

SERFF Tracking Number: TRVD-125280590 State: Arkansas  
 First Filing Company: NIPPONKOA Insurance Company State Tracking Number: AR-PC-07-025986  
 Ltd.,(U.S.Branch), ...  
 Company Tracking Number: 2007-09-0001  
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
 Product Name: Commercial Deluxe Property Form Filing  
 Project Name/Number: Commercial Deluxe Property Form Filing/2007-09-0001

## Filing at a Glance

Companies: NIPPONKOA Insurance Company Ltd.,(U.S.Branch), The Charter Oak Fire Insurance Company, The Phoenix Insurance Company, The Travelers Indemnity Company, The Travelers Indemnity Company of America, The Travelers Indemnity Company Of Connecticut, Travelers Property Casualty Company of America

Product Name: Commercial Deluxe Property Form Filing SERFF Tr Num: TRVD-125280590 State: Arkansas

TOI: 01.0 Property SERFF Status: Closed State Tr Num: AR-PC-07-025986

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) Co Tr Num: 2007-09-0001 State Status:

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Authors: Margaret Salsbury, Tia Slivinsky Disposition Date: 09/05/2007

Date Submitted: 09/04/2007 Disposition Status: Approved

Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal): 01/01/2008

## General Information

Project Name: Commercial Deluxe Property Form Filing

Status of Filing in Domicile: Not Filed

Project Number: 2007-09-0001

Domicile Status Comments: N/A

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 09/05/2007

State Status Changed: 09/04/2007

Deemer Date:

Corresponding Filing Tracking Number: N/A

Filing Description:

In compliance with the insurance laws and regulations in your state, our companies respectfully submit a revision to our proprietary Commercial Property Program, Deluxe.

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 Project Name/Number: Commercial Deluxe Property Form Filing/2007-09-0001

The purpose of this filing is to file our revised Arkansas Changes – Definition of Pollutants form, IL F0 60 0907 for use with our Deluxe Property Coverage Part which is part of our independently filed OMNI II Program. For a detailed explanation of our forms please refer to the enclosed filing memorandum along with the applicable forms transmittal supplement.

## Company and Contact

### Filing Contact Information

Margaret Salsbury, Senior Regulatory Analyst MSALSBUR@travelers.com  
 One Tower Square (860) 277-6470 [Phone]  
 Hartford, CT 06183 (860) 954-0580[FAX]

### Filing Company Information

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

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

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

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

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First Filing Company: NIPPONKOA Insurance Company State Tracking Number: AR-PC-07-025986  
Ltd.,(U.S.Branch), ...  
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Product Name: Commercial Deluxe Property Form Filing  
Project Name/Number: Commercial Deluxe Property Form Filing/2007-09-0001

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The Travelers Indemnity Company of America CoCode: 25666 State of Domicile: Connecticut  
One Tower Square Group Code: 3548 Company Type:  
Hartford, CT 01683 Group Name: State ID Number:  
(860) 277-6470 ext. [Phone] FEIN Number: 58-6020487

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

-----  
Travelers Property Casualty Company of CoCode: 25674 State of Domicile: Connecticut  
America Group Code: 3548 Company Type:  
One Tower Square Group Name: State ID Number:  
Hartford, CT 06183 FEIN Number: 36-2719165  
(860) 277-6470 ext. [Phone]  
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SERFF Tracking Number: TRVD-125280590 State: Arkansas  
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Company Tracking Number: 2007-09-0001  
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied  
Lines)  
Product Name: Commercial Deluxe Property Form Filing  
Project Name/Number: Commercial Deluxe Property Form Filing/2007-09-0001

## Correspondence Summary

### Dispositions

| Status   | Created By       | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 09/05/2007 | 09/05/2007     |

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## Disposition

Disposition Date: 09/05/2007  
Effective Date (New): 01/01/2008  
Effective Date (Renewal): 01/01/2008  
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      |

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 Company Tracking Number: 2007-09-0001  
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied  
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 Product Name: Commercial Deluxe Property Form Filing  
 Project Name/Number: Commercial Deluxe Property Form Filing/2007-09-0001

| <b>Item Type</b>           | <b>Item Name</b>                                 | <b>Item Status</b> | <b>Public Access</b> |
|----------------------------|--|--------------------|----------------------|
| <b>Supporting Document</b> | Uniform Transmittal Document-Property & Casualty | Approved           | Yes                  |
| <b>Supporting Document</b> | Cover Letter                                     | Approved           | Yes                  |
| <b>Supporting Document</b> | Explanatory Memorandum                           | Approved           | Yes                  |
| <b>Form</b>                | Arkansas Changes - Definition Of Pollutants      | Approved           | Yes                  |

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## Form Schedule

| Review Status | Form Name                                   | Form #         | Edition Date | Form Type Action                             | Action Specific Data   | Readability | Attachment   |
|---------------|---|----------------|--------------|--|--|-------------|--|
| Approved      | Arkansas Changes - Definition Of Pollutants | IL F0 60 09 07 | 09-2007      | Endorseme Replaced nt/Amendm ent/Conditio ns | Replaced Form #:0.00<br>IL F0 60 09 06<br>Previous Filing #:<br>2006-11-0026 |             | TRANSMITT<br>AL - IL F0 60<br>09 07.pdf<br>FORM - IL<br>F0 60 09<br>07.pdf |

**EXHIBIT 1**  
DEPARTMENT OF INSURANCE  
PROPERTY - CASUALTY  
FORMS TRANSMITTAL SUPPLEMENT

| FORM TITLE                                  | NEW FORM #     | OLD FORM #     | TYPE OF FORM | DESCRIPTION OF FORM REVISION  |
|---|----------------|----------------|--------------|---|
| Arkansas Changes – Definition Of Pollutants | IL F0 60 09 07 | IL F0 60 09 06 | E-PR-M       | This is a revised state amendatory endorsement. The form has been revised to correct typing errors in the form. |

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ARKANSAS CHANGES – DEFINITION OF POLLUTANTS**

This endorsement modifies insurance provided under the following:

COMMERCIAL INLAND MARINE COVERAGE PART  
COMMERCIAL PROPERTY COVERAGE PART  
DELUXE PROPERTY COVERAGE PART  
FARM COVERAGE PART

### **PROVISIONS**

The definition of "pollutants" in this Coverage Part or in any endorsement to this Coverage Part is deleted and replaced by the following:

1. "Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. "Pollutants" includes:
  - a. Petroleum or petroleum derivatives, gasoline, fuels, lubricants, and their respective additives and individual chemical components, including benzene and toluene;
  - b. Chlorinated and halogenated solvents, including tetrachloroethylene (PCE or PERC), trichloroethylene (TCE), trichloroethane (TCA) and vinyl chloride, and their degradation products;
  - c. Coal tar, manufactured gas plant (MGP) by-products and polynuclear aromatic hydrocarbons (PAHs), phenols and polychlorinated biphenyls (PCBs); and
  - d. Organic and inorganic pesticides, and inorganic contaminants, including arsenic, barium, beryllium, lead cadmium, chromium and mercury.
2. This definition of "pollutants" applies regardless of whether:
  - a. The irritant or contaminant, or the particular form, type or source of the irritant or contaminant, involved in the loss or damage is specifically identified or described in this definition, such as waste from manufacturing operations;
  - b. The irritant or contaminant has or had any function in any of the insured's business, operations, premises, sites or locations, such as:
    - (i) PERC for a dry cleaning business; or
    - (ii) TCE, or any of the other items included as examples of "pollutants" in **1.b.** above, for degreasing operations;
  - c. The irritant or contaminant represents a major source of potential loss or damage for the insured, such as gasoline, or any of the other items included as examples of "pollutants" in **1.a.** above for a gasoline station; or
  - d. The insured expects or considers the irritant or contaminant to be a pollutant.

Waste includes materials to be recycled, reconditioned or reclaimed.

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*Ltd.,(U.S.Branch), ...*  
*Company Tracking Number:* 2007-09-0001  
*TOI:* 01.0 Property      *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied  
Lines)  
*Product Name:* Commercial Deluxe Property Form Filing  
*Project Name/Number:* Commercial Deluxe Property Form Filing/2007-09-0001

## **Rate Information**

Rate data does NOT apply to filing.

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First Filing Company: NIPPONKOA Insurance Company State Tracking Number: AR-PC-07-025986  
Ltd.,(U.S.Branch), ...  
Company Tracking Number: 2007-09-0001  
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied  
Lines)  
Product Name: Commercial Deluxe Property Form Filing  
Project Name/Number: Commercial Deluxe Property Form Filing/2007-09-0001

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 09/05/2007

**Comments:**

**Attachments:**

NAIC Transmittal.pdf  
NAIC Form Filing Schedule.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 09/05/2007

**Comments:**

**Attachment:**

letter - 2007-09-0001.pdf

**Satisfied -Name:** Explanatory Memorandum **Review Status:** Approved 09/05/2007

**Comments:**

**Attachment:**

Filing Memo IL F0 60 09 07.pdf

**Property & Casualty Transmittal Document**

|  |  |   |                     |                        |                     |
|--|--|---|---------------------|------------------------|---------------------|
| <b>1. Reserved for Insurance Dept. Use Only</b>  |  | <b>2. Insurance Department Use only</b> |                     |                        |                     |
|  |  | 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                        |                     |                        |                     |
| <b>3. Group Name</b>   |  |   |                     |                        | <b>Group NAIC #</b> |
| The Travelers Companies, Inc.  |  |   |                     |                        | 3548                |
| NIPPONKOA Insurance Company, Ltd.  |  |   |                     |                        | 2558                |
| <b>4. Company Name(s)</b>  | <b>Domicile</b>  | <b>NAIC #</b>                           | <b>FEIN #</b>       | <b>State #</b>         |                     |
| The Travelers Indemnity Company  | CT   | 25658                                   | 06-0566050          |                        |                     |
| The Charter Oak Fire Insurance Company   | CT   | 25615                                   | 06-0291290          |                        |                     |
| The Travelers Indemnity Company of Connecticut   | CT   | 25682                                   | 06-0336212          |                        |                     |
| The Travelers Indemnity Company of America   | CT   | 25666                                   | 58-6020487          |                        |                     |
| The Phoenix Insurance Company  | CT   | 25623                                   | 06-0303275          |                        |                     |
| Travelers Property Casualty Company of America   | CT   | 25674                                   | 36-2719165          |                        |                     |
| NIPPONKOA Insurance Company, Ltd.  | NY   | 27073                                   | 98-0032627          |                        |                     |
|  |  |   |                     |                        |                     |
|  |  |   |                     |                        |                     |
| <b>5. Company Tracking Number</b>  |  | <b>2007-09-0001</b>                     |                     |                        |                     |
| <b>Contact Info of Filer(s) or Corporate Officer(s)</b> [include toll-free number]         |  |   |                     |                        |                     |
| <b>6. Name and address</b>   | <b>Title</b>   | <b>Telephone #s</b>                     | <b>FAX #</b>        | <b>e-mail</b>          |                     |
| Margaret M. Salsbury<br>Travelers<br>One Tower Square<br>Hartford, CT 06183                | Senior Regulatory Analyst  | (860) 277-6470                          | (860) 954-0580      | MSALSBUR@Travelers.com |                     |
| <b>7. Signature of authorized filer</b>  |  | <i>Margaret M. Salsbury</i>             |                     |                        |                     |
| <b>8. Please print name of authorized filer</b>  |  | Margaret M. Salsbury                    |                     |                        |                     |
| <b>Filing information</b> (see General Instructions for descriptions of these fields)      |  |   |                     |                        |                     |
| <b>9. Type of Insurance (TOI)</b>  | 01.0   |   |                     |                        |                     |
| <b>10. Sub-Type of Insurance (Sub-TOI)</b>   | 01.0001  |   |                     |                        |                     |
| <b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements] | n/a  |   |                     |                        |                     |
| <b>12. Company Program Title</b> (Marketing title)   | n/a  |   |                     |                        |                     |
| <b>13. Filing Type</b>   | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |   |                     |                        |                     |
| <b>14. Effective Date(s) Requested</b>   | New: 01/01/2008  |   | Renewal: 01/01/2008 |                        |                     |
| <b>15. Reference Filing?</b>   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |                     |                        |                     |
| <b>16. Reference Organization</b> (if applicable)  | n/a  |   |                     |                        |                     |
| <b>17. Reference Organization # &amp; Title</b>  | n/a  |   |                     |                        |                     |
| <b>18. Company's Date of Filing</b>  | 09-04-2007   |   |                     |                        |                     |
| <b>19. Status of filing in domicile</b>  | <input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved  |   |                     |                        |                     |

**Property & Casualty Transmittal Document—**

|  |              |
|--|--------------|
| <b>20. This filing transmittal is part of Company Tracking #</b> | 2007-09-0001 |
|--|--------------|

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

In compliance with the insurance laws and regulations in your state, our companies respectfully submit a revision to our proprietary Commercial Property Program, Deluxe.

The purpose of this filing is to file our revised Arkansas Changes – Definition of Pollutants form, IL F0 60 0907 for use with our Deluxe Property Coverage Part which is part of our independently filed OMNI II Program. For a detailed explanation of our forms please refer to the enclosed filing memorandum along with the applicable forms transmittal supplement.

|   |
|---|
| <b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable)<br>[If a state requires you to show how you calculated your filing fees, place that calculation below] |
|---|

**Check #:** n/a - EFT  
**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.)

| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b>  | <b>2007-09-0001</b>               |   |   |  |
|-----------|---|-----------------------------------|---|---|--|
| <b>2.</b> | <b>This filing corresponds to rate/rule filing number</b><br>(Company tracking number of rate/rule filing, if applicable) | <b>N/A</b>                        |   |   |  |
| 3.        | Form Name<br>/Description/Synopsis  | Form #<br>Include edition<br>date | Replacement<br>or<br>Withdrawn?   | If replacement,<br>give form #<br>it replaces | Previous state<br>filing number,<br>if required by state |
| 01        | Arkansas Changes<br>Definition of Pollutants  | IL F0 60 09 07                    | <input type="checkbox"/> New<br><input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn | IL F0 60 09 06                                | 2006-11-0026   |
| 02        |   |                                   | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 03        |   |                                   | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 04        |   |                                   | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 05        |   |                                   | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 06        |   |                                   | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 07        |   |                                   | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 08        |   |                                   | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 09        |   |                                   | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 10        |   |                                   | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |



**Margaret M. Salsbury**  
Senior Regulatory Analyst  
Regulatory Affairs, Business Insurance  
One Tower Square, 8 MN  
Hartford CT, 06183  
Direct: (860) 277-6470; Fax: (860) 954-0580  
[MSALSBUR@travelers.com](mailto:MSALSBUR@travelers.com)

September 4, 2007

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

Commercial Property  
Deluxe Property – Form Filing  
**Company Filing Number: 2007-09-0001**

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

Dear Commissioner Benafield:

In compliance with the insurance laws and regulations in your state, our companies respectfully submit a revision to our proprietary Commercial Property Program, Deluxe.

The purpose of this filing is to file our revised Arkansas Changes – Definition of Pollutants form, IL F0 60 0907 for use with our Deluxe Property Coverage Part which is part of our independently filed OMNI II Program. For a detailed explanation of our forms please refer to the enclosed filing memorandum along with the applicable forms transmittal supplement.

We plan to implement these changes with respects to policies effective on or after January 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,

Margaret M. Salsbury  
Senior Regulatory Analyst  
MS/ts  
Enclosures

**FILING MEMORANDUM – 2007-09-0001**

**DELUXE PROPERTY COVERAGE PART**

The purpose of this filing is to introduce Arkansas Changes – Definition of Pollutants - (IL F0 60 09 07) which will be used with our Deluxe Property Coverage Part. This endorsement will be replacing IL F0 60 09 06 – Arkansas Changes – Definition of Pollutants and has been revised to correct typing errors in the endorsement.