

SERFF Tracking Number: HNVR-125602885 State: Arkansas  
First Filing Company: Massachusetts Bay Insurance Company, ... State Tracking Number: #? \$50  
Company Tracking Number: HO-AR-08221-01F  
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
Product Name: Homeowners  
Project Name/Number: Connections Total Household Rewards/HO-AR-08221-01F

## Filing at a Glance

Companies: Massachusetts Bay Insurance Company, Hanover American Insurance Company, The Hanover Insurance Company

Product Name: Homeowners SERFF Tr Num: HNVR-125602885 State: Arkansas  
TOI: 04.0 Homeowners SERFF Status: Closed State Tr Num: #? \$50  
Sub-TOI: 04.0000 Homeowners Sub-TOI Co Tr Num: HO-AR-08221-01F State Status: Fees verified  
Combinations  
Filing Type: Form Co Status: Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding  
Disposition Date: 04/16/2008  
Authors: Eleanor Doherty, Kathryn Husson, Cheryl Richards, Susan Whitworth  
Date Submitted: 04/15/2008 Disposition Status: Approved  
Effective Date Requested (New): 05/15/2008 Effective Date (New): 05/15/2008  
Effective Date Requested (Renewal): 05/15/2008 Effective Date (Renewal): 05/15/2008

State Filing Description:

## General Information

Project Name: Connections Total Household Rewards Status of Filing in Domicile: Pending  
Project Number: HO-AR-08221-01F Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 04/16/2008  
State Status Changed: 04/16/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
We are filing to introduce one new form, Connections Total Household Rewards Form 231-2698 0508. This form will be added to all new and renewal policies effective 05/15/08. There is no rate associated with the addition of this form.

The filing fee of \$50, check number 0010134073, has been submitted via overnight mail.

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## Company and Contact

### Filing Contact Information

Cheryl Richards, Product Specialist charichards@hanover.com  
 440 Lincoln Street (508) 855-3174 [Phone]  
 Worcester, MA 01653 (508) 926-2605[FAX]

### Filing Company Information

|                                     |                                   |                                   |
|-------------------------------------|-----------------------------------|-----------------------------------|
| Massachusetts Bay Insurance Company | CoCode: 22306                     | State of Domicile: New Hampshire  |
| 440 Lincoln Street                  | Group Code: 88                    | Company Type: Property & Casualty |
| Worcester, MA 01653                 | Group Name: The Hanover Ins Group | State ID Number:                  |
| (508) 855-1000 ext. [Phone]         | FEIN Number: 04-2217600           |                                   |

|                                    |                                   |                                   |
|------------------------------------|-----------------------------------|-----------------------------------|
| Hanover American Insurance Company | CoCode: 36064                     | State of Domicile: New Hampshire  |
| 440 Lincoln Street                 | Group Code: 88                    | Company Type: Property & Casualty |
| Worcester, MA 01653                | Group Name: The Hanover Ins Group | State ID Number:                  |
| (508) 855-1000 ext. [Phone]        | FEIN Number: 04-3063898           |                                   |

|                               |                                   |                                   |
|-------------------------------|-----------------------------------|-----------------------------------|
| The Hanover Insurance Company | CoCode: 22292                     | State of Domicile: New Hampshire  |
| 440 Lincoln Street            | Group Code: 88                    | Company Type: Property & Casualty |
| Worcester, MA 01653           | Group Name: The Hanover Ins Group | State ID Number:                  |
| (508) 855-1000 ext. [Phone]   | FEIN Number: 13-5129825           |                                   |

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50 per form submission

*SERFF Tracking Number:*      *HNVR-125602885*                      *State:*                      *Arkansas*  
*First Filing Company:*      *Massachusetts Bay Insurance Company, ...*      *State Tracking Number:*      *#? \$50*  
*Company Tracking Number:*      *HO-AR-08221-01F*  
*TOI:*                      *04.0 Homeowners*                      *Sub-TOI:*                      *04.0000 Homeowners Sub-TOI Combinations*  
*Product Name:*                      *Homeowners*  
*Project Name/Number:*                      *Connections Total Household Rewards/HO-AR-08221-01F*  
  
*Per Company:*                      *No*

*SERFF Tracking Number:*      *HNVR-125602885*                      *State:*                      *Arkansas*  
*First Filing Company:*      *Massachusetts Bay Insurance Company, ...*      *State Tracking Number:*      *#? \$50*  
*Company Tracking Number:*      *HO-AR-08221-01F*  
*TOI:*                      *04.0 Homeowners*                      *Sub-TOI:*                      *04.0000 Homeowners Sub-TOI Combinations*  
*Product Name:*                      *Homeowners*  
*Project Name/Number:*              *Connections Total Household Rewards/HO-AR-08221-01F*

| COMPANY                             | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-------------------------------------|--------|----------------|---------------|
| Massachusetts Bay Insurance Company | \$0.00 | 04/15/2008     |               |
| Hanover American Insurance Company  | \$0.00 | 04/15/2008     |               |
| The Hanover Insurance Company       | \$0.00 | 04/15/2008     |               |

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 0010134073   | \$50.00      | 04/11/2008 |

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Product Name: Homeowners  
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## Correspondence Summary

### Dispositions

| Status   | Created By       | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Becky Harrington | 04/16/2008 | 04/16/2008     |

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## Disposition

Disposition Date: 04/16/2008  
Effective Date (New): 05/15/2008  
Effective Date (Renewal): 05/15/2008  
Status: Approved  
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      |

SERFF Tracking Number: *HNVR-125602885* State: *Arkansas*  
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 TOI: *04.0 Homeowners* Sub-TOI: *04.0000 Homeowners Sub-TOI Combinations*  
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| <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> | Cover Letter                                     | Approved           | Yes                  |
| <b>Form</b>                | Connections Total Household Rewards              | Approved           | Yes                  |

SERFF Tracking Number: *HNVR-125602885* State: *Arkansas*  
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 TOI: *04.0 Homeowners* Sub-TOI: *04.0000 Homeowners Sub-TOI Combinations*  
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## Form Schedule

| Review Status | Form Name                           | Form #   | Edition Date | Form Type Action                 | Action Specific Data | Readability | Attachment  |
|---------------|-------------------------------------|----------|--------------|----------------------------------|----------------------|-------------|---|
| Approved      | Connections Total Household Rewards | 231-2698 | 05-08        | Endorsement/Amendment/Conditions |                      | 51.20       | Connections Total Household Rewards 231-2698 0508.pdf |

## CONNECTIONS TOTAL HOUSEHOLD REWARDS

This endorsement is a part of your policy. It is effective on the date when both your Personal Auto and Home are insured with the Hanover Insurance Company or one of its affiliated companies.

The coverage provided is deemed terminated effective on the date when either your Personal Auto or Home is no longer insured by the Hanover Insurance Company or one of its affiliated companies.

### A. Certificate of Guaranteed Renewal

This endorsement is a part of your policy unless prohibited by state regulations.

Except for the changes it makes, all other terms and conditions of **this policy** apply.

We agree that we will not cancel or nonrenew **this policy** subject to the following conditions.

#### Conditions

1. **This policy** insures:

- a) A Private Passenger Auto, Station Wagon type vehicle, or a pick-up truck or van of the type described in the definition of Your Covered Auto in your policy; or
- b) Your Residence Premises as described in the item titled "Residence Premises" in the DEFINITIONS section of your policy.

2. Premiums are paid when due.

3. This policy is not in cancellation or nonrenewal status at the time this endorsement becomes effective.

4. The Hanover Insurance Company or one of its affiliated companies continues to offer Guaranteed Renewal benefit in your state.

5. Only the current Named Insured or that person's spouse is a Named Insured on this policy.

6. An Insured has not been convicted of insurance fraud or other felony.

7. We determine that there is no adverse material change in risk during the policy term or that the risks and hazards associated with the policy have not changed substantially since the policy was first issued.

8. An Insured has not made fraudulent statements or engaged in fraudulent conduct in obtaining or maintaining this policy, or, in connection with any accident or loss for which coverage is sought under this policy.

9. Your agent is licensed for Personal Auto and Home by the Hanover Insurance Company or one of its affiliates for Personal Auto and Homeowners business.

10. You continue to insure both your Personal Auto and Home with the Hanover Insurance Company or one of its Affiliates.

Failure to meet one or more of these conditions voids this Certificate.

### B. Account Single Loss Deductible

Except for the changes this coverage makes, all other terms and conditions of the policy apply.

If both your Personal Auto and Home are insured with the Hanover Insurance Company or one of its affiliates at the time a single loss incident affects both policies, we will waive the lower of the two deductibles if the amount of the loss to the policy with the higher deductible exceeds the deductible amount.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty  
**Review Status:** Approved 04/16/2008

**Comments:**

**Attachment:**

AR Home Transmittal.pdf

**Satisfied -Name:** Cover Letter  
**Review Status:** Approved 04/16/2008

**Comments:**

**Attachment:**

AR Home Cover Letter.pdf

## Property & Casualty Transmittal Document (Revised 1/1/06)

|   |
|---|
| <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:            |  |
| New Business                            |  |
| Renewal Business                        |  |
| f. State Filing #:                      |  |
| g. SERFF Filing #:                      |  |
| h. Subject Codes                        |  |

|           |                             |                     |
|-----------|-----------------------------|---------------------|
| <b>3.</b> | <b>Group Name</b>           | <b>Group NAIC #</b> |
|           | The Hanover Insurance Group | 0088                |

| 4. | Company Name(s)                     | Domicile | NAIC # | FEIN #     |
|----|-------------------------------------|----------|--------|------------|
|    | Hanover Insurance Company           | NH       | 22292  | 13-5129825 |
|    | Massachusetts Bay Insurance Company | NH       | 22306  | 04-2217600 |
|    | Hanover American Insurance Company  | NH       | 36064  | 04-3063898 |
|    |                                     |          |        |            |
|    |                                     |          |        |            |
|    |                                     |          |        |            |

|           |                                |                 |
|-----------|--------------------------------|-----------------|
| <b>5.</b> | <b>Company Tracking Number</b> | HO-AR-08221-01F |
|-----------|--------------------------------|-----------------|

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

| 6. | Name and address   | Title                 | Telephone #s   | FAX #        | e-mail                  |
|----|--|-----------------------|----------------|--------------|-------------------------|
|    | Cheryl A. Richards<br>440 Lincoln Street<br>Worcester MA 01653 | PL Product Specialist | (508)-855-3174 | 508-926-2605 | charichards@hanover.com |

|           |                                       |                           |
|-----------|---------------------------------------|---------------------------|
| <b>7.</b> | Signature of authorized filer         | <i>Cheryl A. Richards</i> |
| <b>8.</b> | Please print name of authorized filer | Cheryl A. Richards        |

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

|            |  |  |          |            |
|------------|--|--|----------|------------|
| <b>9.</b>  | Type of Insurance (TOI)  | 04. Homeowners   |          |            |
| <b>10.</b> | Sub-Type of Insurance (Sub-TOI)  | 04.0000 Homeowners Sub-TOI Combinations  |          |            |
| <b>11.</b> | State Specific Product code(s) (if applicable) [See State Specific Requirements] |  |          |            |
| <b>12.</b> | Company Program Title (Marketing Title)  | Homeowners   |          |            |
| <b>13.</b> | Filing Type  | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |          |            |
| <b>14.</b> | Effective Date(s) Requested  | New: 05/15/2008  | Renewal: | 05/15/2008 |
| <b>15.</b> | Reference Filing?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |          |            |
| <b>16.</b> | Reference Organization (if applicable)   | n/a  |          |            |
| <b>17.</b> | Reference Organization # & Title   | n/a  |          |            |
| <b>18.</b> | Company's Date of Filing   | April 14, 2008   |          |            |
| <b>19.</b> | Status of filing in domicile   | <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> | HO-AR-08221-01F |
|------------|--|-----------------|

|            |  |
|------------|--|
| <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] |
|------------|--|

We are filing to introduce the Connections Total Household Rewards form.

|            |  |
|------------|--|
| <b>22.</b> | <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><b>Check #:</b> 0010134073<br/><b>Amount:</b> \$50.00</p> <p>\$50 per form submission</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.)



April 14, 2008

Julie Bennafield Bowman  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201

RE: Homeowners Program  
Form Filing – Prior Approval  
Hanover Insurance Company, NAIC# 0088-22292  
Massachusetts Bay Insurance Company, NAIC# 0088-22306  
Hanover American Insurance Company, NAIC# 0088-36064  
Our Filing Number: HO-AR-08221-01F  
Effective Date: May 15, 2008 for Renewal Business

Dear Commissioner Bowman;

The Hanover Insurance Group would like to file an addition to the forms for our Homeowners program. This proposed form will be added to all new business and renewal policies effective May 15, 2008 at no charge to our policyholders. The Connections Total Household Rewards (231-2698 0508) will provide a Certificate of Guaranteed Renewal and Account Single Loss Deductible.

I have attached the new form to the filing for your approval.

Thank you for your assistance with this filing and please do not hesitate to contact me if you have any questions or need any further information.

Sincerely,

Cheryl A. Richards  
(508) 855-3174 phone  
(508) 926-2605 fax  
charichards@hanover.com