

<i>SERFF Tracking Number:</i>	<i>TRVD-125903292</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Athena Assurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-10-0120</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Revised Disclosure Notices Filing/2008-10-0120</i>		

Filing at a Glance

Companies: Athena Assurance Company, Discover Property and Casualty Insurance Company, Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., 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 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 Commercial Casualty Company, Travelers Property Casualty Company of America, United States Fidelity and Guaranty Company, The Phoenix Insurance Company

Product Name: Workers Compensation	SERFF Tr Num: TRVD-125903292	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 16.0004 Standard WC	Co Tr Num: 2008-10-0120	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Authors: Margaret Salsbury, Tia Slivinsky	Disposition Date: 11/18/2008
	Date Submitted: 11/14/2008	Disposition Status: Approved
Effective Date Requested (New): 11/15/2008		Effective Date (New): 12/15/2008
Effective Date Requested (Renewal): 11/15/2008		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Revised Disclosure Notices Filing	Status of Filing in Domicile: Authorized
Project Number: 2008-10-0120	Domicile Status Comments: Authorized in CT, Pending in NY
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 11/18/2008	
State Status Changed: 11/17/2008	Deemer Date:
Corresponding Filing Tracking Number: N/A	

<i>SERFF Tracking Number:</i>	<i>TRVD-125903292</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Athena Assurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-10-0120</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Revised Disclosure Notices Filing/2008-10-0120</i>		

Filing Description:

In compliance with the insurance laws and regulations in your state, our companies respectfully submit the attached Workers' Compensation and Employers Liability Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA) disclosure notices.

These forms are being revised to remove the state-specific references within our TRIPRA notices. These changes will eliminate any potential confusion and are being supplied for informational purposes only.

Your acknowledgement of this filing will be appreciated. Should you have any questions, please feel free to contact me at your convenience.

Company and Contact

Filing Contact Information

Margaret Salisbury, Senior Regulatory Analyst MSALSBUR@travelers.com
 One Tower Square (860) 277-6470 [Phone]
 Hartford, CT 06183 (860) 277-9730[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	

Discover Property and Casualty Insurance Company	CoCode: 36463	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: 36-2999370	

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	

SERFF Tracking Number: TRVD-125903292 State: Arkansas
First Filing Company: Athena Assurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-10-0120
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Revised Disclosure Notices Filing/2008-10-0120

One Tower Square Group Code: 3548 Company Type:
Hartford, CT 06183 Group Name: State ID Number:
(860) 277-6470 ext. [Phone] FEIN Number: 06-0876835

Travelers Commercial Casualty Company CoCode: 40282 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: 95-3634110

Travelers Property Casualty Company of CoCode: 25674 State of Domicile: Connecticut
America
One Tower Square Group Code: 3548 Company Type:
Hartford, CT 06183 Group Name: State ID Number:
(860) 277-6470 ext. [Phone] FEIN Number: 36-2719165

United States Fidelity and Guaranty Company CoCode: 25887 State of Domicile: Maryland
385 Washington Street Group Code: 3548 Company Type:
St. Paul, MN 55102 Group Name: State ID Number:
(651) 310-7782 ext. [Phone] FEIN Number: 52-0515280

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

SERFF Tracking Number: TRVD-125903292 State: Arkansas
 First Filing Company: Athena Assurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 2008-10-0120
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: Revised Disclosure Notices Filing/2008-10-0120

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Athena Assurance Company	\$50.00	11/14/2008	23933937
Discover Property and Casualty Insurance Company	\$0.00	11/14/2008	
Farmington Casualty Company	\$0.00	11/14/2008	
Fidelity and Guaranty Insurance Company	\$0.00	11/14/2008	
Fidelity and Guaranty Insurance Underwriters, Inc.	\$0.00	11/14/2008	
NIPPONKOA Insurance Company Ltd.,(U.S.Branch)	\$0.00	11/14/2008	
St. Paul Fire and Marine Insurance Company	\$0.00	11/14/2008	
St. Paul Guardian Insurance Company	\$0.00	11/14/2008	
St. Paul Mercury Insurance Company	\$0.00	11/14/2008	
St. Paul Protective Insurance Company	\$0.00	11/14/2008	
The Charter Oak Fire Insurance Company	\$0.00	11/14/2008	
The Standard Fire Insurance Company	\$0.00	11/14/2008	
The Travelers Indemnity Company	\$0.00	11/14/2008	
The Travelers Indemnity Company of America	\$0.00	11/14/2008	
The Travelers Indemnity Company Of Connecticut	\$0.00	11/14/2008	
Travelers Casualty and Surety Company	\$0.00	11/14/2008	
Travelers Casualty Insurance Company of America	\$0.00	11/14/2008	
Travelers Commercial Casualty Company	\$0.00	11/14/2008	
Travelers Property Casualty Company of America	\$0.00	11/14/2008	
United States Fidelity and Guaranty Company	\$0.00	11/14/2008	

SERFF Tracking Number: TRVD-125903292 State: Arkansas
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The Phoenix Insurance Company \$0.00 11/14/2008

SERFF Tracking Number: TRVD-125903292 State: Arkansas
 First Filing Company: Athena Assurance Company, ... State Tracking Number: EFT \$50
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 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: Revised Disclosure Notices Filing/2008-10-0120

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	11/18/2008	11/18/2008

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	11/17/2008	11/17/2008	Margaret Salsbury	11/17/2008	11/17/2008
Industry Response						

SERFF Tracking Number: TRVD-125903292 State: Arkansas
First Filing Company: Athena Assurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-10-0120
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Revised Disclosure Notices Filing/2008-10-0120

Disposition

Disposition Date: 11/18/2008
Effective Date (New): 12/15/2008
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: TRVD-125903292 State: Arkansas
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 Company Tracking Number: 2008-10-0120
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: Revised Disclosure Notices Filing/2008-10-0120

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty		Yes
Supporting Document	Expedited Transmittal		Yes
Form	FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE		Yes
Form	FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE		Yes
Form	FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE		Yes

SERFF Tracking Number: TRVD-125903292 State: Arkansas
First Filing Company: Athena Assurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-10-0120
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Revised Disclosure Notices Filing/2008-10-0120

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 11/17/2008

Submitted Date 11/17/2008

Respond By Date

Dear Margaret Salsbury,

This will acknowledge receipt of the captioned filing. Each of these forms states a percentage of premium as the rate for terrorism coverage. Have these rates been filed and approved? If so, please provide the filing number so we can cross reference.

All workers' compensation filings are prior approval with a 30-day waiting period. I cannot approve a filing retroactively so your requested 11/15/08 effective date cannot be approved. I can approve it effective the date it is approved if the company requests it.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 11/17/2008

Submitted Date 11/17/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: Our rates were approved on July 16, 2008 under filing number : 2008-06-0055 effective September 1, 2008. With regard to he effective date we will amend this filing to be effective to policies effective on and after December 15, 2008. I believe you will now be able to grant our filing.

Regards,

Margaret Salsbury

SERFF Tracking Number: TRVD-125903292 *State:* Arkansas
First Filing Company: Athena Assurance Company, ... *State Tracking Number:* EFT \$50
Company Tracking Number: 2008-10-0120
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Revised Disclosure Notices Filing/2008-10-0120

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Margaret Salsbury, Tia Slivinsky

SERFF Tracking Number: TRVD-125903292 State: Arkansas
 First Filing Company: Athena Assurance Company, ... State Tracking Number: EFT \$50
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 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: Revised Disclosure Notices Filing/2008-10-0120

