

<i>SERFF Tracking Number:</i>	<i>TRVD-125267291</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Athena Assurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025845</i>
<i>Company Tracking Number:</i>	<i>2007-08-0009</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>NCCI Adoption/2007-08-0009</i>		

Filing at a Glance

Companies: Athena Assurance Company, Farmington Casualty Company, NIPPONKOA Insurance Company Ltd.,(U.S.Branch), St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, St. Paul Protective Insurance Company, The Charter Oak Fire Insurance Company, The Phoenix Insurance Company, The Standard Fire Insurance Company, The Travelers Indemnity Company, The Travelers Indemnity Company of America, The Travelers Indemnity Company Of Connecticut, Travelers Casualty and Surety Company, Travelers Casualty Insurance Company of America, Travelers Property Casualty Company of America

Product Name: Workers Compensation	SERFF Tr Num: TRVD-125267291	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: AR-PC-07-025845
Sub-TOI: 16.0004 Standard WC	Co Tr Num: 2007-08-0009	State Status:
Filing Type: Rate	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Authors: Carrie Acuna, Carol Letendre	Disposition Date: 08/21/2007
	Date Submitted: 08/21/2007	Disposition Status: Approved
Effective Date Requested (New): 09/21/2007		Effective Date (New): 09/21/2007
Effective Date Requested (Renewal): 09/21/2007		Effective Date (Renewal):

General Information

Project Name: NCCI Adoption	Status of Filing in Domicile: Authorized
Project Number: 2007-08-0009	Domicile Status Comments: N/A
Reference Organization: NCCI	Reference Number: AR 2007-09
Reference Title: NCCI Circular	Advisory Org. Circular: N/A
Filing Status Changed: 08/21/2007	
State Status Changed: 08/21/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

In compliance with the insurance laws and regulations of your state, we respectfully submit a revision to our Workers Compensation Program.

The purpose of this filing is to advise you of our intent to adopt the following recently approved NCCI Item filing:
Arkansas -02-AR-2007 – Revision to Basic Manual Classification Code 2719 – Logging or Tree Removal – Certified

<i>SERFF Tracking Number:</i>	<i>TRVD-125267291</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Athena Assurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025845</i>
<i>Company Tracking Number:</i>	<i>2007-08-0009</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>NCCI Adoption/2007-08-0009</i>		

Mechanized Harvesting Exclusively.

We plan to implement these changes with respect to policies effective on or after September 21, 2007 to coincide with the effective date of the NCCI filing. 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. Please stamp and return the extra copy of this letter for our records.

Company and Contact

Filing Contact Information

Carol Letendre, Senior Regulatory Analyst	CLETENDR@travelers.com
385 Washington Street	(651) 310-7110 [Phone]
St. Paul, MN 55102	(651) 310-4361[FAX]

Filing Company Information

Athena Assurance Company	CoCode: 41769	State of Domicile: Minnesota
385 Washington Street	Group Code: 3548	Company Type:
St. Paul, MN 55102	Group Name:	State ID Number:
(651) 310-7782 ext. [Phone]	FEIN Number: 41-1435765	

Farmington Casualty Company	CoCode: 41483	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-5660 ext. [Phone]	FEIN Number: 06-1067463	

NIPPONKOA Insurance Company Ltd.,(U.S.Branch)	CoCode: 27073	State of Domicile: New York
One Tower Square	Group Code: 2558	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 98-0032627	

St. Paul Fire and Marine Insurance Company	CoCode: 24767	State of Domicile: Minnesota
385 Washington Street	Group Code: 3548	Company Type:
St. Paul, MN 55102	Group Name:	State ID Number:
(651) 310-7782 ext. [Phone]	FEIN Number: 41-0406690	

<i>SERFF Tracking Number:</i>	<i>TRVD-125267291</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Athena Assurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025845</i>
<i>Company Tracking Number:</i>	<i>2007-08-0009</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>NCCI Adoption/2007-08-0009</i>		

St. Paul Guardian Insurance Company	CoCode: 24775	State of Domicile: Minnesota
385 Washington Street	Group Code: 3548	Company Type:
St. Paul, MN 55102	Group Name:	State ID Number:
(651) 310-7782 ext. [Phone]	FEIN Number: 41-0963301	

St. Paul Mercury Insurance Company	CoCode: 24791	State of Domicile: Minnesota
385 Washington Street	Group Code: 3548	Company Type:
St. Paul, MN 55102	Group Name:	State ID Number:
(651) 310-7782 ext. [Phone]	FEIN Number: 41-0881659	

St. Paul Protective Insurance Company	CoCode: 19224	State of Domicile: Illinois
385 Washington Street	Group Code: 3548	Company Type:
St. Paul, MN 55102	Group Name:	State ID Number:
(651) 310-7782 ext. [Phone]	FEIN Number: 36-2542404	

The Charter Oak Fire Insurance Company	CoCode: 25615	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0291290	

The Phoenix Insurance Company	CoCode: 25623	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0303275	

The Standard Fire Insurance Company	CoCode: 19070	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-5660 ext. [Phone]	FEIN Number: 06-6033509	

The Travelers Indemnity Company	CoCode: 25658	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0566050	

<i>SERFF Tracking Number:</i>	<i>TRVD-125267291</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Athena Assurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025845</i>
<i>Company Tracking Number:</i>	<i>2007-08-0009</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>NCCI Adoption/2007-08-0009</i>		

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:

The Travelers Indemnity Company Of Connecticut One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 25682 Group Code: 3548 Group Name: FEIN Number: 06-0336212	State of Domicile: Connecticut Company Type: State ID Number:

Travelers Casualty and Surety Company One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 19038 Group Code: 3548 Group Name: FEIN Number: 06-6033504	State of Domicile: Connecticut Company Type: State ID Number:

Travelers Casualty Insurance Company of America One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 19046 Group Code: 3548 Group Name: FEIN Number: 06-0876835	State of Domicile: Connecticut Company Type: State ID Number:

Travelers Property Casualty Company of America One Tower Square Hartford, CT 06183 (860) 277-6470 ext. [Phone]	CoCode: 25674 Group Code: 3548 Group Name: FEIN Number: 36-2719165	State of Domicile: Connecticut Company Type: State ID Number:

SERFF Tracking Number: TRVD-125267291

State: Arkansas

First Filing Company: Athena Assurance Company, ...

State Tracking Number: AR-PC-07-025845

Company Tracking Number: 2007-08-0009

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: NCCI Adoption/2007-08-0009

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: Flat fee for Adoptions.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Travelers Casualty and Surety Company	\$0.00	08/21/2007	
Travelers Casualty Insurance Company of America	\$0.00	08/21/2007	
The Standard Fire Insurance Company	\$0.00	08/21/2007	
St. Paul Protective Insurance Company	\$0.00	08/21/2007	
St. Paul Fire and Marine Insurance Company	\$0.00	08/21/2007	
St. Paul Guardian Insurance Company	\$0.00	08/21/2007	
St. Paul Mercury Insurance Company	\$0.00	08/21/2007	
The Charter Oak Fire Insurance Company	\$0.00	08/21/2007	
The Phoenix Insurance Company	\$0.00	08/21/2007	
The Travelers Indemnity Company	\$25.00	08/21/2007	15210004
The Travelers Indemnity Company of America	\$0.00	08/21/2007	
Travelers Property Casualty Company of America	\$0.00	08/21/2007	
The Travelers Indemnity Company Of Connecticut	\$0.00	08/21/2007	
NIPPONKOA Insurance Company Ltd.,(U.S.Branch)	\$0.00	08/21/2007	
Farmington Casualty Company	\$0.00	08/21/2007	
Athena Assurance Company	\$0.00	08/21/2007	

SERFF Tracking Number: TRVD-125267291

State: Arkansas

First Filing Company: Athena Assurance Company, ...

State Tracking Number: AR-PC-07-025845

Company Tracking Number: 2007-08-0009

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: NCCI Adoption/2007-08-0009

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08/21/2007	08/21/2007

SERFF Tracking Number: TRVD-125267291 State: Arkansas
First Filing Company: Athena Assurance Company, ... State Tracking Number: AR-PC-07-025845
Company Tracking Number: 2007-08-0009
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: NCCI Adoption/2007-08-0009

Disposition

Disposition Date: 08/21/2007
Effective Date (New): 09/21/2007
Effective Date (Renewal):
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-125267291 State: Arkansas
 First Filing Company: Athena Assurance Company, ... State Tracking Number: AR-PC-07-025845
 Company Tracking Number: 2007-08-0009
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: NCCI Adoption/2007-08-0009

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes

SERFF Tracking Number: TRVD-125267291

State: Arkansas

First Filing Company: Athena Assurance Company, ...

State Tracking Number: AR-PC-07-025845

Company Tracking Number: 2007-08-0009

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: NCCI Adoption/2007-08-0009

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVD-125267291 State: Arkansas
First Filing Company: Athena Assurance Company, ... State Tracking Number: AR-PC-07-025845
Company Tracking Number: 2007-08-0009
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: NCCI Adoption/2007-08-0009

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 08/21/2007

Comments:

Attachment:

NAIC Transmittal Doc.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 08/21/2007

Bypass Reason: N/A

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 08/21/2007

Bypass Reason: N/A

Comments:

Satisfied -Name: Cover Letter **Review Status:** Approved 08/21/2007

Comments:

Attachment:

AR Filing tr.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 Insurance Company, Limited	2558

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Athena Assurance Company	MN	41769	41-1435765	
Farmington Casualty Company	CT	41483	06-1067463	
NIPPONKOA Insurance Company, Limited	NY	27073	98-0032627	
St. Paul Fire & Marine Insurance Company	MN	24767	41-0406690	
St. Paul Mercury Insurance Company	MN	24791	41-0881659	
St. Paul Guardian Insurance Company	MN	24775	41-0963301	
St. Paul Protective Insurance Company	IL	19224	36-2542404	
The Charter Oak Fire Insurance Company	CT	25615	06-0291290	
The Phoenix Insurance Company	CT	25623	06-0303275	
The Standard Fire Insurance Company	CT	19070	06-6033509	
The Travelers Indemnity Company	CT	25658	06-0566050	
The Travelers Indemnity Company of America	CT	25666	58-6020487	
The Travelers Indemnity Company of Connecticut	CT	25682	06-0336212	
Travelers Casualty And Surety Company	CT	19038	06-6033504	
Travelers Casualty And Surety Company of America	CT	19046	03-0876835	
Travelers Property Casualty Company of America	CT	25674	36-2719165	

5. Company Tracking Number	2007-08-0009
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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
	Carol Letendre 385 Washington St. St. Paul MN 55102	Senior Regulatory Analyst	651-310-7110 800-328-2189 Ext. 07110	651-310-4361	Cletendr@travelers.com
7.	Signature of authorized filer		<i>Carol Letendre</i>		
8.	Please print name of authorized filer		Carol Letendre		

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

9. Type of Insurance (TOI)	16.0000
10. Sub-Type of Insurance (Sub-TOI)	16.0004
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Workers Compensation and Employers Liability

13. Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: September 21, 2007 Renewal: September 21, 2007
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	NCCI Circular AR 2007-09
18. Company's Date of Filing	August 21, 2007
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2007-08-0009
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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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The purpose of this filing is to advise you of our intent to adopt the following recently approved NCCI Item filing: Arkansas -02-AR-2007 – Revision to Basic Manual Classification Code 2719 – Logging or Tree Removal – Certified Mechanized Harvesting Exclusively.

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]
<p>ARKANSAS Check #: N/A - EFT Amount: 25.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**



Carol Letendre
Senior Regulatory Analyst
Regulatory Affairs, Business Insurance
Toll Free: (800) 328-2189 Ext. 07110
Direct: (651) 310-7110; Fax: (651) 310-4361
385 Washington Street, 9275-NB14L
St. Paul, MN 55102
Cletendr@travelers.com

August 21, 2007

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

ATHENA ASSURANCE COMPANY	3548-41769
FARMINGTON CASUALTY COMPANY	3548-41483
NIPPONKOA INSURANCE COMPANY, LIMITED	2558-27073
ST. PAUL FIRE AND MARINE INSURANCE COMPANY	3548-24767
ST. PAUL MERCURY INSURANCE COMPANY	3548-24791
ST. PAUL GUARDIAN INSURANCE COMPANY	3548-24775
ST. PAUL PROTECTIVE INSURANCE COMPANY	3548-19224
THE CHARTER OAK FIRE INSURANCE COMPANY	3548-25615
THE PHOENIX INSURANCE COMPANY	3548-25623
THE STANDARD FIRE INSURANCE COMPANY	3548-19070
THE TRAVELERS INDEMNITY COMPANY	3548-25658
THE TRAVELERS INDEMNITY COMPANY OF AMERICA	3548-25666
THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT	3548-25682
TRAVELERS CASUALTY AND SURETY COMPANY	3548-19038
TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA	3548-19046
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA	3548-25674

Workers Compensation

NCCI Adoption

Item 02-AR-2007– Revision to Basic Manual Classification Code 2719 – Logging or Tree Removal –
Certified Mechanized Harvesting Exclusively

Our Company Filing Number: 2007-08-0009

Dear Commissioner:

In compliance with the insurance laws and regulations of your state, we respectfully submit a revision to our Workers Compensation Program.

The purpose of this filing is to advise you of our intent to adopt the following recently approved NCCI Item filing: Arkansas -02-AR-2007 – Revision to Basic Manual Classification Code 2719 – Logging or Tree Removal – Certified Mechanized Harvesting Exclusively.

Honorable Julie Benafield Bowman
August 21, 2007
Page 2 of 2

We plan to implement these changes with respect to policies effective on or after **September 21, 2007** to coincide with the effective date of the NCCI filing. 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. Please stamp and return the extra copy of this letter for our records.

Sincerely,



Carol Letendre
Senior Regulatory Analyst
CL/ca
Enclosures

bcc: Robin Lemke