

SERFF Tracking Number: SMPJ-125508394 State: Arkansas  
Filing Company: Sompo Japan State Tracking Number: #0000082849 \$25  
Company Tracking Number: 08-WC-016  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0002 Employers Liability WC  
Product Name: Workers Compensation & Employee Liability  
Project Name/Number: TRIPRA Rule Adoption/08-WC-016

## Filing at a Glance

Company: Sompo Japan

Product Name: Workers Compensation & Employee Liability SERFF Tr Num: SMPJ-125508394 State: Arkansas

TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #0000082849 \$25  
Sub-TOI: 16.0002 Employers Liability WC Co Tr Num: 08-WC-016 State Status: Fees verified and received

Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding  
Author: Mary Lynn Teel Disposition Date: 02/26/2008  
Date Submitted: 02/26/2008 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: TRIPRA Rule Adoption Status of Filing in Domicile: Not Filed  
Project Number: 08-WC-016 Domicile Status Comments: N/A  
Reference Organization: NCCI Reference Number: Item B-1405  
Reference Title: Terrorism Risk Insurance Program Reauthorization Act Advisory Org. Circular: CIF-2007-09 of 2007

Filing Status Changed: 02/26/2008

State Status Changed: 02/26/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We submit the following adoption for your review:

- Item B-1405 - Terrorism Risk Insurance Program Reauthorization Act of 2007

Enclosed you will find the required transmittals, and extra copy of this letter for your stamped acknowledgement and a

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postage paid return envelope for your convenience.

We trust this submission will prove satisfactory and respectfully request your acknowledgment for policies written/effective on or after January 1, 2008.

## Company and Contact

### Filing Contact Information

Mary Lynn Teel, State Filings Analyst mteel@sompo-japan-us.com  
 13850 Ballantyne Corporate Place (704) 759-2158 [Phone]  
 Charlotte, NC 28277-2711 (704) 759-2542[FAX]

### Filing Company Information

Sompo Japan CoCode: 11126 State of Domicile: New York  
 2 WFC, 43rd Floor Group Code: 3219 Company Type:  
 225 Liberty St  
 New York, NY 10281 Group Name: State ID Number:  
 (212) 416-1200 ext. [Phone] FEIN Number: 13-2554270  
 -----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation: \$25.00 for Reference filings.  
 Per Company: No

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 82849        | \$25.00      | 02/14/2008 |

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## Correspondence Summary

### Dispositions

| Status   | Created By     | Created On | Date Submitted |
|----------|----------------|------------|----------------|
| Approved | Carol Stiffler | 02/26/2008 | 02/26/2008     |

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*Project Name/Number:* TRIPRA Rule Adoption/08-WC-016

## **Disposition**

Disposition Date: 02/26/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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 Project Name/Number: TRIPRA Rule Adoption/08-WC-016

| <b>Item Type</b>           | <b>Item Name</b>   | <b>Item Status</b> | <b>Public Access</b> |
|----------------------------|--|--------------------|----------------------|
| <b>Supporting Document</b> | Uniform Transmittal Document-Property & Casualty         | Approved           | Yes                  |
| <b>Supporting Document</b> | NAIC Loss Cost Filing Document for Workers' Compensation | Approved           | Yes                  |
| <b>Supporting Document</b> | NAIC loss cost data entry document                       | Approved           | Yes                  |
| <b>Supporting Document</b> | TRIA Expedited Filing Form                               | Approved           | Yes                  |
| <b>Supporting Document</b> | Filing Schedule  | Approved           | Yes                  |

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*TOI:* 16.0 Workers Compensation      *Sub-TOI:* 16.0002 Employers Liability WC  
*Product Name:* Workers Compensation & Employee Liability  
*Project Name/Number:* TRIPRA Rule Adoption/08-WC-016

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

|   |  |
|---|--|
| <p><b>Satisfied -Name:</b> Uniform Transmittal Document-Property &amp; Casualty</p> <p><b>Comments:</b></p> <p><b>Attachment:</b><br/>PCTD-1Rules.pdf</p>                   | <p><b>Review Status:</b><br/>Approved 02/26/2008</p> |
| <p><b>Bypassed -Name:</b> NAIC Loss Cost Filing Document for Workers' Compensation</p> <p><b>Bypass Reason:</b> This is not a loss cost filing.</p> <p><b>Comments:</b></p> | <p><b>Review Status:</b><br/>Approved 02/26/2008</p> |
| <p><b>Bypassed -Name:</b> NAIC loss cost data entry document</p> <p><b>Bypass Reason:</b> This filing does not involve loss cost.</p> <p><b>Comments:</b></p>               | <p><b>Review Status:</b><br/>Approved 02/26/2008</p> |
| <p><b>Satisfied -Name:</b> TRIA Expedited Filing Form</p> <p><b>Comments:</b></p> <p><b>Attachment:</b><br/>TRIAExpeditedFilingForm-Rules.pdf</p>                           | <p><b>Review Status:</b><br/>Approved 02/26/2008</p> |
| <p><b>Satisfied -Name:</b> Filing Schedule</p> <p><b>Comments:</b></p> <p><b>Attachment:</b><br/>ILRRFS-1 _raterules_.pdf</p>   | <p><b>Review Status:</b><br/>Approved 02/26/2008</p> |

