

SERFF Tracking Number: MSMX-125544503 State: Arkansas
First Filing Company: Mitsui Sumitomo Insurance Company of America, ... State Tracking Number: #10304 \$25
Company Tracking Number: WC AR00069CGR01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: CIF-2007-10 - NCCI TRIPRA Rules
Project Name/Number: WC - Adoption of Revised Terrorism Forms and/or Rules in Response to TRIPRA of 2007/WC AR00069CGR01

Filing at a Glance

Companies: Mitsui Sumitomo Insurance Company of America, Mitsui Sumitomo Insurance USA Inc.

Product Name: CIF-2007-10 - NCCI TRIPRA Rules SERFF Tr Num: MSMX-125544503 State: Arkansas

TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: #10304 \$25
Sub-TOI: 16.0000 WC Sub-TOI Combinations	Co Tr Num: WC AR00069CGR01	State Status: Fees verified and received
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: SPI	Disposition Date: 04/08/2008
	MitsuiSumitomoMarineManagement	
	Date Submitted: 03/13/2008	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: WC - Adoption of Revised Terrorism Forms and/or Rules Status of Filing in Domicile: in Response to TRIPRA of 2007

Project Number: WC AR00069CGR01

Domicile Status Comments:

Reference Organization: National Council on Compensation Insurance, Reference Number: Item P-1405 Inc.

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/08/2008

State Status Changed: 03/31/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

On behalf of Mitsui Sumitomo Insurance Company of America ("MSIA") and Mitsui Sumitomo Insurance USA Inc. ("MSU"), we are filing to adopt the following Workers' Compensation Terrorism Rule as outlined in NCCI Circular CIF-

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 2007-10 dated December 28, 2007

We respectfully request that these endorsements be effective January 1, 2008 for use as outlined in your Bulletin.

Company and Contact

Filing Contact Information

Roger Moskus, Senior Government Affairs Analyst
 15 Independence Boulevard
 Warren, NJ 07059-0602
 RMoskus@msigusa.com
 (908) 604-2953 [Phone]
 (419) 715-0856[FAX]

Filing Company Information

Mitsui Sumitomo Insurance Company of America
 15 Independence Boulevard
 CoCode: 20362 State of Domicile: New York
 Group Code: 2978 Company Type: Property and Casualty

P.O. Box 4602
 Warren, NJ 07059-0602
 (908) 604-2900 ext. [Phone]
 Group Name: Mitsui Sumitomo Insurance Group
 State ID Number:
 FEIN Number: 22-3818012

Mitsui Sumitomo Insurance USA Inc.
 15 Independence Boulevard
 CoCode: 22551 State of Domicile: New York
 Group Code: 2978 Company Type: Property and Casualty

P.O.Box 4602
 Warren, NJ 07059-0602
 (908) 604-2900 ext. [Phone]
 Group Name: Mitsui Sumitomo Insurance Group
 State ID Number:
 FEIN Number: 13-3467153

Filing Fees

Fee Required? No
 Retaliatory? No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	04/08/2008	04/08/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted

Pending	Carol Stiffler	03/17/2008	03/17/2008			
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Industry

Response

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fee	Note To Reviewer	SPI MitsuiSumitomo MarineManagem ent	03/18/2008	03/18/2008

SERFF Tracking Number: MSMX-125544503 State: Arkansas
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Disposition

Disposition Date: 04/08/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

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

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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	AR Cover Letter 3-13-2008, AR Expedited Terrorism Transmittal 3-13-08, AR - EXPD FILING TRANS FOR TER RISK	Approved	Yes
Rate	Catastrophe Provisions	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/17/2008
Submitted Date 03/17/2008
Respond By Date

Dear Roger Moskus,

This will acknowledge receipt of the captioned filing.

Under the Filing Fees tab it indicates that no filing fee is required. The fee for this filing is \$25.00. The filing can be approved contingent on receiving the fees if you confirm that a check will be sent.

Please feel free to contact me if you have questions.

Sincerely,
Carol Stiffler

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Note To Reviewer

Created By:

SPI MitsuiSumitomoMarineManagement on 03/18/2008 08:45 AM

Subject:

Filing Fee

Comments:

I am preparing information for the filing fee to be submitted to you via an EFT transaction.

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Catastrophe Provisions	3-A-24-a	Replacement	3-A-24-a.PDF

24. Catastrophe Provisions

(Exceptions: AK, FL, HI, MO, NC, NM, VA)

- a. **Terrorism Risk Insurance Act (TRIA) of 2002 [2007] and any amendments thereto enacted by Congress.**
- b. **Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents (DTEC)**

Premium for Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents is calculated on the basis of total payroll according to Rule 2. A risk's total payroll in each state is divided by units of \$100 and multiplied by the appropriate value found in the state pages. The calculation is expressed as (Payroll/100 x DTEC Value = Premium). This premium is applied after standard premium and is not subject to any other modifications including, but not limited to, premium discount, experience rating, schedule rating, or retrospective rating.

Unless an "If Any" policy develops premium during the policy term or at audit, policies issued on an "If Any" basis will not be charged this premium.

Per capita charges are not subject to premium under this Act.

- c. **Foreign Terrorism**

Premium for Foreign Terrorism is calculated on the basis of total payroll according to Rule 2. A risk's total payroll in each state is divided by units of \$100 and multiplied by the appropriate value found in the state pages. The calculation is expressed as (Payroll/100 x Foreign Terrorism Value = Premium). This premium is applied after standard premium and is not subject to any other modifications including, but not limited to, premium discount, experience rating, schedule rating, or retrospective rating.

Unless an "If Any" policy develops premium during the policy term or at audit, policies issued on an "If Any" basis will not be charged this premium.

Per capita charges are not subject to premium under this Act.

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Supporting Document Schedules

Review Status:
Bypassed -Name: Uniform Transmittal Document- Property & Casualty Approved 04/08/2008
Bypass Reason: Submitting the Terrorism Expediting Transmittal.
Comments:

Review Status:
Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation Approved 04/08/2008
Bypass Reason: N/A
Comments:

Review Status:
Bypassed -Name: NAIC loss cost data entry document Approved 04/08/2008
Bypass Reason: N/A
Comments:

Review Status:
Satisfied -Name: AR Cover Letter 3-13-2008, AR Expedited Terrorism Transmittal 3-13-08, AR - EXPD FILING TRANS FOR TER RISK Approved 04/08/2008

Comments:

Attachments:

AR Cover Letter 3-13-2008.PDF
 AR Expedited Terrorism Transmittal 3-13-08.PDF
 AR - EXPD FILING TRANS FOR TER RISK.PDF

March 13, 2008

Commissioner Julie Benafield Bowman
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Attn: Property & Casualty Division

RE: Rule Filing - CIF-2007-10 - NCCI TRIPRA Rules
Workers Compensation
Company Filing#: WC AR00069CGR01
Mitsui Sumitomo Insurance Company of America NAIC#: 2978-20362 FEIN#: 22-
3818012
Mitsui Sumitomo Insurance USA Inc. NAIC#: 2978-22551 FEIN#: 13-3467153

Dear Commissioner Benafield Bowman:

We wish to submit the following Rule filing for Informational, Workers Compensation for use in Arkansas. This filing is to be effective on or after January 1, 2008.

Rule(s) Submitted:

Rule Title: Catastrophe Provisions
Rule: 3-A-24-a 3-A-24-a
Edition Date: 01 08
Exception Page: 3-A-24-a

The Rule removes the December 31, 2005 expiration date from National Rule located in NCCI Basic Manual.

We trust with the enclosed information, you will be able to review our filing and grant an approval. If you have any questions, please contact the undersigned. Thank you in advance for your help and attention to this matter.

Mr. Roger Moskus
Senior Government Affairs Analyst

Phone: 908-604-2953

Fax: 419-715-0856
Email: RMoskus@msigusa.com

**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 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 #
Mitsui Sumitomo Insurance Company of America	NY	2978-20362	22-3818012
Mitsui Sumitomo Insurance USA Inc.	NY	2978-22551	13-3467153

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Roger Moskus 15 Independence Boulevard, P.O. Box 4602 Warren NJ 07059-0602	908-604-2953	419-715-0856	RMoskus@msigu sa.com

Filing information

Line of Insurance (see attachment)	Workers Compensation
Company Program Title (Marketing title) (if applicable)	2008 Bureau Filings
Filing Type ** see note below	
This application is used with:	
Effective Date Requested	01/01/2008
Filing date	03/13/2008
Company Tracking Number	WC AR00069CGR01
Date filing approved in domiciliary state, if applicable	

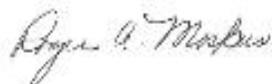
	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Catastrophe Provisions	3-A-24-a 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
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.



Signature

Roger Moskus

Print Name:

Senior Government Affairs
Analyst

Title:

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

This page applies to the following state(s) AR

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Roger Moskus 15 Independence Boulevard, P.O. Box 4602 Warren NJ 07059-0602	908-604-2953	419-715-0856	RMoskus@msigu sa.com

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Effective Date Requested	01/01/2008
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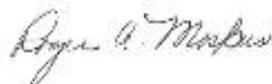
	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Catastrophe Provisions	3-A-24-a 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

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Signature

Roger Moskus

Print Name:

Senior Government Affairs
Analyst

Title: