

SERFF Tracking Number: TRAX-125517960 State: Arkansas  
Filing Company: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. State Tracking Number: EFT \$25  
Company Tracking Number: WC AR0801201R01  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Adoption of WC Multistate Rules Item B-1405--Terror  
Project Name/Number: Adoption of WC Multistate Rules Item B-1405--Terrorism Risk Insurance Program Reauthorization Act of 2007/WC AR0801201R01

## Filing at a Glance

Company: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.

Product Name: Adoption of WC Multistate SERFF Tr Num: TRAX-125517960 State: Arkansas

Rules Item B-1405--Terror

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 16.0004 Standard WC

Co Tr Num: WC AR0801201R01

State Status: Fees verified and received

Filing Type: Rule

Co Status:

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

Author: SPI Transguard

Disposition Date: 03/04/2008

Date Submitted: 03/01/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Adoption of WC Multistate Rules Item B-1405--Terrorism Status of Filing in Domicile:

Risk Insurance Program Reauthorization Act of 2007

Project Number: WC AR0801201R01

Domicile Status Comments:

Reference Organization: NCCI - National Council on Compensation Insurance, Inc. (NCCI)

Reference Number: IF-2008-01-01 (CIF-2007-09)

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/04/2008

State Status Changed: 03/04/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

In accordance with the regulatory provisions of your state, we hereby adopt the National Council on Compensation Insurance, Inc. (NCCI) approval IF-2008-01-01 in reference to Item B-1405--Terrorism Risk Insurance Program Reauthorization Act of 2007 (Announcement Circular CIF-2007-09).

SERFF Tracking Number: TRAX-125517960 State: Arkansas  
Filing Company: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. State Tracking Number: EFT \$25  
Company Tracking Number: WC AR0801201R01  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Adoption of WC Multistate Rules Item B-1405--Terro  
Project Name/Number: Adoption of WC Multistate Rules Item B-1405--Terrorism Risk Insurance Program Reauthorization Act of 2007/WC AR0801201R01

NCCI Basic Manual Rules Revision of the Terrorism Risk Insurance Act (TRIA) of 2002  
Rule 3-A-24-a 01-08

This filing is being submitted under your Prior Approval statute. We request that this filing be applicable to all policies effective on or after January 1, 2008.

## Company and Contact

### Filing Contact Information

Gloria Goldbranson, Compliance Support Leader  
Gloria.Goldbranson@Transguard.com  
215 Shuman Blvd (800) 796-2480 [Phone]  
Naperville, IL 60563 (630) 864-3579[FAX]

### Filing Company Information

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.  
215 Shuman Blvd  
Suite 400  
Naperville, IL 60563  
(800) 796-2480 ext. [Phone]

CoCode: 28886  
Group Code: 225  
Group Name: IAT Reinsurance  
Company Group  
FEIN Number: 36-3529298  
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State of Domicile: Illinois  
Company Type: Property & Casualty  
State ID Number:

## Filing Fees

Fee Required? Yes  
Fee Amount: \$25.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.	\$25.00	03/01/2008	18263483

SERFF Tracking Number: TRAX-125517960 State: Arkansas  
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TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
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Project Name/Number: Adoption of WC Multistate Rules Item B-1405--Terrorism Risk Insurance Program Reauthorization Act of 2007/WC AR0801201R01

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/04/2008	03/04/2008

*SERFF Tracking Number:* TRAX-125517960                      *State:* Arkansas  
*Filing Company:* TRANSGUARD INSURANCE COMPANY OF      *State Tracking Number:* EFT \$25  
   AMERICA, INC.  
*Company Tracking Number:* WC AR0801201R01  
*TOI:* 16.0 Workers Compensation                      *Sub-TOI:* 16.0004 Standard WC  
*Product Name:* Adoption of WC Multistate Rules Item B-1405--Terro  
*Project Name/Number:* Adoption of WC Multistate Rules Item B-1405--Terrorism Risk Insurance Program Reauthorization Act of 2007/WC AR0801201R01

## **Disposition**

Disposition Date: 03/04/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TRAX-125517960 State: Arkansas  
 Filing Company: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. State Tracking Number: EFT \$25  
 Company Tracking Number: WC AR0801201R01  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
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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
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	AR - EXPD FILING TRANS FOR TER RISK	Approved	Yes
Rate	Terrorism Risk Insurance Act (TRIA) of 2002	Approved	Yes



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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Terrorism Risk Insurance Act (TRIA) of 2002	3-A-24-a	Replacement	

SERFF Tracking Number: TRAX-125517960 State: Arkansas  
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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	03/04/2008
<b>Comments:</b>			
<b>Attachments:</b>			
	AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF		
	AR - NAIC RATE RULE FILING SCHEDULE.PDF		
<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b> Approved	03/04/2008
<b>Bypass Reason:</b>	Rule Filing - N/A		
<b>Comments:</b>			
<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b> Approved	03/04/2008
<b>Bypass Reason:</b>	Rule Filing - N/A		
<b>Comments:</b>			
<b>Satisfied -Name:</b>	Cover Letter	<b>Review Status:</b> Approved	03/04/2008
<b>Comments:</b>			
<b>Attachment:</b>			
	Cover Letter.PDF		
<b>Satisfied -Name:</b>	AR - EXPD FILING TRANS FOR TER RISK	<b>Review Status:</b> Approved	03/04/2008
<b>Comments:</b>			
<b>Attachment:</b>			
	AR - EXPD FILING TRANS FOR TER RISK.PDF		

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
IAT Reinsurance Company Group	0225

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.	IL	28886	36-3529298	

<b>5. Company Tracking Number</b>	WC AR0801201R01
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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
	Gloria A. Goldbranson 215 Shuman Blvd, Suite 400 Naperville IL 60563	Compliance Support Leader	800-796-2480 Ext. 3477	630-864-3579	Gloria.Goldbranson@Transguard.com

<b>7.</b> Signature of authorized filer	<i>Gloria Goldbranson</i>
<b>8.</b> Please print name of authorized filer	Gloria A. Goldbranson

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	16.0 Workers Compensation		
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	16.0004 Standard WC		
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>			
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>	Terrorism – Related Filings		
<b>13.</b>	<b>Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)		
<b>14.</b>	<b>Effective Date(s) Requested</b>	New:	01/01/08 or earliest effective date	Renewal: 01/01/08 or earliest effective date
<b>15.</b>	<b>Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>16.</b>	<b>Reference Organization (if applicable)</b>	NCCI - National Council on Compensation Insurance, Inc. (NCCI)		
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	if-2008-01-01 (Announcement Circular CIR-2007-09)		
<b>18.</b>	<b>Company's Date of Filing</b>	03/01/08		
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	WC AR0801201R01
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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In accordance with the regulatory provisions of your state, we hereby adopt the National Council on Compensation Insurance, Inc. (NCCI) approval IF-2008-01-01 in reference to Item B-1405--Terrorism Risk Insurance Program Reauthorization Act of 2007 (Announcement Circular CIF-2007-09).

NCCI Basic Manual Rules Revision of the Terrorism Risk Insurance Act (TRIA) of 2002	3-A-24-a	01-08
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This filing is being submitted under your Prior Approval statute. We request that this filing be applicable to all policies effective on or after January 1, 2008.

<b>22.</b>	<b>Filing Fees</b> (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]						
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><b>Check #:</b></td> <td>EFT</td> </tr> <tr> <td><b>Amount:</b></td> <td>\$25.00</td> </tr> <tr> <td colspan="2" style="padding-top: 10px;">Reference Adoption</td> </tr> </table> <p style="text-align: center; margin-top: 20px;"><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>		<b>Check #:</b>	EFT	<b>Amount:</b>	\$25.00	Reference Adoption	
<b>Check #:</b>	EFT						
<b>Amount:</b>	\$25.00						
Reference Adoption							

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

## PROPERTY & CASUALTY 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>	WC AR0801201R01
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	N/A
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	Prior Approval
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4a. Rate Change by Company (As Proposed)							
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)
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.	0	0	0	0	0	0	0

4b. Rate Change by Company (As Accepted) For State Use Only							
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)

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate indication(when applicable)	0	
5b.	Overall percentage rate impact for this filing	0	
5c.	Effect of Rate Filing – Written premium change for this program	0	
5d.	Effect of Rate Filing - Number of policyholders affected	0	

<b>6.</b>	Overall percentage of last rate revision	5.2%
<b>7.</b>	Effective Date of last rate revision	01/01/2008
<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	3-A-24-a 01-08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	



215 Shuman Blvd., Suite 400  
Naperville, IL 60563

March 1, 2008

Commissioner Julie Benafield Bowman  
Attn: Property & Casualty Division  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

**SENT VIA SERFF**

RE: Workers Compensation  
Adoption of WC Multistate Rules Item B-1405--Terrorism Risk Insurance Program  
Reauthorization Act of 2007  
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.  
NAIC#: 0225-28886 FEIN: 36-3529298  
Filing#: WC AR0801201R01

Dear Property & Casualty Division:

In accordance with the regulatory provisions of your state, we hereby adopt the National Council on Compensation Insurance, Inc. (NCCI) approval IF-2008-01-01 in reference to Item B-1405--Terrorism Risk Insurance Program Reauthorization Act of 2007 (Announcement Circular CIF-2007-09).

NCCI Basic Manual Rules Revision of 3-A-24-a 01-08  
the Terrorism Risk Insurance Act  
(TRIA) of 2002

This filing is being submitted under your Prior Approval statute. We request that this filing be applicable to all policies effective on or after January 1, 2008.

Your prompt attention to this matter is appreciated. If you have any questions or require additional information, please do not hesitate to contact me directly.

Sincerely,

A handwritten signature in black ink that reads 'Gloria Goldbranson'.

Gloria A. Goldbranson  
Compliance Support Leader  
Phone: 800-796-2480 Ext. 3477  
Fax: 630-864-3579  
Email: Gloria.Goldbranson@Transguard.com

Enclosure(s)

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

This page applies to the following state(s) AR

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

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.	IL	0225-28886	36-3529298

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Gloria Goldbranson - Compliance Support Leader TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. 215 Shuman Blvd., Suite 400 Naperville, Illinois 60563	630-864-3477	630-864-3579	gloria.goldbranson@Transguard.com

**Filing information**

<b>Line of Insurance</b> (see attachment)	Workers Compensation
<b>Company Program Title</b> (Marketing title) (if applicable)	Terrorism Related Filings
<b>Filing Type ** see note below</b>	Rules
<b>This application is used with:</b>	Adoption of NCCI WC Rules Item B-1405--Terrorism Risk Insurance Program Reauthorization Act of 2007
<b>Effective Date Requested</b>	01/01/08 or earliest possible effective date
<b>Filing date</b>	03/01/08
<b>Company Tracking Number</b>	WC AR0801201R01
<b>Date filing approved in domiciliary state, if applicable</b>	Prior Approval

	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	Basic Manual Rule Revision	3-A-24-a 01-08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	3-A-24-a	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <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.

*Gloria Goldbranson*

Signature

Gloria Goldbranson  
Print Name:

Compliance Support Leader  
Title: