

SERFF Tracking Number: TRVE-125905841 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: EFT \$50
Company Tracking Number: 2008-11-0057
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0006 Directors & Officers Liability
Product Name: General Use - D&O Liability Form filing 2008-11-0057
Project Name/Number: General Use - D&O Liability Form filing 2008-11-0057/2008-11-0057

Filing at a Glance

Company: Travelers Casualty and Surety Company of America

Product Name: General Use - D&O Liability SERFF Tr Num: TRVE-125905841 State: Arkansas
Form filing 2008-11-0057

TOI: 17.0 Other Liability-Occ/Claims Made SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 17.0006 Directors & Officers Liability Co Tr Num: 2008-11-0057 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts

Authors: Socorro Armstrong, Disposition Date: 12/02/2008

Theresa Lavenburg, Michelle Smith

Cotto, Sonia Worrell, Timothy

Bengston, Celina Caez

Date Submitted: 11/19/2008 Disposition Status: Approved

Effective Date Requested (New): 12/19/2008

Effective Date (New):

Effective Date Requested (Renewal): 12/19/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: General Use - D&O Liability Form filing 2008-11-0057

Status of Filing in Domicile:

Project Number: 2008-11-0057

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/02/2008

State Status Changed: 12/02/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Travelers Casualty and Surety Company of America 3548-31194 06-0907370

Form Submission for General Use

SERFF Tracking Number: TRVE-125905841 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: EFT \$50
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TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0006 Directors & Officers Liability
Product Name: General Use - D&O Liability Form filing 2008-11-0057
Project Name/Number: General Use - D&O Liability Form filing 2008-11-0057/2008-11-0057

Other Liability – Directors and Officers Liability for Healthcare

Form No(s):

HCD-7027 Ed. 11-08

HCD-7028 Ed. 11-08

Our Company Filing Number: 2008-11-0057

This filing is being submitted as an independent filing on behalf of Travelers Casualty and Surety Company of America.

This filing consists of two (2) general use endorsements which have been developed for use with our currently filed Wrap+ Health Care Organization Directors, Officers and Trustees Liability policy (HCD-3001 Ed. 01-08) program to tailor coverage for the insured.

Rate Impact

There is no rating impact as a result of this filing.

Enclosures and Implementation

The following are enclosed to facilitate your review:

- Form listing and final prints of each form; and
- Any applicable state filing forms and fees.

Your approval of this filing will be very much appreciated. Thank you for your time and attention to this matter.

Company and Contact

Filing Contact Information

Michelle Smith Cotto, Regulatory Analyst MSMITHCO@travelers.com
One Tower Square (860) 277-2345 [Phone]
Hartford, CT 06183 (860) 235-4951[FAX]

Filing Company Information

Travelers Casualty and Surety Company of CoCode: 31194 State of Domicile: Connecticut

SERFF Tracking Number: TRVE-125905841 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of State Tracking Number: EFT \$50
America
Company Tracking Number: 2008-11-0057
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0006 Directors & Officers Liability
Product Name: General Use - D&O Liability Form filing 2008-11-0057
Project Name/Number: General Use - D&O Liability Form filing 2008-11-0057/2008-11-0057
America

One Tower Square
2S2B
Hartford, CT 06183
(860) 277-0179 ext. [Phone]

Group Code: 3548
Group Name:
FEIN Number: 06-0907370

Company Type:
State ID Number:

SERFF Tracking Number: TRVE-125905841 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: EFT \$50
Company Tracking Number: 2008-11-0057
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Product Name: General Use - D&O Liability Form filing 2008-11-0057
Project Name/Number: General Use - D&O Liability Form filing 2008-11-0057/2008-11-0057

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Travelers Casualty and Surety Company of America	\$50.00	11/19/2008	24027762

SERFF Tracking Number: TRVE-125905841 State: Arkansas
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 Project Name/Number: General Use - D&O Liability Form filing 2008-11-0057/2008-11-0057

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/02/2008	12/02/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Uniform Transmittal Document-Property & Casualty	Supporting Document	Socorro Armstrong	11/19/2008	11/19/2008

SERFF Tracking Number: TRVE-125905841 *State:* Arkansas
Filing Company: Travelers Casualty and Surety Company of *State Tracking Number:* EFT \$50
America
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Product Name: General Use - D&O Liability Form filing 2008-11-0057
Project Name/Number: General Use - D&O Liability Form filing 2008-11-0057/2008-11-0057

Disposition

Disposition Date: 12/02/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVE-125905841 State: Arkansas
 Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: EFT \$50
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 Project Name/Number: General Use - D&O Liability Form filing 2008-11-0057/2008-11-0057

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	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Form	HEALTH CARE SERVICES EXCLUSION ENDORSEMENT	Approved	Yes
Form	SCHEDULED PROFESSIONAL SERVICES EXCLUSION ENDORSEMENT	Approved	Yes

SERFF Tracking Number: TRVE-125905841 State: Arkansas
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America
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Project Name/Number: General Use - D&O Liability Form filing 2008-11-0057/2008-11-0057

Amendment Letter

Amendment Date:

Submitted Date: 11/19/2008

Comments:

Replace the PC NAIC form

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Comment:

2007 NAIC Form List.pdf

2007 PC NAIC Transmittal (generic) (2).pdf

SERFF Tracking Number: TRVE-125905841 State: Arkansas
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 Company Tracking Number: 2008-11-0057
 TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0006 Directors & Officers Liability
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 Project Name/Number: General Use - D&O Liability Form filing 2008-11-0057/2008-11-0057

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	HEALTH CARE SERVICES EXCLUSION ENDORSEMENT	HCD-7027	Ed. 11-08	Endorsement/Amendment/Conditions	New	0.00	HCD70271108.pdf
Approved	SCHEDULED PROFESSIONAL SERVICES EXCLUSION ENDORSEMENT	HCD-7028	Ed. 11-08	Endorsement/Amendment/Conditions	New	0.00	HCD70281108.pdf

ISSUED BY:
ISSUED TO:

POLICY NO:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

HEALTH CARE SERVICES EXCLUSION ENDORSEMENT

This endorsement modifies the following coverage:

Health Care Organization Directors, Officers and Trustees Liability

It is agreed that solely with respect to the **Liability Coverage** shown above, the following is added to section **III. EXCLUSIONS, A.:**

This **Liability Coverage** shall not apply to, and the Company shall have no duty to defend or to pay, advance or reimburse **Defense Expenses** for, any **Claim:**

for any actual or alleged act, error, omission, misstatement, misleading statement or neglect of any **Insured** in the rendering of or failure to render any **Health Care Services.**

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

This endorsement is effective at the Inception Date stated in ITEM 2 of the Declarations or effective at 12:01 A.M. on _____, if indicated herein. Complete the following only when this endorsement is not prepared with the policy or is to be effective on a date other than the Inception Date of the policy.

Accepted by: _____
On behalf of the entity named in
ITEM 1 of the Declarations.

Authorized Company Representative

ISSUED BY:
ISSUED TO:

POLICY NO:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULED PROFESSIONAL SERVICES EXCLUSION ENDORSEMENT

This endorsement modifies the following coverage:

Health Care Organization Directors, Officers and Trustees Liability

It is agreed that solely with respect to the **Liability Coverage** shown above, the following is added to section **III. EXCLUSIONS, A.:**

This **Liability Coverage** shall not apply to, and the Company shall have no duty to defend or to pay, advance or reimburse **Defense Expenses** for, any **Claim:**

for any actual or alleged act, error, omission, misstatement, misleading statement or neglect of any **Insured** in the rendering of, or failure to render, any professional services in connection with the businesses of the **Insured Organization** scheduled below:

Business

<Business>

<Business>

<Business>

<Business>

<Business>

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

This endorsement is effective at the Inception Date stated in ITEM 2 of the Declarations or effective at 12:01 A.M. on _____, if indicated herein. Complete the following only when this endorsement is not prepared with the policy or is to be effective on a date other than the Inception Date of the policy.

Accepted by: _____
On behalf of the entity named in
ITEM 1 of the Declarations.

Authorized Company Representative

SERFF Tracking Number: TRVE-125905841 *State:* Arkansas
Filing Company: Travelers Casualty and Surety Company of *State Tracking Number:* EFT \$50
America
Company Tracking Number: 2008-11-0057
TOI: 17.0 Other Liability-Occ/Claims Made *Sub-TOI:* 17.0006 Directors & Officers Liability
Product Name: General Use - D&O Liability Form filing 2008-11-0057
Project Name/Number: General Use - D&O Liability Form filing 2008-11-0057/2008-11-0057

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVE-125905841 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of State Tracking Number: EFT \$50
America
Company Tracking Number: 2008-11-0057
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0006 Directors & Officers Liability
Product Name: General Use - D&O Liability Form filing 2008-11-0057
Project Name/Number: General Use - D&O Liability Form filing 2008-11-0057/2008-11-0057

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 12/02/2008

Comments:

Attachments:

2007 NAIC Form List.pdf

2007 PC NAIC Transmittal (generic) (2).pdf

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 12/02/2008

Comments:

Attachment:

AR 2008-11-0057 ltr.pdf

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	2008-11-0057			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	HEALTH CARE SERVICES EXCLUSION ENDORSEMENT	HCD-7027 Ed. 11-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	SCHEDULED PROFESSIONAL SERVICES EXCLUSION ENDORSEMENT	HCD-7028 Ed. 11-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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 #
Travelers	3548

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Travelers Casualty and Surety Company of America	CT	31194	06-0907370	

5. Company Tracking Number	2008-11-0057
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Socorro Armstrong One Tower Square, 2SH2 Hartford, CT 06183	Regulatory Analyst	860-277-1919	860-227-3937	msmithco@travelers.com
7.	Signature of authorized filer		<i>Socorro Armstrong</i>		
8.	Please print name of authorized filer		Socorro Armstrong		

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

9. Type of Insurance (TOI)	17.1000 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.1
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Wrap+ for Healthcare
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: 12/19/2008 Renewal: 12/19/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	11/19/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	2008-11-0057
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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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Travelers Casualty and Surety Company of America	3548-31194	06-0907370
Form Submission for General Use		
Other Liability – Directors and Officers Liability for Healthcare		
Form No(s):		
HCD-7027 Ed. 11-08		
HCD-7028 Ed. 11-08		
Our Company Filing Number: 2008-11-0057		
This filing is being submitted as an independent filing on behalf of Travelers Casualty and Surety Company of America.		
This filing consists of two (2) general use endorsements which have been developed for use with our currently filed Wrap+ Health Care Organization Directors, Officers and Trustees Liability policy (HCD-3001 Ed. 01-08) program to tailor coverage for the insured.		
Rate Impact		
There is no rating impact as a result of this filing.		
Enclosures and Implementation		
The following are enclosed to facilitate your review:		
<ul style="list-style-type: none"> • Form listing and final prints of each form; and • Any applicable state filing forms and fees. 		
Your approval of this filing will be very much appreciated. Thank you for your time and attention to this matter.		

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]
<p>Check #:</p> <p>Amount:</p>	
<p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**



One Tower Square, S202B
Hartford, CT 06183

Michelle Smith Cotto
Travelers Bond and Financial Products
Phone: (860) 277-2345
FAX: (866) 235-4951
Email: msmithco@travelers.com

November 19, 2008

Honorable Mike Pickens
Commissioner of Insurance
Arkansas Insurance Dept
1200 West Third Street
Little Rock, AR 72201-1904

Travelers Casualty and Surety Company of America 3548-31194 06-0907370

**Form Submission for General Use
Other Liability – Directors and Officers Liability for Healthcare**

Form No(s):

HCD-7027 Ed. 11-08

HCD-7028 Ed. 11-08

Our Company Filing Number: 2008-11-0057

This filing is being submitted as an independent filing on behalf of Travelers Casualty and Surety Company of America.

This filing consists of two (2) general use endorsements which have been developed for use with our currently filed Wrap+ Health Care Organization Directors, Officers and Trustees Liability policy (HCD-3001 Ed. 01-08) program to tailor coverage for the insured.

Rate Impact

There is no rating impact as a result of this filing.

Enclosures and Implementation

The following are enclosed to facilitate your review:

- Form listing and final prints of each form; and
- Any applicable state filing forms and fees.

Your approval of this filing will be very much appreciated. Thank you for your time and attention to this matter. Should you have any questions, please feel free to call me at 860-277-2345.

Sincerely,

Michelle Smith Cotto

SERFF Tracking Number: TRVE-125905841 State: Arkansas
 Filing Company: Travelers Casualty and Surety Company of State Tracking Number: EFT \$50
 America
 Company Tracking Number: 2008-11-0057
 TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0006 Directors & Officers Liability
 Product Name: General Use - D&O Liability Form filing 2008-11-0057
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Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	Uniform Transmittal Document-Property & Casualty	11/17/2008	2007 PC NAIC Transmittal (generic) (2).pdf 2007 NAIC Form List.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 #
Travelers	3548

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Travelers Casualty and Surety Company of America	CT	31194	06-0907370	

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	Socorro Armstrong One Tower Square, 2SH2 Hartford, CT 06183	Regulatory Analyst	860-277-1919	860-227-3937	msmithco@travelers.com
7.	Signature of authorized filer		<i>Socorro Armstrong</i>		
8.	Please print name of authorized filer		Socorro Armstrong		

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

9. Type of Insurance (TOI)	17.1000 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.1
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Wrap+ for Healthcare
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: 12/19/2008 Renewal: 12/19/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	11/19/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	2008-11-0057
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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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Travelers Casualty and Surety Company of America	3548-31194	06-0907370
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Form Submission for General Use**Other Liability – Directors and Officers Liability for Healthcare****Form No(s):****HCD-7027 Ed. 11-08****HCD-7028 Ed. 11-08****Our Company Filing Number: 2008-11-0057**

This filing is being submitted as an independent filing on behalf of Travelers Casualty and Surety Company of America.

This filing consists of two (2) general use endorsements which have been developed for use with our currently filed Wrap+ Health Care Organization Directors, Officers and Trustees Liability policy (HCD-3001) program to tailor coverage for the insured. There is no rate impact as a result of this filing.

Policy Number: HCD-3001 Ed. 01-08

Program: Wrap+ Modular

Endorsement Eff. Date: 10/31/2008

Line of Business: General Liability

Your approval of this filing will be very much appreciated. Thank you for your time and attention to this matter.

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 #:**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.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	2008-11-0057			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	HEALTH CARE SERVICES EXCLUSION ENDORSEMENT	HCD-7027 Ed. 11-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	SCHEDULED PROFESSIONAL SERVICES EXCLUSION ENDORSEMENT	HCD-7028 Ed. 11-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		