

SERFF Tracking Number: ZURC-125427644 State: Arkansas  
 First Filing Company: Assurance Company of America, ... State Tracking Number: EFT \$75  
 Company Tracking Number: AR-WC-26920  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: AR-WC-26920 Multistate W/C Terrorism Risk Reauthorization Act 2007  
 Project Name/Number: AR-WC-26920 Multistate W/C Terrorism Risk Reauthorization Act 2007/AR-WC-26920

## Filing at a Glance

Companies: Assurance Company of America, Northern Insurance Company of New York, Maryland Casualty Company, American Zurich Insurance Company, American Guarantee and Liability Insurance Company, Colonial American Casualty & Surety Company, Fidelity and Deposit Company of Maryland, Zurich American Insurance Company of Illinois, Zurich American Insurance Company, Universal Underwriters Insurance Company

Product Name: AR-WC-26920 Multistate W/C SERFF Tr Num: ZURC-125427644 State: Arkansas  
 Terrorism Risk Reauthorization Act 2007

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$75

Sub-TOI: 16.0004 Standard WC

Co Tr Num: AR-WC-26920

State Status: Fees verified and received

Filing Type: Rule

Co Status: Not Applicable

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

Author: Linda Kulpa

Disposition Date: 01/11/2008

Date Submitted: 01/11/2008

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: AR-WC-26920 Multistate W/C Terrorism Risk Reauthorization Act 2007

Status of Filing in Domicile: Authorized

Project Number: AR-WC-26920

Domicile Status Comments:

Reference Organization: NCCI

Reference Number:

Reference Title:

Advisory Org. Circular: CIF-2007-09 CIF-2007-10

Filing Status Changed: 01/11/2008

State Status Changed: 01/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing to adopt the WC Terrorism Risk Reauthorization Act of 2007 (NCCI Circulars CIF-2007-09 and CIF-2007-10 Countrywide - Item P 1405.

SERFF Tracking Number: ZURC-125427644 State: Arkansas  
First Filing Company: Assurance Company of America, ... State Tracking Number: EFT \$75  
Company Tracking Number: AR-WC-26920  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: AR-WC-26920 Multistate W/C Terrorism Risk Reauthorization Act 2007  
Project Name/Number: AR-WC-26920 Multistate W/C Terrorism Risk Reauthorization Act 2007/AR-WC-26920

We are also filing two forms, as follows:

U-GU-632-C (12/07) - Disclosure Of Important Information Relating To Terrorism Risk Insurance Act  
(and)

U-GU-766-A (12/07) - Notification of Important Changes Relating To Terrorism Risk Insurance Act

We request this effective as of 1/01/2008 for new and renewal policies.

Best Regards,

Linda Kulpa

## Company and Contact

### Filing Contact Information

Linda Kulpa, Filing Analyst linda.kulpa@zurichna.com  
1400 American Lane (847) 605-3763 [Phone]  
Schaumburg, IL 60196 (847) 605-7768[FAX]

### Filing Company Information

Assurance Company of America	CoCode: 19305	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 13-6081895	
	-----	

Northern Insurance Company of New York	CoCode: 19372	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 13-5283360	
	-----	

Maryland Casualty Company	CoCode: 19356	State of Domicile: Maryland
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:

SERFF Tracking Number: ZURC-125427644 State: Arkansas  
 First Filing Company: Assurance Company of America, ... State Tracking Number: EFT \$75  
 Company Tracking Number: AR-WC-26920  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: AR-WC-26920 Multistate W/C Terrorism Risk Reauthorization Act 2007  
 Project Name/Number: AR-WC-26920 Multistate W/C Terrorism Risk Reauthorization Act 2007/AR-WC-26920

(847) 605-6000 ext. [Phone]	FEIN Number: 52-0403120 -----	
American Zurich Insurance Company 1400 American Lane Schaumburg, IL 60196 (847) 605-6000 ext. [Phone]	CoCode: 40142 Group Code: 212 Group Name: FEIN Number: 36-3141762 -----	State of Domicile: Illinois Company Type: State ID Number:
American Guarantee and Liability Insurance Company 1400 American Lane Schaumburg, IL 60196 (847) 605-6000 ext. [Phone]	CoCode: 26247 Group Code: 212 Group Name: FEIN Number: 36-6071400 -----	State of Domicile: New York Company Type: State ID Number:
Colonial American Casualty & Surety Company 1400 American Lane Schaumburg, IL 60196 (847) 605-6000 ext. [Phone]	CoCode: 34347 Group Code: 212 Group Name: FEIN Number: 52-1096670 -----	State of Domicile: Maryland Company Type: State ID Number:
Fidelity and Deposit Company of Maryland 1400 American Lane Schaumburg, IL 60196 (847) 605-6000 ext. [Phone]	CoCode: 39306 Group Code: 212 Group Name: FEIN Number: 13-3046577 -----	State of Domicile: Maryland Company Type: State ID Number:
Zurich American Insurance Company of Illinois 1400 American Lane Schaumburg, IL 60196 (847) 605-6000 ext. [Phone]	CoCode: 27855 Group Code: 212 Group Name: FEIN Number: 36-2781080 -----	State of Domicile: Illinois Company Type: State ID Number:
Zurich American Insurance Company 1400 American Lane Schaumburg, IL 60102 (847) 605-6000 ext. [Phone]	CoCode: 16535 Group Code: 212 Group Name: FEIN Number: 36-4233459 -----	State of Domicile: New York Company Type: State ID Number:
Universal Underwriters Insurance Company 7045 College Blvd.	CoCode: 41181 Group Code: 212	State of Domicile: Kansas Company Type: Property and

SERFF Tracking Number: ZURC-125427644 State: Arkansas  
First Filing Company: Assurance Company of America, ... State Tracking Number: EFT \$75  
Company Tracking Number: AR-WC-26920  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: AR-WC-26920 Multistate W/C Terrorism Risk Reauthorization Act 2007  
Project Name/Number: AR-WC-26920 Multistate W/C Terrorism Risk Reauthorization Act 2007/AR-WC-26920

Casualty

Overland Park, KS 66211

Group Name: Zurich North  
American

State ID Number:

(800) 821-7803 ext. [Phone]

FEIN Number: 43-1249228

-----

*SERFF Tracking Number:* ZURC-125427644      *State:* Arkansas  
*First Filing Company:* Assurance Company of America, ...      *State Tracking Number:* EFT \$75  
*Company Tracking Number:* AR-WC-26920  
*TOI:* 16.0 Workers Compensation      *Sub-TOI:* 16.0004 Standard WC  
*Product Name:* AR-WC-26920 Multistate W/C Terrorism Risk Reauthorization Act 2007  
*Project Name/Number:* AR-WC-26920 Multistate W/C Terrorism Risk Reauthorization Act 2007/AR-WC-26920

## Filing Fees

Fee Required?      Yes  
 Fee Amount:      \$75.00  
 Retaliatory?      No  
 Fee Explanation:      \$25.00 for Filing to Adopt NCCI, and \$50.00 for Filing of two forms.  
 Per Company:      No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assurance Company of America	\$75.00	01/11/2008	17452080
Northern Insurance Company of New York	\$0.00	01/11/2008	
Maryland Casualty Company	\$0.00	01/11/2008	
American Zurich Insurance Company	\$0.00	01/11/2008	
American Guarantee and Liability Insurance Company	\$0.00	01/11/2008	
Colonial American Casualty & Surety Company	\$0.00	01/11/2008	
Fidelity and Deposit Company of Maryland	\$0.00	01/11/2008	
Zurich American Insurance Company of Illinois	\$0.00	01/11/2008	
Zurich American Insurance Company	\$0.00	01/11/2008	
Universal Underwriters Insurance Company	\$0.00	01/11/2008	

SERFF Tracking Number: ZURC-125427644 State: Arkansas  
First Filing Company: Assurance Company of America, ... State Tracking Number: EFT \$75  
Company Tracking Number: AR-WC-26920  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: AR-WC-26920 Multistate W/C Terrorism Risk Reauthorization Act 2007  
Project Name/Number: AR-WC-26920 Multistate W/C Terrorism Risk Reauthorization Act 2007/AR-WC-26920

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/11/2008	01/11/2008

SERFF Tracking Number: ZURC-125427644 State: Arkansas  
First Filing Company: Assurance Company of America, ... State Tracking Number: EFT \$75  
Company Tracking Number: AR-WC-26920  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: AR-WC-26920 Multistate W/C Terrorism Risk Reauthorization Act 2007  
Project Name/Number: AR-WC-26920 Multistate W/C Terrorism Risk Reauthorization Act 2007/AR-WC-26920

## Disposition

Disposition Date: 01/11/2008  
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

SERFF Tracking Number: ZURC-125427644 State: Arkansas  
 First Filing Company: Assurance Company of America, ... State Tracking Number: EFT \$75  
 Company Tracking Number: AR-WC-26920  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: AR-WC-26920 Multistate W/C Terrorism Risk Reauthorization Act 2007  
 Project Name/Number: AR-WC-26920 Multistate W/C Terrorism Risk Reauthorization Act 2007/AR-WC-26920

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Form	Disclosure of Important Information Relating to Terrorism Risk Insurance Act	Approved	Yes
Form	Notification of Important Changes Relating to Terrorism Risk Insurance Act	Approved	Yes

SERFF Tracking Number: ZURC-125427644 State: Arkansas  
 First Filing Company: Assurance Company of America, ... State Tracking Number: EFT \$75  
 Company Tracking Number: AR-WC-26920  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: AR-WC-26920 Multistate W/C Terrorism Risk Reauthorization Act 2007  
 Project Name/Number: AR-WC-26920 Multistate W/C Terrorism Risk Reauthorization Act 2007/AR-WC-26920

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Disclosure of Important Information Relating to Terrorism Risk Insurance Act	U-GU-632-C	12/07	Disclosure/ New Notice		0.00	UGU632C1207.pdf
Approved	Notification of Important Changes Relating to Terrorism Risk Insurance Act	U-GU-766-A	12/07	Disclosure/ New Notice		0.00	UGU766A1207.pdf

**THIS DISCLOSURE DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER ANY POLICY.**

## **DISCLOSURE OF IMPORTANT INFORMATION RELATING TO TERRORISM RISK INSURANCE ACT**

### **SCHEDULE\***

Premium attributable to risk of loss from certified acts of terrorism for lines of insurance subject to TRIA:

**<INSERT APPLICABLE PREMIUM>**

\*Any information required to complete this Schedule, if not shown above, will be shown in the quote or proposal.

#### **A. Disclosure of Premium**

In accordance with the federal Terrorism Risk Insurance Act ("TRIA"), as amended, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to the risk of loss from terrorist acts certified under that Act for lines subject to TRIA. That portion of premium attributable is shown in the Schedule above. The premium shown in the Schedule above is subject to adjustment upon premium audit, if applicable.

#### **B. Disclosure of Federal Participation in Payment of Terrorism Losses**

The United States Government may pay a share of insured losses resulting from an act of terrorism. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the insurer retention. The insurer retention equals 20% of the insurer's prior calendar year direct earned premium associated with lines of insurance subject to TRIA. TRIA is scheduled to expire on December 31, 2014.

#### **C. Disclosure of \$100 Billion Cap on All Insurer and Federal Obligations**

If aggregate insured losses attributable to terrorist acts certified under TRIA exceed \$100 billion in a Program Year (January 1 through December 31) and an insurer has met its deductible under the program, that insurer shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of Treasury.

#### **D. Availability**

As required by TRIA, we have made available to you for lines subject to TRIA coverage for losses resulting from acts of terrorism certified under TRIA with terms, amounts and limitations that do not differ materially from those for losses arising from events other than acts of terrorism.

#### **E. Definition of Act of Terrorism under TRIA**

TRIA defines "act of terrorism" as any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States:

1. to be an act of terrorism;
2. to be a violent act or an act that is dangerous to human life, property or infrastructure;
3. to have resulted in damage within the United States, or outside of the United States in the case of an air carrier (as defined in section 40102 of Title 49, United States Code) or a United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States), or the premises of a United States mission; and
4. to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

No act may be certified as an "act of terrorism" if the act is committed as part of the course of a war declared by Congress (except for workers' compensation) or if losses resulting from the act, in the aggregate for insurance subject to TRIA, do not exceed \$5,000,000.

# NOTIFICATION OF IMPORTANT CHANGES RELATING TO TERRORISM RISK INSURANCE ACT

## To Our Valued Customers:

The Terrorism Risk Insurance Act ("TRIA") had been scheduled to expire on December 31, 2007. Prior to the termination of the program, Congress enacted an extension of TRIA until December 31, 2014. There are several important changes to TRIA included with the extension of which you should be aware:

### **A. Change in Definition of "Act of Terrorism"**

Prior to the enactment of the extension legislation, TRIA applied only to acts of terrorism committed by an individual or individuals "acting on behalf of any foreign person or foreign interest." This restriction has been removed such that the Secretary of Treasury may also certify acts of terrorism commonly described as "domestic terrorism." Because your policy may contain a limitation or exclusion relating to "certified acts of terrorism" and/or "other acts of terrorism" or "non-certified acts of terrorism" this change in the law may impact coverage under your policy. You should review your insurance policy and note the revised certification criteria under TRIA (as fully described in paragraph D. below).

### **B. Clarification of Operation of \$100 Billion Cap on All Insurer and Federal Obligations**

If aggregate insured losses attributable to terrorist acts certified under TRIA exceed \$100 billion in a Program Year (January 1 through December 31) and an insurer has met its deductible under the program, that insurer shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of Treasury.

### **C. Change in the Recoupment of the Federal Share of Insured Losses**

Should there be a terrorist act certified under TRIA, Treasury must recoup 133% of the amount of its payments under the program (limited to \$27.5 billion minus the amount insurers retain in that calendar year as a result of the insurer deductible and co-share) through policyholder surcharges:

1. For an act of terrorism occurring prior to 2011, the collection must be completed by September 30, 2012;
2. For an act of terrorism occurring during 2011, the collection must be 35% completed by September, 30, 2012 with the balance collected by September 30, 2017; and
3. For a later event, the collection must be completed by September 30, 2017.

### **D. Revised Definition of Act of Terrorism under TRIA**

TRIA defines "act of terrorism" as any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States:

1. to be an act of terrorism;
2. to be a violent act or an act that is dangerous to human life, property or infrastructure;
3. to have resulted in damage within the United States, or outside of the United States in the case of an air carrier (as defined in section 40102 of Title 49, United States Code) or a United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States), or the premises of a United States mission; and
4. to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

No act may be certified as an act of terrorism if the act is committed as part of the course of a war declared by Congress (except for workers' compensation) or if losses resulting from the act, in the aggregate for insurance subject to TRIA, do not exceed \$5,000,000.

*SERFF Tracking Number:*      *ZURC-125427644*                      *State:*                      *Arkansas*  
*First Filing Company:*      *Assurance Company of America, ...*                      *State Tracking Number:*      *EFT \$75*  
*Company Tracking Number:*      *AR-WC-26920*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*                      *AR-WC-26920 Multistate W/C Terrorism Risk Reauthorization Act 2007*  
*Project Name/Number:*                      *AR-WC-26920 Multistate W/C Terrorism Risk Reauthorization Act 2007/AR-WC-26920*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-125427644 State: Arkansas  
First Filing Company: Assurance Company of America, ... State Tracking Number: EFT \$75  
Company Tracking Number: AR-WC-26920  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: AR-WC-26920 Multistate W/C Terrorism Risk Reauthorization Act 2007  
Project Name/Number: AR-WC-26920 Multistate W/C Terrorism Risk Reauthorization Act 2007/AR-WC-26920

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 01/11/2008

**Comments:**

**Attachment:**

Uniform P&C Transmittal.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document  
for Workers' Compensation **Review Status:** Approved 01/11/2008

**Bypass Reason:** N/A

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document **Review Status:** Approved 01/11/2008

**Bypass Reason:** N/A

**Comments:**

## Property & Casualty Transmittal Document (Revised 1/1/06)

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td>a. Date the filing is received:</td></tr> <tr><td>b. Analyst:</td></tr> <tr><td>c. Disposition:</td></tr> <tr><td>d. Date of disposition of the filing:</td></tr> <tr><td>e. Effective date of filing:</td></tr> <tr> <td style="text-align: center;">New Business</td> <td> </td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td> </td> </tr> <tr><td>f. State Filing #:</td></tr> <tr><td>g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td> </td> </tr> </table>		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	
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>
Zurich North America	212-19305

4. Company Name(s)	Domicile	NAIC #	FEIN #
American Zurich Insurance Company	IL	212-40142	36-3141762
Maryland Casualty Company	MD	212-19356	52-0403120
Colonial American Casualty & Surety Company	MD	212-34347	52-1096670
Zurich American Insurance Company	NY	212-16535	36-4233459
Zurich American Insurance Company of IL	IL	212-27855	36-2781080
American Guarantee & Liability Insurance Company	NY	212-26247	36-6071400
Assurance Company of America	NY	212-19305	13-6081895
Northern Insurance Company of New York	NY	212-19372	13-5283360
Fidelity & Deposit Company of Maryland	MD	212-39306	13-3046577
Universal Underwriters Insurance Company	NY	212-41181	43-1249228

<b>5. Company Tracking Number</b>	<b>AR-WC-26920</b>
-----------------------------------	--------------------

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Linda Kulpa 1400 American Lane Schaumburg, IL 60196	Filing Analyst	847-605-3763	847-605-7768	linda.kulpa@zurichna.com

7. Signature of authorized filer	<i>Linda Kulpa</i>
8. Please print name of authorized filer	Linda Kulpa

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

9. Type of Insurance (TOI)	16
10. Sub-Type of Insurance (Sub-TOI)	16.004
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" 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

14. <b>Effective Date(s) Requested</b>	New: 1-01-2008	Renewal: 1-01-2008
15. <b>Reference Filing?</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16. <b>Reference Organization</b> (if applicable)	N/A	
17. <b>Reference Organization # &amp; Title</b>		
18. <b>Company's Date of Filing</b>	January 11, 2008	
19. <b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	

### Property & Casualty Transmittal Document—

20. <b>This filing transmittal is part of Company Tracking #</b>	AR-WC-26920
--	-------------

21. <b>Filing Description</b> [This area should be similar to the body of a cover letter and is free-form text]
---

We are filing to adopt the WC Terrorism Risk Reauthorization Act of 2007 (NCCI Circulars CIF-2007-09 and CIF-2007-10 Countrywide - Item P 1405.

We are also filing two forms, as follows:

U-GU-632-C (12/07) - Disclosure Of Important Information Relating To Terrorism Risk Insurance Act

(and)

U-GU-766-A (12/07) - Notification of Important Changes Relating To Terrorism Risk Insurance Act

We request this effective as of 1/01/2008 for new and renewal policies.

22. <b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) \$75.00 [If a state requires you to show how you calculated your filing fees, place that calculation below]
---

**Check #:** N/A

**Amount:** N/A

EFT

**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.)**