

SERFF Tracking Number: TRVD-125515619 State: Arkansas
First Filing Company: Athena Assurance Company, ... State Tracking Number: # \$0
Company Tracking Number: 2008-02-0071-F
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Non-Adoption of ISO Terrorism Forms
Project Name/Number: Non-Adoption/2008-02-0071-F

Filing at a Glance

Companies: Athena Assurance Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, St. Paul Protective Insurance Company

Product Name: Non-Adoption of ISO Terrorism SERFF Tr Num: TRVD-125515619 State: Arkansas

Forms

TOI: 35.0 Interline Filings	SERFF Status: Closed	State Tr Num: # \$0
Sub-TOI: 35.0002 Commercial Interline Filings	Co Tr Num: 2008-02-0071-F	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Susan Boettcher, Diana Grodotzke	Disposition Date: 03/10/2008
	Date Submitted: 03/05/2008	Disposition Status: Non-Adoption
Effective Date Requested (New): 12/31/2007		Effective Date (New): 12/31/2007
Effective Date Requested (Renewal): 12/31/2007		Effective Date (Renewal): 12/31/2007

State Filing Description:

General Information

Project Name: Non-Adoption	Status of Filing in Domicile: Not Filed
Project Number: 2008-02-0071-F	Domicile Status Comments: N/A
Reference Organization: ISO	Reference Number: CL-2007-OTRP1
Reference Title:	Advisory Org. Circular: LI-CF-2008-005
Filing Status Changed: 03/10/2008	
State Status Changed: 03/10/2008	Deemer Date:
Corresponding Filing Tracking Number: N/A	

Filing Description:

In compliance with the insurance laws and regulations of your state, we respectfully submit the following.

The Insurance Services Office has filed on our behalf a revision to the terrorism forms in response to the Terrorism Risk Insurance Program Reauthorization Act, under ISO Filing Designation Number CL-2007-OTRP1.

<i>SERFF Tracking Number:</i>	<i>TRVD-125515619</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Athena Assurance Company, ...</i>	<i>State Tracking Number:</i>	<i># \$0</i>
<i>Company Tracking Number:</i>	<i>2008-02-0071-F</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Non-Adoption of ISO Terrorism Forms</i>		
<i>Project Name/Number:</i>	<i>Non-Adoption/2008-02-0071-F</i>		

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

Company and Contact

Filing Contact Information

Susan Boettcher, Regulatory Analyst	SBOETTCH@travelers.com
385 Washington Street	(651) 310-8441 [Phone]
St. Paul, MN 55102	(651) 310-4361[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	

St. Paul Fire and Marine Insurance Company	CoCode: 24767	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: 41-0406690	

St. Paul Guardian Insurance Company	CoCode: 24775	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: 41-0963301	

St. Paul Mercury Insurance Company	CoCode: 24791	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: 41-0881659	

St. Paul Protective Insurance Company	CoCode: 19224	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: 36-2542404	

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Athena Assurance Company	\$0.00	03/05/2008	
St. Paul Fire and Marine Insurance Company	\$0.00	03/05/2008	
St. Paul Guardian Insurance Company	\$0.00	03/05/2008	
St. Paul Mercury Insurance Company	\$0.00	03/05/2008	
St. Paul Protective Insurance Company	\$0.00	03/05/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Non-Adoption	Llyweyia Rawlins	03/10/2008	03/10/2008

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Disposition

Disposition Date: 03/10/2008
Effective Date (New): 12/31/2007
Effective Date (Renewal): 12/31/2007
Status: Non-Adoption
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	Uniform Transmittal Document-Property &Non-adoption Casualty		Yes

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Non-adoption 03/10/2008

Comments:

Attachment:

AR 2008-02-0071-F NAIC Transmittal Doc.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 #
St. Paul Fire and Marine Insurance Company	MN	24767	41-0406690	
St. Paul Mercury Insurance Company	MN	24791	41-0881659	
St. Paul Guardian Insurance Company	MN	24775	41-0963301	
Athena Assurance Company	MN	41769	41-1435765	
St. Paul Protective Insurance Company	IL	19224	36-2542404	

5. Company Tracking Number	2008-02-0071-F
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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
	Susan Boettcher 385 Washington Street St. Paul, MN 55012	Regulatory Analyst	651.310.8441 800.328.2189 Ext: 08441	651.310.4361	sboettch@travelers.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Susan Boettcher		

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

9. Type of Insurance (TOI)	35.0000 Interline
10. Sub-Type of Insurance (Sub-TOI)	35.0002 Commercial Interline Filings
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	ISO Terrorism Forms
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: 12/31/2007 Renewal: 12/31/2007
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	Insurance Services Office
17. Reference Organization # & Title	CL-2007-OTRP1
18. Company's Date of Filing	03/05/2008
19. Status of filing in domicile	<input checked="" 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 #	2008-02-0071-F
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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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The Insurance Services Office has filed on our behalf a revision to the terrorism forms in response to the Terrorism Risk Insurance Program Reauthorization Act, under ISO Filing Designation Number CF-2007-OTRP1.

This letter is to advise you of our intent to non-adopt this filing.

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 #: N/A
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.)**