

SERFF Tracking Number: TRVD-125521549 State: Arkansas
 First Filing Company: Athena Assurance Company, ... State Tracking Number: \$? #?
 Company Tracking Number: 2008-02-0117-F
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: Non-Adoption of ISO Terrorism Forms
 Project Name/Number: Terrorism Risk Insurance Program Reauth Act of 2007/2008-02-0117-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-125521549 State: Arkansas

Forms

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: \$? #?

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 2008-02-0117-F State Status: Fees verified and received

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

Authors: Susan Boettcher, Nancy Sigstad Disposition Date: 03/11/2008

Sigstad

Date Submitted: 03/10/2008 Disposition Status: Accepted For Informational Purposes

Effective Date Requested (New): 12/31/2007

Effective Date (New):

Effective Date Requested (Renewal): 12/31/2007

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Terrorism Risk Insurance Program Reauth Act of 2007 Status of Filing in Domicile: Not Filed

Project Number: 2008-02-0117-F Domicile Status Comments: None

Reference Organization: Insurance Services Office Reference Number: CL-2007-OTRL1

Reference Title: Non-Adoption of Terrorism Forms Advisory Org. Circular: LI-GL-2008-008

Filing Status Changed: 03/11/2008

State Status Changed: 03/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

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

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 Insurance Program Act, under ISO Filing Designation Number CL-2007-OTRL1.

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

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	

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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	03/10/2008	
St. Paul Fire and Marine Insurance Company	\$0.00	03/10/2008	
St. Paul Guardian Insurance Company	\$0.00	03/10/2008	
St. Paul Mercury Insurance Company	\$0.00	03/10/2008	
St. Paul Protective Insurance Company	\$0.00	03/10/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Edith Roberts Informational Purposes		03/11/2008	03/11/2008

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Disposition

Disposition Date: 03/11/2008

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

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 & Casualty	Accepted for Informational Purposes	Yes

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Accepted for Informational 03/11/2008
Purposes

Comments:

Attachments:

AR NAIC Transmittal Doc.pdf

AR NAIC Form Filing Schedule.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	2008-02-0117-F			
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)	17.0000 Other Liability			
10. Sub-Type of Insurance (Sub-TOI)	17.0001 Commercial General Liability			
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-OTRL1			
18. Company's Date of Filing	March 10, 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 #	2008-02-0117-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 Act, under ISO Filing Designation Number CL-2007-OTRL1.

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]

Arkansas

Check #: None

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 #	2008-02-0117-F			
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	N/A – Non-Adoption		<input type="checkbox"/> New <input 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		