

SERFF Tracking Number: TRVD-125436446 State: Arkansas
 First Filing Company: Athena Assurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 2008-01-0052-F
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0002 Employers Liability WC
 Product Name: Workers Compensation Form Adoption
 Project Name/Number: Workers Compensation Form Adoption/2008-01-0052-F

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 Form Adoption SERFF Tr Num: TRVD-125436446 State: Arkansas

TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 16.0002 Employers Liability WC	Co Tr Num: 2008-01-0052-F	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Authors: Diana Grodotzke, Margaret Salisbury, Tia Slivinsky	Disposition Date: 01/17/2008
	Date Submitted: 01/17/2008	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):
State Filing Description:		

General Information

Project Name: Workers Compensation Form Adoption	Status of Filing in Domicile: Not Filed
Project Number: 2008-01-0052-F	Domicile Status Comments: N/A
Reference Organization: NCCI	Reference Number: B 1405 and P 1405
Reference Title: N/A	Advisory Org. Circular: CIF-2007-09 and CIF-2007-10
Filing Status Changed: 01/17/2008	
State Status Changed: 01/17/2008	Deemer Date:
Corresponding Filing Tracking Number: 2008-01-0052-R	

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Filing Description:

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-2007-09	B 1405
AR-2008-01	CIF-2007-10	P 1405

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	

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 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

 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

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Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 flat fee
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Athena Assurance Company	\$50.00	01/17/2008	17547038
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	01/17/2008	01/17/2008

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Disposition

Disposition Date: 01/17/2008
Effective Date (New): 01/01/2008
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	Uniform Transmittal Document-Property & Casualty	Approved	Yes

SERFF Tracking Number: TRVD-125436446 *State:* Arkansas
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 01/17/2008

Comments:

Attachments:

NAIC Transmittal - 1.pdf

NAIC Transmittal - 2.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 #
The Travelers Companies, Inc.					3548
NIPPONKOA Insurance Company, Ltd (U.S. Branch)					2558
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
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		
5. Company Tracking Number		2008-01-0052-F			
Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]					
6. Name and address	Title	Telephone #s	FAX #	e-mail	
Margaret M. Salsbury Travelers One Tower Square Hartford, CT 06183	Senior Regulatory Analyst	(860) 277-6470	(860) 954-0580	MSALSBUR@Travelers.com	
7. Signature of authorized filer	<i>Margaret M. Salsbury</i>				
8. Please print name of authorized filer	Margaret M. Salsbury				
Filing information (see General Instructions for descriptions of these fields)					
9. Type of Insurance (TOI)	16.0				
10. Sub-Type of Insurance (Sub-TOI)	16.0002				
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A				
12. Company Program Title (Marketing title)	Workers Compensation				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: 01/01/2008 Renewal: 01/01/2008				
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
16. Reference Organization (if applicable)	NCCI				
17. Reference Organization # & Title	AR-2008-01				
18. Company's Date of Filing	01/17/2008				
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 #	2008-01-0052-F
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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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Continued

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 #: 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

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					
The Travelers Companies, Inc.				Group NAIC #	
				3548	
4. Company Name(s)					
	Domicile	NAIC #	FEIN #	State #	
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		
5. Company Tracking Number		2008-01-0052-F			
Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]					
6. Name and address	Title	Telephone #s	FAX #	e-mail	
Margaret M. Salsbury Travelers One Tower Square Hartford, CT 06183	Senior Regulatory Analyst	(860) 277-6470	(860) 954-0580	MSALSBUR@Travelers.com	
7. Signature of authorized filer	<i>Margaret M. Salsbury</i>				
8. Please print name of authorized filer	Margaret M. Salsbury				
Filing information (see General Instructions for descriptions of these fields)					
9. Type of Insurance (TOI)	16.0				
10. Sub-Type of Insurance (Sub-TOI)	16.0002				
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A				
12. Company Program Title (Marketing title)	Workers Compensation				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: 01/01/2008		Renewal: 01/01/2008		
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
16. Reference Organization (if applicable)	NCCI				
17. Reference Organization # & Title	AR-2008-01				
18. Company's Date of Filing	01/17/2008				
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 #	2008-01-0052-F
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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 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-2007-09	B 1405
AR-2008-01	CIF-2007-10	P 1405

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]
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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.)**