## Property & Casualty Transmittal Document

|   |   |              |  |                  |  |
|---|---|--------------|--|------------------|--|
| <b>1. Reserved for Insurance Dept. Use Only</b> | <b>2. Insurance Department Use only</b><br>a. Date the filing is received:<br>b. Analyst:<br>c. Disposition:<br>d. Date of disposition of the filing:<br>e. Effective date of filing:<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #:<br>g. SERFF Filing #:<br>h. Subject Codes | New Business |  | Renewal Business |  |
| New Business                                    |   |              |  |                  |  |
| Renewal Business                                |   |              |  |                  |  |

|                      |                     |
|----------------------|---------------------|
| <b>3. Group Name</b> | <b>Group NAIC #</b> |
| N/A                  | 3219                |

| 4. Company Name(s)              | Domicile | NAIC # | FEIN #     | State # |
|---------------------------------|----------|--------|------------|---------|
| Sompo Japan Ins. Co. of America | New York | 11126  | 13-2554270 |         |
|                                 |          |        |            |         |
|                                 |          |        |            |         |
|                                 |          |        |            |         |
|                                 |          |        |            |         |
|                                 |          |        |            |         |

|                                   |                  |
|-----------------------------------|------------------|
| <b>5. Company Tracking Number</b> | <b>08-WC-016</b> |
|-----------------------------------|------------------|

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

| 6. | Name and address  | Title                       | Telephone #s | FAX #        | e-mail                   |
|----|---|-----------------------------|--------------|--------------|--------------------------|
|    | Mary Lynn Teel<br>13850 Ballantyne<br>Corporate Place<br>Suite 200<br>Charlotte, NC 28277 | State<br>Filings<br>Analyst | 704-759-2158 | 704-759-2542 | mteel@sompo-japan-us.com |
|    |   |                             |              |              |                          |

|    |                                       |                |
|----|---------------------------------------|----------------|
| 7. | Signature of authorized filer         |                |
| 8. | Please print name of authorized filer | Mary Lynn Teel |

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

|     |  |  |
|-----|--|--|
| 9.  | Type of Insurance (TOI)  | 16.0 Workers Compensation  |
| 10. | Sub-Type of Insurance (Sub-TOI)  | 16.0002 Employers Liability WC   |
| 11. | State Specific Product code(s)(if applicable)[See State Specific Requirements] | N/A  |
| 12. | Company Program Title (Marketing title)  | Workers Compensation & Employers Liability Program   |
| 13. | Filing Type  | <input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. | Effective Date(s) Requested  | New: 01/01/2008                          Renewal: 01/01/2008   |

## Property & Casualty Transmittal Document---

|     |  |   |
|-----|--|---|
| 15. | Reference Filing?                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| 16. | Reference Organization (if applicable) | NCCI  |
| 17. | Reference Organization # & Title       | ITEM B-1405 Terrorism Risk Insurance Act of 2007  |
| 18. | Company's Date of Filing               | 02/19/2008  |
| 19. | Status of filing in domicile           | <input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

|     |   |           |
|-----|---|-----------|
| 20. | This filing transmittal is part of Company Tracking # | 08-WC-016 |
|-----|---|-----------|

|     |   |
|-----|---|
| 21. | Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
|-----|---|

We submit the following adoption for your review:

- ❖ **Item B-1405** – Terrorism Risk Insurance Program Reauthorization Act of 2007

We trust this submission will prove satisfactory and respectfully request your acknowledgment for policies written/effective on or after **January 1, 2008**.

|  |   |
|--|---|
| 22.  | <b>Filing Fees</b> (Filer must provide check # and fee amount if applicable)<br>[If a state requires you to show how you calculated your filing fees, place that calculation below] |
| <p>Check #: 82849<br/>                 Amount: \$25.00</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p> |   |

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

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

**This page applies to the following state(s) ARKANSAS**

|  |
|--|
| Indicate Type of Filing  |
| <input type="checkbox"/> Filing Related to <i>Certified Losses</i>                               |
| <input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>                           |
| <input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses |

|                     |
|---------------------|
| Department Use only |
|                     |

| Company Name(s)                          | Domicile | NAIC #     | FEIN #     |
|--|----------|------------|------------|
| Sompo Japan Insurance Company of America | New York | 3219-11129 | 13-2554270 |

**Contact Info for Filer**

| Name and address of Filer(s)  | Telephone #  | FAX #        | e-mail                   |
|---|--------------|--------------|--------------------------|
| Mary Lynn Teel, State Filings Analyst<br>13850 Ballantyne Corporate Place Suite 200<br>Charlotte, NC 28277-2711 | 704-759-2158 | 704-759-2542 | mteel@sompo-japan-us.com |

**Filing information**

|   |  |
|---|--|
| <b>Line of Insurance</b> (see attachment)                       | Workers Compensation & Employers Liability |
| <b>Company Program Title</b> (Marketing title) (if applicable)  | TRIPRA                                     |
| <b>Filing Type</b> ** see note below                            | Rules Adoption                             |
| <b>This application is used with:</b>                           | N/A  |
| <b>Effective Date Requested</b>                                 | 01/01/2008                                 |
| <b>Filing date</b>  | 02/19/2008                                 |
| <b>Company Tracking Number</b>                                  | 08-WC-016                                  |
| <b>Date filing approved in domiciliary state, if applicable</b> | Pending                                    |

|    | <u>Component/Form Name</u><br><u>/Description/Synopsis</u> | <b>Form # or Rate Page</b><br><b>Include edition date</b> | <b>Replacement</b><br><b>Or withdrawn?</b>  | <b>If replacement,</b><br><b>give form # or rate</b><br><b>page(s) it replaces</b> | <b>Previous State</b><br><b>Filing Number,</b><br><b>if required</b><br><b>by state</b> |
|----|--|---|---|--|---|
| 01 | NCCI Rules contained in Item B-1405                        | NCCI Rules  | <input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither | Various  | N/A   |
| 02 |  |   | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither            |  |   |

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

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 bulletin containing the voluntary expedited filing procedures.

\_\_\_\_\_  
Signature

Mary Lynn Teel  
Print Name:

State Filings Analyst  
Title:

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

|           |  |           |
|-----------|--|-----------|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b> | 08-WC-016 |
|-----------|--|-----------|

|           |   |     |
|-----------|---|-----|
| <b>2.</b> | <b>This filing corresponds to form filing number</b><br>(Company tracking number of form filing, if applicable) | N/A |
|-----------|---|-----|

Rate Increase
  Rate Decrease
  Rate Neutral (0%)

|           |  |            |
|-----------|--|------------|
| <b>3.</b> | <b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b> | File & Use |
|-----------|--|------------|

|            |   |  |  |  |  |  |  |
|------------|---|--|--|--|--|--|--|
| <b>4a.</b> | <b>Rate Change by Company (As Proposed)</b> |  |  |  |  |  |  |
|------------|---|--|--|--|--|--|--|

| Company Name                  | Overall % Indicated Change (when applicable) | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change (where required) | Minimum % Change (where required) |
|-------------------------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| Sompo Japan Ins Co of America | 0  | 0                     | 0                                       | Indeterminable                               | \$267,225                        | 0                                 | 0                                 |
|                               |  |                       |   |  |                                  |                                   |                                   |

|            |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|
| <b>4b.</b> | <b>Rate Change by Company (As Accepted) For State Use Only</b> |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|

| Company Name | Overall % Indicated Change (when applicable) | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change | Minimum % Change |
|--------------|--|-----------------------|---|--|----------------------------------|------------------|------------------|
|              |  |                       |   |  |                                  |                  |                  |
|              |  |                       |   |  |                                  |                  |                  |

|   |  |  |  |
|---|--|--|--|
| <b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b> |  |  |  |
|---|--|--|--|

|            |  | COMPANY USE | STATE USE |
|------------|--|-------------|-----------|
| <b>5a.</b> | <b>Overall percentage rate indication (when applicable)</b>            | N/A         |           |
| <b>5b.</b> | <b>Overall percentage rate impact for this filing</b>                  | N/A         |           |
| <b>5c.</b> | <b>Effect of Rate Filing – Written premium change for this program</b> | N/A         |           |
| <b>5d.</b> | <b>Effect of Rate Filing – Number of policyholders affected</b>        | N/A         |           |

|           |   |     |
|-----------|---|-----|
| <b>6.</b> | <b>Overall percentage of last rate revision</b> | 4.0 |
|-----------|---|-----|

|           |   |            |
|-----------|---|------------|
| <b>7.</b> | <b>Effective Date of last rate revision</b> | 01/01/2008 |
|-----------|---|------------|

|           |   |     |
|-----------|---|-----|
| <b>8.</b> | <b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b> | F&U |
|-----------|---|-----|

| <b>9.</b> | <b>Rule # or Page # Submitted for Review</b> | <b>Replacement or Withdrawn?</b>  | <b>Previous state filing number, if required by state</b> |
|-----------|--|---|---|
| 01        | NCCI Pages                                   | <input type="checkbox"/> New<br><input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |
| 02        |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |
| 03        |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |