

SERFF Tracking Number: TRVA-125527735 State: Arkansas
 First Filing Company: The Automobile Insurance Company of Hartford, State Tracking Number: EFT \$25
 Connecticut, ...
 Company Tracking Number: 2008-02-0097
 TOI: 35.0 Interline Filings Sub-TOI: 35.0001 Personal Interline Filings
 Product Name: Revised Billing Plan
 Project Name/Number: Revised Billing Plan/2008-02-0097

Filing at a Glance

Companies: The Automobile Insurance Company of Hartford, Connecticut, The Phoenix Insurance Company, The Standard Fire Insurance Company, The Travelers Home and Marine Insurance Company, The Travelers Indemnity Company of America, Travelers Commercial Insurance Company, Travelers Property Casualty Insurance Company

Product Name: Revised Billing Plan	SERFF Tr Num: TRVA-125527735	State: Arkansas
TOI: 35.0 Interline Filings	SERFF Status: Closed	State Tr Num: EFT \$25
Sub-TOI: 35.0001 Personal Interline Filings	Co Tr Num: 2008-02-0097	State Status: Fees verified and received
Filing Type: Rule	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
	Author: Ann Lavorgna	Disposition Date: 03/11/2008
	Date Submitted: 03/07/2008	Disposition Status: Filed
Effective Date Requested (New): 04/20/2008		Effective Date (New): 04/20/2008
Effective Date Requested (Renewal): 04/20/2008		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Revised Billing Plan	Status of Filing in Domicile:
Project Number: 2008-02-0097	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 03/11/2008	
State Status Changed: 03/11/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

With this filing, we are introducing a recurring credit card payment plan option, and adjusting our service charge for electronic fund transfer (EFT) payment plan option.

This change applies to all new business or renewal bills processed on or after April 20, 2008.

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Company and Contact

Filing Contact Information

Ann Lavorgna, Regulatory Analyst AJLAVORG@travelers.com
 One Tower Square (860) 277-5466 [Phone]
 Hartford, CT 06183 (860) 277-5204[FAX]

Filing Company Information

The Automobile Insurance Company of Hartford, Connecticut One Tower Square Hartford, CT 06183 (860) 277-7395 ext. [Phone]	CoCode: 19062 Group Code: 3548 Group Name: FEIN Number: 06-0848755 -----	State of Domicile: Connecticut Company Type: Property/Casualty State ID Number:
The Phoenix Insurance Company One Tower Square Hartford, CT 06183 (860) 277-7395 ext. [Phone]	CoCode: 25623 Group Code: 3548 Group Name: FEIN Number: 06-0303275 -----	State of Domicile: Connecticut Company Type: Property/Casualty State ID Number:
The Standard Fire Insurance Company One Tower Square Hartford, CT 06183 (860) 277-7395 ext. [Phone]	CoCode: 19070 Group Code: 3548 Group Name: FEIN Number: 06-6033509 -----	State of Domicile: Connecticut Company Type: Property/Casualty State ID Number:
The Travelers Home and Marine Insurance Company One Tower Square Hartford, CT 06183 (860) 277-7395 ext. [Phone]	CoCode: 27998 Group Code: 3548 Group Name: FEIN Number: 35-1838079 -----	State of Domicile: Connecticut Company Type: Property/Casualty State ID Number:
The Travelers Indemnity Company of America One Tower Square Hartford, CT 06183 (860) 277-7395 ext. [Phone]	CoCode: 25666 Group Code: 3548 Group Name: FEIN Number: 58-6020487 -----	State of Domicile: Connecticut Company Type: Property/Casualty State ID Number:

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Travelers Commercial Insurance Company CoCode: 36137 State of Domicile: Connecticut
One Tower Square Group Code: 3548 Company Type: Property/Casualty
Hartford, CT 06183 Group Name: State ID Number:
(860) 277-7395 ext. [Phone] FEIN Number: 06-1286268

Travelers Property Casualty Insurance CoCode: 36161 State of Domicile: Connecticut
Company Group Code: 3548 Company Type: Property/Casualty
One Tower Square Group Name: State ID Number:
Hartford, CT 06183 FEIN Number: 06-1286274
(860) 277-7395 ext. [Phone] -----

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Automobile Insurance Company of Hartford, Connecticut	\$25.00	03/07/2008	18428795
The Phoenix Insurance Company	\$0.00	03/07/2008	
The Standard Fire Insurance Company	\$0.00	03/07/2008	
The Travelers Home and Marine Insurance Company	\$0.00	03/07/2008	
The Travelers Indemnity Company of America	\$0.00	03/07/2008	
Travelers Commercial Insurance Company	\$0.00	03/07/2008	
Travelers Property Casualty Insurance Company	\$0.00	03/07/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	03/11/2008	03/11/2008

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Disposition

Disposition Date: 03/11/2008
Effective Date (New): 04/20/2008
Effective Date (Renewal):
Status: Filed
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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	P&C Transmittal	Filed	Yes
Rate	Automatic Payment Plan	Filed	Yes

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Automatic Payment Plan	Pages 1-2	Replacement	ARAAutomaticPayment PlanFiling 2008.pdf

**Travelers' Account Billing System (ABS)
Automatic Payment Plan
For Arkansas Personal Insurance Policies**

Automatic Payment Plan

Our automatic payment plan includes Electronic Funds Transfer (EFT) and Recurring Credit Card Billing. Upon authorization from the insured, Travelers will deduct/charge monthly insurance premiums from the insured's checking or savings account/credit card. There will be one deduct/charge per month per Travelers account. If there is more than one policy on the account, only one deduct/charge will take place for all policies on the account.

Eligibility

All personal Automobile, Homeowners, and all other personal property-casualty policies.

Billing Schedule

Deductions/charges are made monthly to the insured's bank account/credit card and are due on the same day of each month. The due date is assigned based on the effective date of the first policy established on the account or on the date selected by the insured. If the due date is a weekend or a holiday, the deduct/charge will be made the following business day.

Number of Deducts/Charges

12 deduct/charges will be made for annual policy terms and 6 deduct/charges will be made for 6-month policy terms unless the policy is established late in the term.

Installment Amounts

The premium for new business and renewal policies is billed in equal monthly installments.

When new business policies are processed after the effective date, ABS will reduce the number of installments available to the insured, which then increases the amount of each monthly installment.

If the Automatic Payment Plan is selected during the policy period, ABS will divide the balance on the account equally among any remaining installments available for the term.

Additional and reducing premium change amounts will be divided equally between the remaining number of installments.

Service Charge

A service charge of \$1.00 is applied to each monthly premium installment. If more than one policy is being billed on the account, one service charge of \$1.00 is applied to the installment amount.

No service charge is incurred if the total premium is paid prior to the first deduction/charge. There will be no service charge applied to the account if the deduct/charge is less than or equal to \$10.00.

Payment Allocation

Additional payments made by the insured using other payment methods offered by Travelers will be applied proportionally to the policies on the account, or as directed by the insured at the time of payment. Any funds applied will be divided equally between the remaining number of installments and will reduce the amount of each monthly deduct/charge.

Insufficient Funds/ Declined Transactions

- Insufficient funds received on EFT billed policies are handled in the following manner:
 1. If an EFT transaction is returned to Travelers by the insured's bank because there is insufficient funds in the insured's bank account, Travelers will send a letter notifying the insured of the returned transaction and request replacement funds.
 2. If a second EFT transaction is returned to Travelers by the insured's bank, Travelers will send a letter notifying the insured of the insufficient funds and will request replacement funds. The letter will also notify the insured that the policy has been taken off the EFT billing plan and placed on the ABS direct bill plan.

- Declined transactions for recurring credit card billed policies are handled in the following manner:

If a recurring credit card transaction is declined to Travelers by the insured's credit card company, Travelers will send a letter notifying the insured of the declined transaction and will request replacement funds. The letter will also notify the insured that the policy has been taken off the recurring credit card billing plan and placed on the ABS direct bill plan.

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Supporting Document Schedules

Satisfied -Name:	P&C Transmittal	Review Status:	
Comments:		Filed	03/11/2008
Attachments:			
-PC TD-1.pdf			
RRFS.pdf			

Property & Casualty Transmittal Document

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

3. Group Name	Group NAIC #
Travelers	3548

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Travelers Home and Marine Ins. Co.	CT	3548-27998	35-1838079	
Travelers Commercial Ins. Co.	CT	3548-36137	06-1286268	
Travelers Prop. Casualty Ins. Co.	CT	3548-36161	06-1286274	
The Auto Insurance Co. of Hartford, CT	CT	3548-19062	06-0848755	
The Standard Fire Insurance Co.	CT	3548-19070	06-6033509	
The Travelers Indemnity Co of America	CT	3548-25666	58-6020487	
The Phoenix Insurance Co.	CT	3548-25623	06-0303275	

5. Company Tracking Number	2008-02-0097
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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
Ann Lavorgna One Tower Square Hartford, CT 06183	Regulatory Analyst	(860) 277-5466	(860) 277-5204	AJLAVORG@travelers.com
One Tower Square Hartford, CT 06183		(860) 277-	(860) 277-	
7. Signature of authorized filer		<i>Ann Lavorgna</i>		
8. Please print name of authorized filer		Ann Lavorgna		

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

9. Type of Insurance (TOI)	Interline Filings
10. Sub-Type of Insurance (Sub-TOI)	Personal Interline Filings
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Travelers Account Billing System
13. Filing Type	<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)
14. Effective Date(s) Requested	New: April 20, 2008 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	March 7, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2008-02-0097
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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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With this filing, we are introducing a recurring credit card payment plan option, and adjusting our service charge for electronic fund transfer (EFT) payment plan option.

This change applies to all new business or renewal bills processed on or after April 20, 2008.

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.)**

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.)

1.	This filing transmittal is part of Company Tracking #	2008-02-0097
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File & Use
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4a.	Rate Change by Company (As Proposed)
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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)
The Travelers Home and Marine Ins. Co.		n/a					
Travelers Commercial Ins. Co.		n/a					
Travelers Prop. Casualty Ins. Co.		n/a					
The Auto Insurance Co. of Hartford, CT		n/a					
The Standard Fire Insurance Co.		n/a					
The Travelers Indemnity Co of America		n/a					
The Phoenix Insurance Co.		n/a					

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

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

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	See Next Page
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Automatic Payment Plan	<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	
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	
11		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
12		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
13		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
14		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
15		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	