

SERFF Tracking Number: TRVD-125435940 State: Arkansas  
First Filing Company: Athena Assurance Company, ... State Tracking Number: EFT \$25  
Company Tracking Number: 2008-01-0052-R  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0002 Employers Liability WC  
Product Name: Workers Compensation Rule Adoption  
Project Name/Number: Workers Compensation Rule Adoption/2008-01-0052-R

## 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 Rule Adoption SERFF Tr Num: TRVD-125435940 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 16.0002 Employers Liability WC

Co Tr Num: 2008-01-0052-R

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Authors: Margaret Salisbury, Tia Slivinsky

Disposition Date: 01/24/2008

Date Submitted: 01/17/2008

Disposition Status: Approved

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

Effective Date (New): 01/24/2008

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

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Workers Compensation Rule Adoption

Status of Filing in Domicile: Not Filed

Project Number: 2008-01-0052-R

Domicile Status Comments: N/A

Reference Organization: NCCI

Reference Number: B 1404

Reference Title: N/A

Advisory Org. Circular: CIF-2007-06

Filing Status Changed: 01/24/2008

State Status Changed: 01/23/2008

Deemer Date:

Corresponding Filing Tracking Number: 2008-01-0052-F

Filing Description:

SERFF Tracking Number: TRVD-125435940 State: Arkansas  
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The above referenced companies wish to inform you of our intent to adopt the following NCCI Circular related to Workers' Compensation Line of Business effective January 1, 2008.

Circular Circular Number: Filing Number:

AR-2008-01 CIF-2007-06 B 1404

Kindly acknowledge your receipt and acceptance of this filing. Should you have any questions, please do not hesitate to contact me.

## 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

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
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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

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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

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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

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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

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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

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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

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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

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The Travelers Indemnity Company CoCode: 25658 State of Domicile: Connecticut



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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation: \$25.00 flat fee  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Athena Assurance Company	\$25.00	01/17/2008	17547041
Farmington Casualty Company	\$0.00	01/17/2008	
NIPPONKOA Insurance Company Ltd.,(U.S.Branch)	\$0.00	01/17/2008	
St. Paul Fire and Marine Insurance Company	\$0.00	01/17/2008	
St. Paul Guardian Insurance Company	\$0.00	01/17/2008	
St. Paul Mercury Insurance Company	\$0.00	01/17/2008	
St. Paul Protective Insurance Company	\$0.00	01/17/2008	
The Charter Oak Fire Insurance Company	\$0.00	01/17/2008	
The Phoenix Insurance Company	\$0.00	01/17/2008	
The Standard Fire Insurance Company	\$0.00	01/17/2008	
The Travelers Indemnity Company	\$0.00	01/17/2008	
The Travelers Indemnity Company of America	\$0.00	01/17/2008	
The Travelers Indemnity Company Of Connecticut	\$0.00	01/17/2008	
Travelers Casualty and Surety Company	\$0.00	01/17/2008	
Travelers Casualty Insurance Company of America	\$0.00	01/17/2008	
Travelers Property Casualty Company of America	\$0.00	01/17/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/24/2008	01/24/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	01/23/2008	01/23/2008	Margaret Salsbury	01/24/2008	01/24/2008
Industry Response						

SERFF Tracking Number: TRVD-125435940 State: Arkansas  
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## Disposition

Disposition Date: 01/24/2008  
Effective Date (New): 01/24/2008  
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

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Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Withdrawn	No
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 01/23/2008  
Submitted Date 01/23/2008  
Respond By Date

Dear Margaret Salsbury,

This will acknowledge receipt of the captioned filing.

Please confirm that you are adopting NCCI Filing #B-1404. In the transmittal document it shows you are adopting AR-2008-01. I have no record of a filing with AR-2008-01 as the filing #. This may be the circular #. We do not receive circulars, have no record of a circular # and require the actual Item Filing #.

You indicate that the requested effective date of this filing is 1/1/08. In Arkansas, all workers' compensation filings are prior approval. The earliest date I can approve this filing is 30 days after the filing is completed or the actual date I approve the filing if requested by the filer.

Please feel free to contact me if you have questions.

Sincerely,  
Carol Stiffler

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 01/24/2008  
Submitted Date 01/24/2008

Dear Carol Stiffler,

### Comments:

Please see the attached revised material. Our intent is to adopt NCCI Item Number: B-1404. We amend our effective date to be based on approval.

Thank You

Regards,

*SERFF Tracking Number:* TRVD-125435940      *State:* Arkansas  
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*TOI:* 16.0 Workers Compensation      *Sub-TOI:* 16.0002 Employers Liability WC  
*Product Name:* Workers Compensation Rule Adoption  
*Project Name/Number:* Workers Compensation Rule Adoption/2008-01-0052-R

Margaret Salsbury

## **Response 1**

Comments: Please see the attached revised Transmittals

### **Changed Items:**

#### **Supporting Document Schedule Item Changes**

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Comment: Please see the attached

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please see attached

Sincerely,

Margaret Salsbury, Tia Slivinsky

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*TOI:* 16.0 Workers Compensation      *Sub-TOI:* 16.0002 Employers Liability WC  
*Product Name:* Workers Compensation Rule Adoption  
*Project Name/Number:* Workers Compensation Rule Adoption/2008-01-0052-R

## **Rate Information**

Rate data does NOT apply to filing.

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 Project Name/Number: Workers Compensation Rule Adoption/2008-01-0052-R

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
 Property & Casualty

**Review Status:** Approved 01/24/2008

**Comments:**

Please see the attached

**Attachments:**

NAIC Transmittal - 1.pdf  
 NAIC Transmittal - 2.pdf  
 NAIC Transmittal - 1- REVISED - 01-24-08.pdf  
 NAIC Transmittal - 2- REVISED - 01-24-08.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document  
 for Workers' Compensation

**Review Status:** Approved 01/24/2008

**Bypass Reason:** N/A

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document

**Review Status:** Approved 01/24/2008

**Bypass Reason:** N/A

**Comments:**

**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 ( U.S. Branch)			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		
Travelers Casualty and Surety Company	CT	19038	06-6033504		
Travelers Casualty Insurance Company of America	CT	19046	03-0876835		
<b>5. Company Tracking Number</b>		<b>2008-01-0052-R</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 Travelers One Tower Square 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>	16.0				
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0002				
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	N/A				
<b>12. Company Program Title</b> (Marketing title)	Workers Compensation				
<b>13. Filing Type</b>	<input 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)				
<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)	NCCI				
<b>17. Reference Organization # &amp; Title</b>	AR-2008-01				
<b>18. Company's Date of Filing</b>	01/17/2008				
<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>	2008-01-0052-R
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Continued

<b>22. Filing Fees</b> (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 #:** Continued  
**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.)**

**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>					
The Travelers Companies, Inc.				<b>Group NAIC #</b>	
				3548	
<b>4. Company Name(s)</b>					
	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	
The Standard Fire Insurance Company	CT	19070	06-6033509		
Farmington Casualty Company	CT	41483	06-1067463		
St. Paul Fire and 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		
Athena Assurance Company	MN	41769	41-1435765		
St. Paul Protective Insurance Company	IL	19224	36-2542404		
<b>5. Company Tracking Number</b>		<b>2008-01-0052-R</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 Travelers One Tower Square 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				
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<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—

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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The above referenced companies wish to inform you of our intent to adopt the following NCCI Circular related Workers' Compensation Line of Business effective January 1, 2008.

Circular	Circular Number:	Filing Number:
AR-2008-01	CIF-2007-06	B 1404

Kindly acknowledge your receipt and acceptance of this filing. Should you have any questions, please do not hesitate to contact me.

<b>22. Filing Fees</b> (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]
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**Check #:** N/A - EFT  
**Amount:** \$25.00

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.)

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		a. Date the filing is received:			
		b. Analyst:			
		c. Disposition:			
		d. Date of disposition of the filing:			
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		New Business			
		Renewal Business			
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		h. Subject Codes			
<b>3. Group Name</b>					<b>Group NAIC #</b>
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NIPPONKOA Insurance Company, Ltd ( U.S. Branch)					2558
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	
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<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>	
Margaret M. Salsbury Travelers One Tower Square 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				
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<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0002				
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	N/A				
<b>12. Company Program Title</b> (Marketing title)	Workers Compensation				
<b>13. Filing Type</b>	<input 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)				
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<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
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<b>17. Reference Organization # &amp; Title</b>	NCCI – Item Number: B-1404				
<b>18. Company's Date of Filing</b>	01/17/2008				
<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—

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Continued

<b>22. Filing Fees</b> (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]
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**Check #:** Continued  
**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.)**

**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	
<b>4. Company Name(s)</b>					
		<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
The Standard Fire Insurance Company		CT	19070	06-6033509	
Farmington Casualty Company		CT	41483	06-1067463	
St. Paul Fire and 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	
Athena Assurance Company		MN	41769	41-1435765	
St. Paul Protective Insurance Company		IL	19224	36-2542404	
<b>5. Company Tracking Number</b>		<b>2008-01-0052-R</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 Travelers One Tower Square 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>		16.0			
<b>10. Sub-Type of Insurance (Sub-TOI)</b>		16.0002			
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]		N/A			
<b>12. Company Program Title</b> (Marketing title)		Workers Compensation			
<b>13. Filing Type</b>		<input 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)			
<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)		NCCI			
<b>17. Reference Organization # &amp; Title</b>		NCCI – Item Number: B-1404			
<b>18. Company's Date of Filing</b>		01/17/2008			
<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>	2008-01-0052-R
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The above referenced companies wish to inform you of our intent to adopt the following NCCI Circular related Workers' Compensation Line of Business effective January 1, 2008.

Circular	Circular Number:	Filing Number:
AR-2008-01	CIF-2007-06	B 1404

Kindly acknowledge your receipt and acceptance of this filing. Should you have any questions, please do not hesitate to contact me.

<b>22. Filing Fees</b> (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]
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**Check #:** N/A - EFT  
**Amount:** \$25.00

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.)