company Tracking Number:	*07-AR-3-GL-36-8*		
TOI:	*17.0 Other Liability - Claims Made/Occurrence*	*Sub-TOI:*	*17.0001 Commercial General Liability*
Product Name:	*Commerical General Liability*		
Project Name/Number:	*/*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/10/2007	12/10/2007
Non-Adoption	Edith Roberts	12/10/2007	12/10/2007

SERFF Tracking Number:	*ARKS-125362508*	*State:*	*Arkansas*
First Filing Company:	*12904 - Tokio Marine & Nichido Fire Insurance Co., Ltd., ...*	*State Tracking Number:*	*#25848 $50*
Company Tracking Number:	*07-AR-3-GL-36-8*		
TOI:	*17.0 Other Liability - Claims Made/Occurrence*	*Sub-TOI:*	*17.0001 Commercial General Liability*
Product Name:	*Commerical General Liability*		
Project Name/Number:	*/*		

Disposition

Disposition Date: 12/10/2007

Effective Date (New): 03/01/2008

Effective Date (Renewal):

Status: Approved

Comment: Delay adoption acknowledged.

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:	*ARKS-125362508*	*State:*	*Arkansas*
First Filing Company:	*12904 - Tokio Marine & Nichido Fire Insurance Co., Ltd., ...*	*State Tracking Number:*	*#25848 $50*
Company Tracking Number:	*07-AR-3-GL-36-8*		
TOI:	*17.0 Other Liability - Claims Made/Occurrence*	*Sub-TOI:*	*17.0001 Commercial General Liability*
Product Name:	*Commerical General Liability*		
Project Name/Number:	*/*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ARKS-125362508		No

Disposition

Disposition Date: 12/10/2007

Effective Date (New):

Effective Date (Renewal):

Status: Non-Adoption

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:	*ARKS-125362508*	*State:*	*Arkansas*
First Filing Company:	*12904 - Tokio Marine & Nichido Fire Insurance Co., Ltd., ...*	*State Tracking Number:*	*#25848 $50*
Company Tracking Number:	*07-AR-3-GL-36-8*		
TOI:	*17.0 Other Liability - Claims Made/Occurrence*	*Sub-TOI:*	*17.0001 Commercial General Liability*
Product Name:	*Commerical General Liability*		
Project Name/Number:	*/*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ARKS-125362508		No

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125362508 12/10/2007

Comments:

Attachment:

ARKS-125362508.pdf

WESTMONT ASSOCIATES, INC.

Forms-25
CK#: 25848
$50.00
ARKS-12536250

Liab ER

RECEIVED
NOV 16 2007
PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

November 14, 2007

The Honorable Julie Benafield-Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

Attn: Property and Casualty Division

RE **Tokio Marine & Nichido Fire Insurance Co., LTD (U.S. Branch)**
NAIC #3098-12904/FEIN #13-6108722
Trans Pacific Insurance Company – NAIC #3098-41238/FEIN #13-3118700
TNUS Insurance Company – NAIC #3098-32301/FEIN #20-0940754
Commercial General Liability
Forms Delay Adoption
Company Filing Number: 07-AR-3-GL-36-8
Effective Date: March 1, 2008

Dear Commissioner Benafield-Bowman:

This letter represents filing action from the above-captioned Companies. Letters permitting Westmont Associates, Inc. to submit this filing on the Companies' behalf are enclosed.

Please be advised that the Company would like to delay the adoption of the following ISO revisions:

- 2007 General Liability Multistate Forms Revision found in ISO filing GL-2006-OCTFR

Please note that the rates and rules associated with this filing are exempt from filing requirements in your jurisdiction.

We hereby propose that these revisions become effective on March 1, 2008. If at all possible, please stamp this submission with the effective date requested.

Your approval and/or acknowledgement of this submission is respectfully requested. Enclosed please find a self-addressed stamped envelope for your convenience in returning a duplicate copy of this filing, evidencing your approval and/or acknowledgement.

Sincerely,

Sherri Penn
Analyst
sherri@westmontlaw.com

Enc.

Cc: D. Rosenkrans

Approved until withdrawn
or revoked

Nov 16 2007
Arkansas Insurance Department
By: EL
(~~Delay~~ adoption)
acknowledged
eff. 3-1-2008

25 Chestnut Street, Suite 105 • Haddonfield, NJ 08033 • phone: (856) 216-0220 • fax: (856) 216-0303

TOKIO MARINE
NICHIDO

Tokio Marine Management, Inc.
U.S. Manager and/or Manager for
Tokio Marine & Nichido Fire Insurance Co., Ltd. (U.S. Branch)
Trans Pacific Insurance Company
TM Casualty Insurance Company
TNUS Insurance Company

230 Park Avenue
New York, New York 10169
Phone: (212) 297-6600
Main Fax: (212) 297-6062
Claims Fax: (212) 297-6064

MILLEA GROUP

RECEIVED

NOV 16 2007

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Re: Tokio Marine & Nichido Fire Insurance Co., Ltd. (U.S. Branch)
NAIC # 3098-12904
FEIN # 13-6108722
Letter of Authorization
Filing of Forms, Rates, and Rules

In accordance with applicable statutes and regulations of your state, Nancy Stepanski, Wesley Pohler, Jennifer Waldron, and Westmont Associates, Inc. are hereby authorized to file rates, rules, and forms on behalf of the Company.

Sincerely,

Pamela J. Olson
Vice President – Corporate Underwriting

TOKIO MARINE
NICHIDO

Tokio Marine Management, Inc.
U.S. Manager and/or Manager for
Tokio Marine & Nichido Fire
Insurance Co., Ltd. (U.S. Branch)
Trans Pacific Insurance Company
TM Casualty Insurance Company
TNUS Insurance Company

230 Park Avenue
New York, New York 10169
Phone: (212) 297-6600
Main Fax: (212) 297-6062
Claims Fax: (212) 297-6064

MILLEA GROUP

RECEIVED
NOV 16 2007
PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Re: Trans Pacific Insurance Company
NAIC # 3098-41238
FEIN # 13-3118700
Letter of Authorization
Filing of Forms, Rates, and Rules

In accordance with applicable statutes and regulations of your state, Nancy Stepanski, Wesley Pohler, Jennifer Waldron, and Westmont Associates, Inc. are hereby authorized to file rates, rules, and forms on behalf of the Company.

Sincerely,

Pamela J. Olson
Vice President – Corporate Underwriting

TOKIO MARINE
NICHIDO

Tokio Marine Management, Inc.
U.S. Manager and/or Manager for
Tokio Marine & Nichido Fire Insurance Co., Ltd. (U.S. Branch)
Trans Pacific Insurance Company
TM Casualty Insurance Company
TNUS Insurance Company

230 Park Avenue
New York, New York 10169
Phone: (212) 297-6600
Main Fax: (212) 297-6062
Claims Fax: (212) 297-6064

MILLEA GROUP

RECEIVED

NOV 16 2007

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Re: TNUS Insurance Company
NAIC # 3098-41238
FEIN # 20-0940754
Letter of Authorization
Filing of Forms, Rates, and Rules

In accordance with applicable statutes and regulations of your state, Nancy Stepanski, Wesley Pohler, Jennifer Waldron, and Wesley Associates, Inc. are hereby authorized to file rates, rules, and forms on behalf of the Company.

Sincerely,

Pamela J. Olson
Vice President – Corporate Underwriting

Effective January 1, 2006

Property & Casualty Transmittal Document (Revised 1/1/06)

AR

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	

RECEIVED NOV 16 2007 PROPERTY AND CASUALTY DIVISION ARKANSAS INSURANCE DEPARTMENT

3.	Group Name	Group NAIC #
	Millea Group	3098

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	Tokio Marine & Nichido Fire Insurance Co., Ltd. (U.S. Branch)	NY	12904	13-6108722
	Trans Pacific Insurance Company	NY	41238	13-3118700
	TNUS Insurance Company	NY	32301	20-0940754

5.	Company Tracking Number	07-AR-3-GL-36-8

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Sherri Penn Westmont Associates, Inc.	Analyst	(321) 613-2086	(856) 216-0303	sherri@westmontlaw.com
	25 Chestnut Street, Suite 105 Haddonfield, NJ 08033				
7.	Signature of authorized filer	Sherri Penn			
8.	Please print name of authorized filer	Sherri Penn			

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

9.	Type of Insurance (TOI),	Please select from the drop down list. 17.0 - Other Liability
10.	Sub-Type of Insurance (Sub-TOI)	17.0001 - Commercial General Liability
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	n/a
12.	Company Program Title (marketing title)	Commercial General Liability
13.	Filing Type	☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules ☒ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other:
14.	Effective Date(s) Requested	New: 3/1/08 Renewal: 3/1/08
15.	Reference Filing?	☐ (Yes) ☐ No
16.	Reference Organization (if applicable)	ISO
17.	Reference Organization # & Title	GL-2006-OCTFR
18.	Company's Date of Filing	11/13/07
19.	Status of filing in domicile	☐ Not Filed ☒ Pending ☐ Authorized ☐ Disapproved

Q2006 National Association of Insurance Commissioners

Property & Casualty Transmittal Document ---

20.	**This filing transmittal is part of Company Tracking #**	07-AR-3-GL-36-8

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

Delay Adoption of ISO forms.

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 #: 25848
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.)**

0 2606 National Association of Insurance Commissioners

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 #**	07-AR-3-GL-36-8
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	Commercial General Liability Coverage Form	CG 00 01 12 07	☒ New ☐ Replacement ☐ Withdrawn		
02	Commercial General Liability Coverage Form - Claims-Made	CG 00 02 12 07	☒ New ☐ Replacement ☐ Withdrawn		
03	Owners and Contractors Protective Liability Coverage Form - Coverage for Operations of Designated Contractor	CG 00 09 12 07	☒ New ☐ Replacement ☐ Withdrawn		
04	Liquor Liability Coverage Form	CG 00 33 12 07	☒ New ☐ Replacement ☐ Withdrawn		
05	Liquor Liability Coverage Form - Claims-Made	CG 00 34 12 07	☒ New ☐ Replacement ☐ Withdrawn		
06	Railroad Protective Liability Coverage Form	CG 00 35 12 07	☒ New ☐ Replacement ☐ Withdrawn		
07	Products/Completed Operations Liability Coverage Form	CG 00 37 12 07	☒ New ☐ Replacement ☐ Withdrawn		
08	Products/Completed Operations Liability Coverage Form - Claims-Made	CG 00 38 12 07	☒ New ☐ Replacement ☐ Withdrawn		
09	Pollution Liability Coverage Form Designated Sites	CG 00 39 12 07	☒ New ☐ Replacement ☐ Withdrawn		
10	Pollution Liability Coverage Form Designated Sites - Claims-Made	CG 00 40 12 07	☐ New ☐ Replacement ☐ Withdrawn		

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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, unless allowed by state.)

1.	**This filing transmittal is part of Company Tracking #**	07-AR-3-GL-36-8
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
11	Electronic Data Liability Coverage Form	CG 00 65 12 07	☒ New ☐ Replacement ☐ Withdrawn		
12	Product Withdrawal Coverage Form	CG 00 66 12 07	☒ New ☐ Replacement ☐ Withdrawn		
13	Employee Benefits Liability Coverage	CG 04 35 12 07	☒ New ☐ Replacement ☐ Withdrawn		
14	Employment-Related Practices Exclusion	CG 21 47 12 07	☒ New ☐ Replacement ☐ Withdrawn		
15	Abuse or Molestation Exclusion - Specified Professional Services	CG 21 97 12 07	☒ New ☐ Replacement ☐ Withdrawn		
16	Total Pollution Exclusion Endorsement	CG 21 98 12 07	☒ New ☐ Replacement ☐ Withdrawn		
17	Limitation of Coverage - Real Estate Operations	CG 22 60 12 07	☒ New ☐ Replacement ☐ Withdrawn		
18	Snow Plow Operations Coverage	CG 22 92 12 07	☒ New ☐ Replacement ☐ Withdrawn		
19	Lawn Care Services Coverage	CG 22 93 12 07	☒ New ☐ Replacement ☐ Withdrawn		
20	Canoes or Rowboats	CG 24 16 12 07	☒ New ☐ Replacement ☐ Withdrawn		

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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, unless allowed by state.)

1.	**This filing transmittal is part of Company Tracking #**	07-AR-3-GL-36-8
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
21	Supplemental Extended Reporting Period Endorsement	CG 27 10 12 07	☒ New ☐ Replacement ☐ Withdrawn		
22	Extended Reporting Period Endorsement for Employee Benefits Liability Coverage	CG 27 15 12 07	☒ New ☐ Replacement ☐ Withdrawn		
23	Principals Protective Liability Coverage	CG 28 07 12 07	☒ New ☐ Replacement ☐ Withdrawn		
24	Employment-Related Practices Exclusion	CG 29 51 12 07	☒ New ☐ Replacement ☐ Withdrawn		
25	Exclusion - Coverage A - Product Withdrawal Expense	CG 31 68 12 07	☒ New ☐ Replacement ☐ Withdrawn		
26			☐ New ☐ Replacement ☐ Withdrawn		
27			☐ New ☐ Replacement ☐ Withdrawn		
28			☐ New ☐ Replacement ☐ Withdrawn		
29			☐ New ☐ Replacement ☐ Withdrawn		
30			☐ New ☐ Replacement ☐ Withdrawn		

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