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
	FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE	WC 99 06	G7 (E)	Disclosure/ Notice	Replaced Replaced Form #:0.00 WC 99 06 G7 (D) Previous Filing #: 2008-01-0090		WC 99 06 G7 (E).pdf
	FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE	WC 99 06	G8 (E)	Disclosure/ Notice	Replaced Replaced Form #:0.00 WC 99 06 G8 (D) Previous Filing #: 2008-01-0090		WC 99 06 G8 (E).pdf
	FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE	WC 99 06	G9 (E)	Disclosure/ Notice	Replaced Replaced Form #:0.00 WC 99 06 G9 (D) Previous Filing #: 2008-01-0090		WC 99 06 G9 (E).pdf

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 99 06 G7 (E)**

POLICY NUMBER:

FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE

This endorsement applies only to your Workers Compensation Benefit obligations.

On December 26, 2007, the President of the United States signed into law amendments to the Terrorism Risk Insurance Act of 2002 (the "Act"), which, among other things, extend the Act and expand its scope. The Act establishes a program under which the Federal Government may partially reimburse "Insured Losses" (as defined in the Act) caused by "acts of terrorism". An "act of terrorism" is defined in Section 102(l) of the Act to mean 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 – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States Mission; and 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.

The federal government's share of compensation for Insured Losses is 85% of the amount of Insured Losses in excess of each Insurer's statutorily established deductible, subject to the "Program Trigger", (as defined in the Act). In no event, however, will the federal government or any Insurer be required to pay any portion of the amount of aggregate Insured Losses occurring in any one year that exceeds \$100,000,000,000, provided that such Insurer has met its deductible. If aggregate Insured Losses exceed \$100,000,000,000 in any one year, your coverage may therefore be reduced. The charge for this exposure is included in the premium indicated in your policy, and does not include any charge for the portion of losses covered by the federal government under the Act. The charge that has been included for this coverage is:

Except as disclosed in state specific changes endorsements:

4% of your total Workers Compensation premium. Deductible and guaranteed cost policies (if any) will be subject to any applicable adjustments or audits. For retrospective policies (if any), the charge will be a flat charge which is charged at policy inception, not subject to any retrospective premium adjustments or audits.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	Policy No.	Endorsement No.
Insured		Premium \$
Insurance Company	Countersigned by _____	

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 99 06 G8 (E)**

POLICY NUMBER:

FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE

This endorsement applies only to your Workers Compensation Benefit obligations.

On December 26, 2007, the President of the United States signed into law amendments to the Terrorism Risk Insurance Act of 2002 (the "Act"), which, among other things, extend the Act and expand its scope. The Act establishes a program under which the Federal Government may partially reimburse "Insured Losses" (as defined in the Act) caused by "acts of terrorism". An "act of terrorism" is defined in Section 102(l) of the Act to mean 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 – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States Mission; and 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.

The federal government's share of compensation for Insured Losses is 85% of the amount of Insured Losses in excess of each Insurer's statutorily established deductible, subject to the "Program Trigger", (as defined in the Act). In no event, however, will the federal government or any Insurer be required to pay any portion of the amount of aggregate Insured Losses occurring in any one year that exceeds \$100,000,000,000, provided that such Insurer has met its deductible. If aggregate Insured Losses exceed \$100,000,000,000 in any one year, your coverage may therefore be reduced. The charge for this exposure is included in the premium indicated in your policy and does not include any charge for the portion of losses covered by the Federal Government under the Act. The charge that has been included for this coverage is:

Except as disclosed in state specific changes endorsements:

1.5% of your total Workers Compensation premium. Deductible and guaranteed cost policies (if any) will be subject to any applicable adjustments or audits. For retrospective policies (if any), the charge will be a flat charge which is charged at policy inception, not subject to any retrospective premium adjustments or audits.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	Policy No.	Endorsement No.
Insured		Premium \$
Insurance Company	Countersigned by _____	

DATE OF ISSUE:

ST ASSIGN:

Page 1 of 1

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 99 06 G9 (E)**

POLICY NUMBER:

FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE

This endorsement applies only to your Workers Compensation Benefit obligations.

On December 26, 2007, the President of the United States signed into law amendments to the Terrorism Risk Insurance Act of 2002 (the "Act"), which, among other things, extend the Act and expand its scope. The Act establishes a program under which the Federal Government may partially reimburse "Insured Losses" (as defined in the Act) caused by "acts of terrorism". An "act of terrorism" is defined in Section 102(l) of the Act to mean 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 – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States Mission; and 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.

The federal government's share of compensation for Insured Losses is 85% of the amount of Insured Losses in excess of each Insurer's statutorily established deductible, subject to the "Program Trigger", (as defined in the Act). In no event, however, will the federal government or any Insurer be required to pay any portion of the amount of aggregate Insured Losses occurring in any one year that exceeds \$100,000,000,000, provided that such Insurer has met its deductible. If aggregate Insured Losses exceed \$100,000,000,000 in any one year, your coverage may therefore be reduced. The charge for this exposure is included in the premium indicated in your policy, and does not include any charge for the portion of losses covered by the Federal Government under the Act. The charge that has been included for this coverage is:

Except as disclosed in state specific changes endorsements:

% of your total Workers Compensation premium. Deductible and guaranteed cost policies (if any) will be subject to any applicable adjustments or audits. For retrospective policies (if any), the charge will be a flat charge which is charged at policy inception, not subject to any retrospective premium adjustments or audits.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	Policy No.	Endorsement No.
Insured		Premium \$
Insurance Company	Countersigned by _____	

SERFF Tracking Number: TRVD-125903292 *State:* Arkansas
First Filing Company: Athena Assurance Company, ... *State Tracking Number:* EFT \$50
Company Tracking Number: 2008-10-0120
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Revised Disclosure Notices Filing/2008-10-0120

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVD-125903292 State: Arkansas
First Filing Company: Athena Assurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-10-0120
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Revised Disclosure Notices Filing/2008-10-0120

Supporting Document Schedules

Review Status:

Bypassed -Name: Uniform Transmittal Document-Property & Casualty 11/14/2008
Bypass Reason: N/A
Comments:

Review Status:

Satisfied -Name: Expedited Transmittal 11/14/2008
Comments:
Attachments:
Expedited Tansmittal Page 1.pdf
Expedited Tansmittal Page 2.pdf

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

Indicate Type of Filing (select only one) <input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i> <input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>	Department Use only
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Company Name(s)	Domicile	NAIC #	FEIN #
The Travelers Indemnity Company	CT	3548-25658	06-0566050
The Charter Oak Fire Insurance Company	CT	3548-25615	06-0291290
The Travelers Indemnity Company of Connecticut	CT	3548-25682	06-0336212
The Travelers Indemnity Company of America	CT	3548-25666	58-6020487
The Phoenix Insurance Company	CT	3548-25623	06-0303275
Travelers Property Casualty Company of America	CT	3548-25674	36-2719165
Travelers Casualty and Surety Company	CT	3548-19038	06-6033504
Travelers Casualty Insurance Company of America	CT	3548-19046	06-0876835
Farmington Casualty Company	CT	3548-41483	06-1067463
The Standard Fire Insurance Company	CT	3548-19070	06-6033509

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Margaret M. Salsbury One Tower Square Hartford, CT 06183	(860) 277-6470	(860) 954-0580	MSALSBUR@Travelers.com

Filing information

Line of Insurance (see NAIC matrix)	16.0
Subline (see NAIC matrix)	16.0004
Company Program Title (Marketing title) (if applicable)	Workers' Compensation
Filing Type mark all that apply	<input type="checkbox"/> Adopt by Reference <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Rates <input type="checkbox"/> Rules
Effective Date Requested	11/15/2008
Filing date	11/14/2008
Company Tracking Number	2008-10-0120
Date filing approved in domiciliary state, if applicable	Authorized in CT, IL IA, MD, MN & WI

Adoption of Rating/ Advisory Organization Filing: Modifications must be accompanied by appropriate documentation.

Name of Rating / Advisory Organization	N/A
Forms - Reference Filing Number and descriptive title	N/A
Loss Cost - Reference Filing Number and descriptive title	N/A
Current Loss Cost Multiplier	N/A
Proposed Loss Cost Multiplier	N/A
Rules - Reference Filing Number and descriptive title	N/A

	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Federal Terrorism Risk Insurance Act Disclosure	WC 99 06 G7 (E)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	WC 99 06 G7 (D)	
02	Federal Terrorism Risk Insurance Act Disclosure	WC 99 06 G8 (E)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	WC 99 06 G8 (D)	
03	Federal Terrorism Risk Insurance Act Disclosure	WC 99 06 G9 (E)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	WC 99 06 G9 (D)	

The insurer(s) submitting this filing certifies that it:

- Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- Is in compliance with the requirements of the memorandum containing the voluntary expedited filing procedures.

Margaret M. Salsbury

Signature

Margaret M. Salsbury

Print Name:

Senior Regulatory Analyst

Title:

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

Indicate Type of Filing (select only one)	Department Use only
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>	
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>	

Company Name(s)	Domicile	NAIC #	FEIN #
Travelers Commercial Casualty Company	CT	3548-40282	95-3634110
St. Paul Fire and Marine Insurance Company	MN	3548-24767	41-0406690
St. Paul Mercury Insurance Company	MN	3548-24791	41-0881659
St. Paul Guardian Insurance Company	MN	3548-24775	41-0963301
Athena Assurance Company	MN	3548-41769	41-1435765
St. Paul Protective Insurance Company	IL	3548-19224	41-1427057
United States Fidelity and Guaranty Company	MD	3548-25887	52-0515280
Fidelity And Guaranty Insurance Underwriters, Inc.	WI	3548-25879	52-0616768
Fidelity And Guaranty Insurance Company	IA	3548-35386	42-1091525
Discover Property and Casualty Insurance Company	IL	3548-19070	36-2999370

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Margaret M. Salsbury One Tower Square Hartford, CT 06183	(860) 277-6470	(860) 954-0580	MSALSBUR@Travelers.com

Filing information

Line of Insurance (see NAIC matrix)	16.0
Subline (see NAIC matrix)	16.0004
Company Program Title (Marketing title) (if applicable)	Workers' Compensation
Filing Type mark all that apply	<input type="checkbox"/> Adopt by Reference <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Rates <input type="checkbox"/> Rules
Effective Date Requested	11/15/2008
Filing date	11/14/2008
Company Tracking Number	2008-10-0120
Date filing approved in domiciliary state, if applicable	Authorized in CT, IL IA, MD, MN & WI

Adoption of Rating/ Advisory Organization Filing: Modifications must be accompanied by appropriate documentation.

Name of Rating / Advisory Organization	N/A
Forms - Reference Filing Number and descriptive title	N/A
Loss Cost - Reference Filing Number and descriptive title	N/A
Current Loss Cost Multiplier	N/A
Proposed Loss Cost Multiplier	N/A
Rules - Reference Filing Number and descriptive title	N/A

	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Federal Terrorism Risk Insurance Act Disclosure	WC 99 06 G7 (E)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	WC 99 06 G7 (D)	
02	Federal Terrorism Risk Insurance Act Disclosure	WC 99 06 G8 (E)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	WC 99 06 G8 (D)	
03	Federal Terrorism Risk Insurance Act Disclosure	WC 99 06 G9 (E)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	WC 99 06 G9 (D)	

The insurer(s) submitting this filing certifies that it:

- Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- Is in compliance with the requirements of the memorandum containing the voluntary expedited filing procedures.

Margaret M. Salsbury

Margaret M. Salsbury

Senior Regulatory Analyst

Signature

Print Name:

Title: