Filing at a Glance

Companies: The Travelers Home and Marine Insurance Company, Travelers Commercial Insurance Company

Product Name: Quantum Auto	SERFF Tr Num: TRVA-125302289	State: Arkansas
TOI: 19.0 Personal Auto	SERFF Status: Closed	State Tr Num: AR-PC-07-026199
Sub-TOI: 19.0001 Private Passenger Auto (PPA)	Co Tr Num: 2007-09-0063	State Status:
Filing Type: Rate	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi
	Author: Ann Lavorgna	Disposition Date: 09/25/2007
	Date Submitted: 09/24/2007	Disposition Status: Filed
Effective Date Requested (New): 11/18/2007		Effective Date (New): 11/18/2007
Effective Date Requested (Renewal):		Effective Date (Renewal):

General Information

Project Name: Quantum Auto	Status of Filing in Domicile:
Project Number: 2007-09-0063	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/25/2007	
State Status Changed: 09/24/2007	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Territory change to a zip code

Company and Contact

Filing Contact Information

Ann Lavorgna, Regulatory Analyst	AJLAVORG@travelers.com
One Tower Square	(860) 277-5466 [Phone]
Hartford, CT 06183	(860) 277-5204[FAX]

Filing Company Information

The Travelers Home and Marine Insurance Company	CoCode: 27998	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type: Property/Casualty
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-7395 ext. [Phone]	FEIN Number: 35-1838079	

Travelers Commercial Insurance Company	CoCode: 36137	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type: Property/Casualty
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-7395 ext. [Phone]	FEIN Number: 06-1286268	

Filing Fees

Fee Required?	Yes
Fee Amount:	$100.00
Retaliatory?	No
Fee Explanation:	Rate filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Travelers Home and Marine Insurance Company	$100.00	09/24/2007	15777803
Travelers Commercial Insurance Company	$0.00	09/24/2007	

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	09/25/2007	09/25/2007

Disposition

Disposition Date: 09/25/2007
Effective Date (New): 11/18/2007
Effective Date (Renewal):
Status: Filed
Comment:

Company Name:	**Overall % Rate Impact:**	**Written Premium Change for this Program:**	**# of Policy Holders Affected for this Program:**	**Premium:**	**Maximum % Change (where required):**	**Minimum % Change (where required):**	**Overall % Indicated Change:**
The Travelers Home and Marine Insurance Company	-0.080%	$-18,722	57	$23,402,892	0.000%	-20.900%	0.000%
Travelers Commercial Insurance Company	0.000%	$0	0	$259,316	0.000%	0.000%	0.000%

Overall Rate Information for Multiple Company Filings	
Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	-0.080%
Effect of Rate Filing-Written Premium Change For This Program	$-18,722
Effect of Rate Filing - Number of Policyholders Affected	57

SERFF Tracking Number:	*TRVA-125302289*	*State:*	*Arkansas*
First Filing Company:	*The Travelers Home and Marine Insurance Company, ...*	*State Tracking Number:*	*AR-PC-07-026199*
Company Tracking Number:	*2007-09-0063*		
TOI:	*19.0 Personal Auto*	*Sub-TOI:*	*19.0001 Private Passenger Auto (PPA)*
Product Name:	*Quantum Auto*		
Project Name/Number:	*Quantum Auto/2007-09-0063*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	APCS	Filed	Yes
Rate	ExMemo-Exhibits	Filed	Yes

Rate Information

Rate data applies to filing.

Filing Method:	File & Use
Rate Change Type:	Decrease
Overall Percentage of Last Rate Revision:	-0.600%
Effective Date of Last Rate Revision:	07/22/2007
Filing Method of Last Filing:	File & Use

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
The Travelers Home and Marine Insurance Company	0.000%	-0.080%	$-18,722	57	$23,402,892	0.000%	-20.900%
Travelers Commercial Insurance Company	0.000%	0.000%	$0	0	$259,316	0.000%	0.000%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:	0.000%
Overall Percentage Rate Impact For This Filing:	-0.080%

SERFF Tracking Number:	*TRVA-125302289*	*State:*	*Arkansas*
First Filing Company:	*The Travelers Home and Marine Insurance Company, ...*	*State Tracking Number:*	*AR-PC-07-026199*
Company Tracking Number:	*2007-09-0063*		
TOI:	*19.0 Personal Auto*	*Sub-TOI:*	*19.0001 Private Passenger Auto (PPA)*
Product Name:	*Quantum Auto*		
Project Name/Number:	*Quantum Auto/2007-09-0063*		

Effect of Rate Filing - Written Premium Change For This Program:	$-18,722
Effect of Rate Filing - Number of Policyholders Affected:	57

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
Filed	ExMemo-Exhibits	Terr Def-Factors	Replacement		AR QUANTUM AUTO 11-18-07.pdf

ARKANSAS QUANTUM AUTOMOBILE

THE TRAVELERS HOME AND MARINE INSURANCE COMPANY
TRAVELERS COMMERCIAL INSURANCE COMPANY

Table of Contents

Explanatory Memorandum

Exhibit 1 Pages 1-16 Coverage Level Territory Definitions and Factors

ARKANSAS QUANTUM AUTOMOBILE

THE TRAVELERS HOME AND MARINE INSURANCE COMPANY
TRAVELERS COMMERCIAL INSURANCE COMPANY

Explanatory Memorandum

We are re-assigning the territory associated with zip code 72019 from 0000 to 0526. Due to USPS adjusting the existing zip code (72019), from a P.O. Box to an area covered by a mail carrier. In order to offer an appropriate rate to these insured, we are re-assigning this zip code from our default (0000) to territory 0526.

We plan to implement this filing in Arkansas for applicable business processed on or after November 18, 2007.

The impact to our active book will result in minimal disruption -0.08%.

ARKANSAS QUANTUM AUTOMOBILE

THE TRAVELERS HOME AND MARINE INSURANCE COMPANY
TRAVELERS COMMERCIAL INSURANCE COMPANY

Coverage Level Territory Definitions and Factors

Bodily Injury

Zip Code	Current Territory	Proposed Territory	Current Factor	Proposed Factor
72019	0000	0526	1.2660	0.9180

Note: This exhibit shows only the zip codes that are changing.

ARKANSAS QUANTUM AUTOMOBILE

THE TRAVELERS HOME AND MARINE INSURANCE COMPANY
TRAVELERS COMMERCIAL INSURANCE COMPANY

Coverage Level Territory Definitions and Factors

Property Damage

Zip Code	Current Territory	Proposed Territory	Current Factor	Proposed Factor
72019	0000	0526	1.2090	0.9310

Note: This exhibit shows only the zip codes that are changing.

ARKANSAS QUANTUM AUTOMOBILE

THE TRAVELERS HOME AND MARINE INSURANCE COMPANY
TRAVELERS COMMERCIAL INSURANCE COMPANY

Coverage Level Territory Definitions and Factors

Combined Single Limits Bodily Injury

Zip Code	Current Territory	Proposed Territory	Current Factor	Proposed Factor
72019	0000	0526	1.2660	0.9180

Note: This exhibit shows only the zip codes that are changing.

ARKANSAS QUANTUM AUTOMOBILE

THE TRAVELERS HOME AND MARINE INSURANCE COMPANY
TRAVELERS COMMERCIAL INSURANCE COMPANY

Coverage Level Territory Definitions and Factors

Combined Single Limits Property Damage

Zip Code	Current Territory	Proposed Territory	Current Factor	Proposed Factor
72019	0000	0526	1.2090	0.9310

Note: This exhibit shows only the zip codes that are changing.

ARKANSAS QUANTUM AUTOMOBILE

THE TRAVELERS HOME AND MARINE INSURANCE COMPANY
TRAVELERS COMMERCIAL INSURANCE COMPANY

Coverage Level Territory Definitions and Factors

Medical Payments

Zip Code	Current Territory	Proposed Territory	Current Factor	Proposed Factor
72019	0000	0526	0.9450	0.8770

Note: This exhibit shows only the zip codes that are changing.

ARKANSAS QUANTUM AUTOMOBILE

THE TRAVELERS HOME AND MARINE INSURANCE COMPANY
TRAVELERS COMMERCIAL INSURANCE COMPANY

Coverage Level Territory Definitions and Factors

Work Loss

Zip Code	Current Territory	Proposed Territory	Current Factor	Proposed Factor
72019	0000	0526	0.9450	0.8770

Note: This exhibit shows only the zip codes that are changing.

ARKANSAS QUANTUM AUTOMOBILE

THE TRAVELERS HOME AND MARINE INSURANCE COMPANY
TRAVELERS COMMERCIAL INSURANCE COMPANY

Coverage Level Territory Definitions and Factors

Medical Expense

Zip Code	Current Territory	Proposed Territory	Current Factor	Proposed Factor
72019	0000	0526	0.9450	0.8770

Note: This exhibit shows only the zip codes that are changing.

ARKANSAS QUANTUM AUTOMOBILE

THE TRAVELERS HOME AND MARINE INSURANCE COMPANY
TRAVELERS COMMERCIAL INSURANCE COMPANY

Coverage Level Territory Definitions and Factors

Accidental Death

Zip Code	Current Territory	Proposed Territory	Current Factor	Proposed Factor
72019	0000	0526	0.9450	0.8770

Note: This exhibit shows only the zip codes that are changing.

ARKANSAS QUANTUM AUTOMOBILE

THE TRAVELERS HOME AND MARINE INSURANCE COMPANY
TRAVELERS COMMERCIAL INSURANCE COMPANY

Coverage Level Territory Definitions and Factors

Collision

Zip Code	Current Territory	Proposed Territory	Current Factor	Proposed Factor
72019	0000	0526	1.0180	0.9160

Note: This exhibit shows only the zip codes that are changing.

ARKANSAS QUANTUM AUTOMOBILE

THE TRAVELERS HOME AND MARINE INSURANCE COMPANY
TRAVELERS COMMERCIAL INSURANCE COMPANY

Coverage Level Territory Definitions and Factors

Comprehensive

Zip Code	Current Territory	Proposed Territory	Current Factor	Proposed Factor
72019	0000	0526	0.8610	0.7980

Note: This exhibit shows only the zip codes that are changing.

ARKANSAS QUANTUM AUTOMOBILE

THE TRAVELERS HOME AND MARINE INSURANCE COMPANY
TRAVELERS COMMERCIAL INSURANCE COMPANY

Coverage Level Territory Definitions and Factors

Uninsured Motorists Bodily Injury Split Limits

Zip Code	Current Territory	Proposed Territory	Current Factor	Proposed Factor
72019	0000	0526	1.2660	0.9180

Note: This exhibit shows only the zip codes that are changing.

ARKANSAS QUANTUM AUTOMOBILE

THE TRAVELERS HOME AND MARINE INSURANCE COMPANY
TRAVELERS COMMERCIAL INSURANCE COMPANY

Coverage Level Territory Definitions and Factors

Uninsured Motorists Bodily Injury Single Limits

Zip Code	Current Territory	Proposed Territory	Current Factor	Proposed Factor
72019	0000	0526	1.2660	0.9180

Note: This exhibit shows only the zip codes that are changing.

ARKANSAS QUANTUM AUTOMOBILE

THE TRAVELERS HOME AND MARINE INSURANCE COMPANY
TRAVELERS COMMERCIAL INSURANCE COMPANY

Coverage Level Territory Definitions and Factors

Underinsured Motorists Bodily Injury Split Limits

Zip Code	Current Territory	Proposed Territory	Current Factor	Proposed Factor
72019	0000	0526	1.2660	0.9180

Note: This exhibit shows only the zip codes that are changing.

ARKANSAS QUANTUM AUTOMOBILE

THE TRAVELERS HOME AND MARINE INSURANCE COMPANY
TRAVELERS COMMERCIAL INSURANCE COMPANY

Coverage Level Territory Definitions and Factors

Underinsured Motorists Bodily Injury Single Limits

Zip Code	Current Territory	Proposed Territory	Current Factor	Proposed Factor
72019	0000	0526	1.2660	0.9180

Note: This exhibit shows only the zip codes that are changing.

ARKANSAS QUANTUM AUTOMOBILE

THE TRAVELERS HOME AND MARINE INSURANCE COMPANY
TRAVELERS COMMERCIAL INSURANCE COMPANY

Coverage Level Territory Definitions and Factors

Uninsured Motorists Bodily Injury/Property Damage Combined Single Limits

Zip Code	Current Territory	Proposed Territory	Current Factor	Proposed Factor
72019	0000	0526	1.0180	0.9160

Note: This exhibit shows only the zip codes that are changing.

ARKANSAS QUANTUM AUTOMOBILE

THE TRAVELERS HOME AND MARINE INSURANCE COMPANY
TRAVELERS COMMERCIAL INSURANCE COMPANY

Coverage Level Territory Definitions and Factors

Uninsured Motorists Property Damage

Zip Code	Current Territory	Proposed Territory	Current Factor	Proposed Factor
72019	0000	0526	1.0180	0.9160

Note: This exhibit shows only the zip codes that are changing.

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Review Status: Filed 09/25/2007

Comments:

Attachments:

~PC TD-1.pdf

AR PC RRFS-1 9-14-07.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp

Review Status: Filed 09/25/2007

Bypass Reason: n/a

Comments:

Satisfied -Name: NAIC loss cost data entry document

Review Status: Filed 09/25/2007

Comments:

Attachments:

AR RF-1 9-14-07.pdf

AR-A1 THM 9-14-07.pdf

AR-A1 TCI 9-14-07.pdf

Satisfied -Name: APCS

Review Status: Filed 09/25/2007

Comments:

Attachments:

SPR THMADJ 11-18-07.xls

SPR ACCADJ 11-18-07.xls

SPR THMADJ 11-18-07.pdf

SPR ACCADJ 11-18-07.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

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	The Travelers Home and Marine Ins. Co.	CT	3548-27998	35-1838079	
	Travelers Commercial Ins. Co.	CT	3548-36137	06-1286268	

5.	Company Tracking Number	2007-09-0063

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Ann Lavorgna One Tower Square Hartford, CT 06183	Regulatory Analyst	(860) 277-5466	(860) 277-5204	AJLAVORG@travelers.com
	One Tower Square Hartford, CT 06183		(860) 277-	(860) 277-	

7.	Signature of authorized filer	Ann Lavorgna
8.	Please print name of authorized filer	Ann Lavorgna

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

9.	**Type of Insurance (TOI)**	Personal Auto
10.	**Sub-Type of Insurance (Sub-TOI)**	Private Passenger Auto
11.	**State Specific Product code(s) (if applicable)[See State Specific Requirements]**	
12.	**Company Program Title** (Marketing title)	Quantum Auto
13.	**Filing Type**	☐ Rate/Loss Cost ☐ Rules ☒ Rates/Rules ☐ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)
14.	**Effective Date(s) Requested**	New: November 18, 2007 Renewal:
15.	**Reference Filing?**	☐ Yes ☒ No
16.	**Reference Organization** (if applicable)	
17.	**Reference Organization # & Title**	
18.	**Company's Date of Filing**	September 24, 2007
19.	**Status of filing in domicile**	☐ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved

Property & Casualty Transmittal Document—

20.	**This filing transmittal is part of Company Tracking #**	2007-09-0063

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

Quantum Auto
Effective November 18, 2007
The Travelers Home and Marine Insurance Company
Travelers Commercial Insurance Company

This filing involves the following changes to our Quantum Auto program:

. re-assigning the territory associated with zip code 72019 from 0000 to 0526

The impact will result in minimal disruption of -0.08%.

An Explanatory Memorandum and exhibits are attached.

We plan to begin using these changes effective November 18, 2007.

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 #:
Amount:

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.)**

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, unless allowed by state.)

1.	**This filing transmittal is part of Company Tracking #**	**2007-09-0063**
2.	**This filing corresponds to form filing number** (Company tracking number of form filing, if applicable)	

☐ Rate Increase ☒ Rate Decrease ☐ Rate Neutral (0%)

3.	**Filing Method (Prior Approval, File & Use, Flex Band, etc.)**	**File & Use**
4a.	**Rate Change by Company (As Proposed)**	

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where Required)	Minimum % Change (where Required)
Travelers Commercial Ins. Co.	+0.0%	+0.0%	$0	0	$259,316	+0.0%	+0.0%
The Travelers Home and Marine Ins. Co.	+0.0%	-0.08%	-$18,722	57	$23,402,892	+0.0%	-20.9%

4b. Rate Change by Company (As Accepted) For State Use Only

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a	**Overall percentage rate indication (when applicable)**	+0.0%	
5b	**Overall percentage rate impact for this filing**	-0.08%	
5c	**Effect of Rate Filing – Written premium change for this program**	-$18,722	
5d	**Effect of Rate Filing – Number of policyholders affected**	57	

6.	**Overall percentage of last rate revision**	-0.6%
7.	**Effective Date of last rate revision**	7/22/07
8.	**Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)**	File & Use

9. **See Next Page**

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Explanatory Memo and Exhibits	☐ New ☒ Replacement ☐ Withdrawn	
02		☐ New ☐ Replacement ☐ Withdrawn	
03		☐ New ☐ Replacement ☐ Withdrawn	
04		☐ New ☐ Replacement ☐ Withdrawn	
05		☐ New ☐ Replacement ☐ Withdrawn	
06		☐ New ☐ Replacement ☐ Withdrawn	
07		☐ New ☐ Replacement ☐ Withdrawn	
08		☐ New ☐ Replacement ☐ Withdrawn	
09		☐ New ☐ Replacement ☐ Withdrawn	
10		☐ New ☐ Replacement ☐ Withdrawn	
11		☐ New ☐ Replacement ☐ Withdrawn	
12		☐ New ☐ Replacement ☐ Withdrawn	
13		☐ New ☐ Replacement ☐ Withdrawn	
14		☐ New ☐ Replacement ☐ Withdrawn	
15		☐ New ☐ Replacement ☐ Withdrawn	

FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	2007-09-0063

2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	

		Company Name		Company NAIC Number
3.	A.	Travelers Commercial Insurance Company	B.	3548-36137

		Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A.	Private Passenger Auto	B.	Private Passenger Auto

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY (D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Bodily Injury	0.0%	0.0%	n/a	n/a	n/a	n/a	n/a
Property Damage	0.0%	0.0%	n/a	n/a	n/a	n/a	n/a
Medical Payments	0.0%	0.0%	n/a	n/a	n/a	n/a	n/a
UM/UIM	0.0%	0.0%	n/a	n/a	n/a	n/a	n/a
Personal Injury Protection	0.0%	0.0%	n/a	n/a	n/a	n/a	n/a
Comprehensive	0.0%	0.0%	n/a	n/a	n/a	n/a	n/a
Collision	0.0%	0.0%	n/a	n/a	n/a	n/a	n/a
TOTAL OVERALL EFFECT	0.0%	0.0%					

6. 5 Year History — Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2005	0 (Intro)	Intro	10/23/2005	Introduction	n/a	n/a	n/a
2006	9	5.5%	7/23/2006	9	4	42.2%	n/a
2007 *	191	-0.7%	7/22/2007	125,826	29,100	23.1%	n/a

7.

Expense Constants	Selected Provisions
A. Total Production Expense	16.2% / 16.3%
B. General Expense	11.1% /11.3%
C. Taxes, License & Fees	3.1% / 3.1%
D. Underwriting Profit & Contingencies	8.5% / 14.8%
E. Other (explain)	
F. TOTAL	38.9% / 45.5%

* Fiscal Accident Year ending 6/30/07

8. N Apply Loss Cost Factors to Future Filings? (Y or N)
9. 0.0% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): No Territories Affected
10. 0.0% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): No Territories Affected

PC RLC

FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	2007-09-0063

2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	

		Company Name		Company NAIC Number
3.	A.	The Travelers Home and Marine Insurance Company	B.	3548-27998

		Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A.	Private Passenger Auto	B.	Private Passenger Auto

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY (D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Bodily Injury	0.0%	-0.08%	n/a	n/a	n/a	n/a	n/a
Property Damage	0.0%	-0.09%	n/a	n/a	n/a	n/a	n/a
Medical Payments	0.0%	0.00%	n/a	n/a	n/a	n/a	n/a
UM/UIM	0.0%	-0.13%	n/a	n/a	n/a	n/a	n/a
Personal Injury Protection	0.0%	-0.03%	n/a	n/a	n/a	n/a	n/a
Comprehensive	0.0%	-0.02%	n/a	n/a	n/a	n/a	n/a
Collision	0.0%	-0.03%	n/a	n/a	n/a	n/a	n/a
TOTAL OVERALL EFFECT	0.0%	-0.08%					

6. 5 Year History — Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2005	0 (Intro)	Intro	10/23/2005	Introduction	n/a	n/a	n/a
2006	2,715	5.5%	7/23/2006	2,841	1,374	48.4%	n/a
2007 *	15,832	-0.6%	7/22/2007	17,904,727	7,755,455	43.3%	n/a

7.

Expense Constants	Selected Provisions
A. Total Production Expense	16.2% / 16.3%
B. General Expense	11.1% /11.3%
C. Taxes, License & Fees	3.1% / 3.1%
D. Underwriting Profit & Contingencies	8.5% / 14.8%
E. Other (explain)	
F. TOTAL	38.9% / 45.5%

* Fiscal Accident Year ending 6/30/07

8. N Apply Loss Cost Factors to Future Filings? (Y or N)
9. 0.0% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): No Territories Affected
10. -20.9% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 0526

PC RLC

ARKANSAS INSURANCE DEPARTMENT

FORM A-1 PRIVATE PASSENGER AUTOMOBILE ABSTRACT

Instructions: All questions must be answered. If the answer is "none" or "Not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent private passenger auto rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name The Travelers Home and Marine Insurance Company

NAIC # (including group #) 3548-27998

1. Are there any areas in the State of Arkansas in which your company will not write automobile insurance?
   Yes ☒ No
   If yes, list the areas: n/a

2. Do you furnish a market for young drivers? ☒ Yes ☐ No

3. Do you require collateral business to support a youthful driver? ☐ Yes ☒ No

4. Do you insure drivers with an international or foreign driver's license? ☒ Yes ☐ No

5. Specify the percentage you allow in credit or discounts for the following:

a. Driver over 55	1	%
b. Good Student Discount	varies	%
c. Multi-car Discount	varies	%
d. Accident Free Discount*	varies	%
Please Specify Qualification for Discount		
See Driver Variable Tables and Underwriting Guidelines		
e. Anti-Theft Discount	0	%
f. Other (specify)		%
Multiple Credits - See Non-Driver Variable Tables	varies	%
		%

6. Do you have an installment payment plan for automobile insurance? ☒ Yes ☐ No
   If so, what is the fee for installment payments?
   $5.00 for Account Billing System, $2.00 EFT

7. Does your company utilize a tiered rating plan? ☒ Yes ☐ No
   If so, list the programs and percentage difference and current volume for each plan:

Program	Percentage Difference	Volume
See Underwriting Tiering Guidelines for factors associated with each Tier	See Underwriting Tiering Guidelines for factors associated with each Tier	$ 23,402,892

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Ann Lavorgna
Signature

Ann Lavorgna
Printed Name

Regulatory Analyst
Title

(860) 277-5466
Telephone Number

AJLAVORG@travelers.com
Email Address

ARKANSAS INSURANCE DEPARTMENT

FORM A-1 PRIVATE PASSENGER AUTOMOBILE ABSTRACT

Instructions: All questions must be answered. If the answer is "none" or "Not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent private passenger auto rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name Travelers Commercial Insurance Company

NAIC # (including group #) 3548-36137

1. Are there any areas in the State of Arkansas in which your company will not write automobile insurance?
   Yes ☒ No
   If yes, list the areas: n/a

2. Do you furnish a market for young drivers? ☒ Yes ☐ No

3. Do you require collateral business to support a youthful driver? ☐ Yes ☒ No

4. Do you insure drivers with an international or foreign driver's license? ☒ Yes ☐ No

5. Specify the percentage you allow in credit or discounts for the following:

a. Driver over 55	1	%
b. Good Student Discount	varies	%
c. Multi-car Discount	varies	%
d. Accident Free Discount*	varies	%
Please Specify Qualification for Discount		
See Driver Variable Tables and Underwriting Guidelines		
e. Anti-Theft Discount	0	%
f. Other (specify)		%
Multiple Credits - See Non-Driver Variable Tables	varies	%
		%

6. Do you have an installment payment plan for automobile insurance? ☒ Yes ☐ No
   If so, what is the fee for installment payments?
   $5.00 for Account Billing System, $2.00 EFT

7. Does your company utilize a tiered rating plan? ☒ Yes ☐ No
   If so, list the programs and percentage difference and current volume for each plan:

Program	Percentage Difference	Volume
See Underwriting Tiering Guidelines for factors associated with each Tier	See Underwriting Tiering Guidelines for factors associated with each Tier	$ 259,316

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Ann Lavorgna
Signature

Ann Lavorgna
Printed Name

Regulatory Analyst
Title

(860) 277-5466
Telephone Number

AJLAVORG@travelers.com
Email Address

Private Passenger Auto Premium Comparision Survey Form

FORM APCS - last modified August 2005

NAIC Number:	3548-27998
Company Name:	The Travelers Home and Marine Insurance
Contact Person:	Ann Lavorgna
Telephone No.:	(860) 277-5466
Email Address:	AJLAVORG@travelers.com
Effective Date:	11/18/2007

DISCOUNTS OFFERED:

PASSIVE RESTRAINT/AIRBAG	n/a	%
AUTO/HOMEOWNERS	1% - 21%	%
GOOD STUDENT	1% - 8%	%
ANTI-THEFT DEVICE	n/a	%
Over 55 Defensive Driver Discount	1.0	%
$250/$500 Deductible Comp./Coll.	1% - 29%	%

Assumptions to Use:

1 *Liability -Minimum $25,000 per person*
2 *Bodily Injury $50,000 per accident*
$25,000 per accident
3 *Property Damage $100 deductible per accident*
4 *Comprehensive & Collision $250 deductible per accident*
5 *The insured has elected to accept*
Uninsured motorist property and bodily injury equal to liability coverag
Underinsured bodily injury equal to liability coverag
6 *Personal Injury Protection of $5,000 for medical, loss*
wages according to statute and $5,000 accidental
7 *If male and female rates are different, use the highest of the tw*

Submit to: *Arkansas Insurance Department*
1200 West Third Street
Little Rock, AR 72201-1904
Telephone: *501-371-2800*
Email as an attachment insurance.pnc@arkansas.gov
You may also attach to a SERFF filing or submit on a compact disk

			Fayetteville '0422				Trumann				Little Rock				Lake Village				Pine Bluff			
		Gender	Female	Male	Male or Female	Male or Female	Female	Male	Male or Female	Male or Female	Female	Male	Male or Female	Male or Female	Female	Male	Male or Female	Male or Female	Female	Male	Male or Female	Male or Female
Vehicle	Coverages	Age	18	18	40	66	18	18	40	66	18	18	40	66	18	18	40	66	18	18	40	66
1999 Chevrolet Silverado 1500 2WD "LS" regular cab 119" WB	Minimum Liability		810	1194	186	182	828	1219	187	185	941	1412	209	205	821	1209	185	184	1002	1477	217	214
	Minimum Liability with Comprehensive and Collision		1183	1786	251	246	1258	1906	266	258	1288	1965	270	264	1276	1934	273	261	1434	2166	296	290
	100/300/50 Liability with Comprehensive and Collision		1354	2066	282	277	1450	2220	300	295	1513	2336	310	307	1466	2245	306	297	1663	2543	338	331
2003 Ford Explorer 'XLT' 2WD, 4 door	Minimum Liability		840	1243	190	188	855	1267	191	190	976	1471	213	212	850	1258	190	188	1038	1536	222	219
	Minimum Liability with Comprehensive and Collision		1294	1961	276	257	1373	2087	294	271	1401	2143	296	277	1393	2119	300	275	1558	2360	326	301
	100/300/50 Liability with Comprehensive and Collision		1468	2247	309	290	1570	2412	330	306	1632	2525	339	320	1588	2438	335	310	1794	2750	369	345
2003 Honda Odyssey "EX"	Minimum Liability		737	1064	171	168	754	1090	172	171	851	1253	189	189	750	1082	172	169	917	1321	201	197
	Minimum Liability with Comprehensive and Collision		1197	1795	257	239	1280	1924	277	255	1283	1942	274	256	1300	1957	282	258	1444	2162	305	281
	100/300/50 Liability with Comprehensive and Collision		1346	2040	286	267	1449	2201	307	286	1483	2267	311	292	1466	2228	312	289	1646	2495	343	319
2005 Toyota Camry LE 3.0L 4 door Sedan	Minimum Liability		800	1162	182	179	820	1191	183	182	925	1373	202	201	815	1182	182	180	997	1446	214	211
	Minimum Liability with Comprehensive and Collision		1268	1905	270	251	1350	2034	288	266	1362	2068	289	268	1370	2066	294	270	1529	2295	320	294
	100/300/50 Liability with Comprehensive and Collision		1431	2174	301	283	1536	2339	321	299	1581	2426	329	309	1552	2365	326	302	1751	2662	362	335
2003 Cadillac Seville "STS" 4 door Sedan	Minimum Liability		732	1061	171	168	749	1088	172	172	846	1255	190	188	744	1080	171	170	907	1318	200	196
	Minimum Liability with Comprehensive and Collision		1194	1795	256	238	1274	1923	275	254	1280	1942	274	255	1294	1955	282	257	1437	2161	305	281
	100/300/50 Liability with Comprehensive and Collision		1343	2041	285	267	1445	2202	306	284	1482	2270	312	292	1462	2230	311	288	1642	2497	343	318
1998 Chevrolet Cavalier LS 4D Sedan	Minimum Liability		695	1002	164	161	712	1028	167	164	800	1181	183	181	706	1019	165	163	864	1245	193	188
	Minimum Liability with Comprehensive and Collision		1039	1552	225	220	1115	1669	242	232	1127	1698	242	235	1132	1699	247	236	1267	1889	266	259
	100/300/50 Liability with Comprehensive and Collision		1184	1789	252	247	1275	1934	271	263	1318	2012	302	273	1294	1963	276	267	1463	2209	303	295

Private Passenger Auto Premium Comparision Survey Form

FORM APCS - last modified August 2005

NAIC Number:	3548-36137
Company Name:	Travelers Commercial Insurance Company
Contact Person:	Ann Lavorgna
Telephone No.:	(860) 277-5466
Email Address:	AJLAVORG@travelers.com
Effective Date:	11/18/2007

DISCOUNTS OFFERED:

PASSIVE RESTRAINT/AIRBAG	n/a	%
AUTO/HOMEOWNERS	1% - 21%	%
GOOD STUDENT	1% - 8%	%
ANTI-THEFT DEVICE	n/a	%
Over 55 Defensive Driver Discount	1.0	%
$250/$500 Deductible Comp./Coll.	1% - 29%	%

Assumptions to Use:

1 ***Liability -Minimum $25,000 per person***
2 ***Bodily Injury $50,000 per accident***
$25,000 per accident
3 ***Property Damage $100 deductible per accident***
4 ***Comprehensive & Collision $250 deductible per accident***
5 ***The insured has elected to accept***
Uninsured motorist property and bodily injury equal to liability coverag
Underinsured bodily injury equal to liability coverag
6 ***Personal Injury Protection of $5,000 for medical, loss***
wages according to statute and $5,000 accidental
7 ***If male and female rates are different, use the highest of the tw***

Submit to: *Arkansas Insurance Department*
1200 West Third Street
Little Rock, AR 72201-1904
Telephone: *501-371-2800*
Email as an attachment insurance.pnc@arkansas.gov
You may also attach to a SERFF filing or submit on a compact disk

			Fayetteville '0422				Trumann				Little Rock				Lake Village				Pine Bluff			
		Gender	*Female*	*Male*	*Male or Female*	*Male or Female*	*Female*	*Male*	*Male or Female*	*Male or Female*	*Female*	*Male*	*Male or Female*	*Male or Female*	*Female*	*Male*	*Male or Female*	*Male or Female*	*Female*	*Male*	*Male or Female*	*Male or Female*
Vehicle	**Coverages**	**Age**	*18*	*18*	*40*	*66*	*18*	*18*	*40*	*66*	*18*	*18*	*40*	*66*	*18*	*18*	*40*	*66*	*18*	*18*	*40*	*66*
1999 Chevrolet Silverado 1500 2WD "LS" regular cab 119" WB	*Minimum Liability*		770	1134	177	173	787	1158	178	176	894	1341	199	195	780	1149	176	175	952	1403	206	203
	Minimum Liability with Comprehensive and Collision		1124	1697	238	234	1195	1811	253	245	1224	1867	257	251	1212	1837	259	248	1362	2058	281	276
	100/300/50 Liability with Comprehensive and Collision		1286	1963	268	263	1378	2109	285	280	1437	2219	295	292	1393	2133	291	282	1580	2416	321	314
2003 Ford Explorer 'XLT' 2WD, 4 door	*Minimum Liability*		798	1181	181	179	812	1204	181	181	927	1397	202	201	808	1195	181	179	986	1459	211	208
	Minimum Liability with Comprehensive and Collision		1229	1863	262	244	1304	1983	279	257	1331	2036	281	263	1323	2013	285	261	1480	2242	310	286
	100/300/50 Liability with Comprehensive and Collision		1395	2135	294	276	1492	2291	314	291	1550	2399	322	304	1509	2316	318	295	1704	2613	351	328
2003 Honda Odyssey "EX"	*Minimum Liability*		700	1011	162	160	716	1036	163	162	808	1190	180	180	713	1028	163	161	871	1255	191	187
	Minimum Liability with Comprehensive and Collision		1137	1705	244	227	1216	1828	263	242	1219	1845	260	243	1235	1859	268	245	1372	2054	290	267
	100/300/50 Liability with Comprehensive and Collision		1279	1938	272	254	1377	2091	292	272	1409	2154	295	277	1393	2117	296	275	1564	2370	326	303
2005 Toyota Camry LE 3.0L 4 door Sedan	*Minimum Liability*		760	1104	173	170	779	1131	174	173	879	1304	192	191	774	1123	173	171	947	1374	203	200
	Minimum Liability with Comprehensive and Collision		1205	1810	257	238	1283	1932	274	253	1294	1965	275	255	1302	1963	279	257	1453	2180	304	279
	100/300/50 Liability with Comprehensive and Collision		1359	2065	286	269	1459	2222	305	284	1502	2305	313	294	1474	2247	310	287	1663	2529	344	318
2003 Cadillac Seville "STS" 4 door Sedan	*Minimum Liability*		695	1008	162	160	712	1034	163	163	804	1192	181	179	707	1026	162	162	862	1252	190	186
	Minimum Liability with Comprehensive and Collision		1134	1705	243	226	1210	1827	261	241	1216	1845	260	242	1229	1857	268	244	1365	2053	290	267
	100/300/50 Liability with Comprehensive and Collision		1276	1939	271	254	1373	2092	291	270	1408	2157	296	277	1389	2119	295	274	1560	2372	326	302
1998 Chevrolet Cavalier LS 4D Sedan	*Minimum Liability*		660	952	156	153	676	977	159	156	760	1122	174	172	671	968	157	155	821	1183	183	179
	Minimum Liability with Comprehensive and Collision		987	1474	214	209	1059	1586	230	220	1071	1613	230	223	1075	1614	235	224	1204	1795	253	246
	100/300/50 Liability with Comprehensive and Collision		1125	1700	239	235	1211	1837	257	250	1252	1911	287	259	1229	1865	262	254	1390	2099	288	280