

SERFF Tracking Number: TRVE-125610307 State: Arkansas
 Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: EFT \$100
 Company Tracking Number: 2007-11-0006
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
 Product Name: Wrap+ Healthcare Rate Filing 2007-11-0006
 Project Name/Number: Wrap+ Healthcare Rate Filing 2007-11-0006/2007-11-0006

Filing at a Glance

Company: Travelers Casualty and Surety Company of America

Product Name: Wrap+ Healthcare Rate Filing SERFF Tr Num: TRVE-125610307 State: Arkansas
 2007-11-0006

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$100
 Made/Occurrence

Sub-TOI: 17.0000 Other Liability Sub-TOI Co Tr Num: 2007-11-0006 State Status: Fees verified and
 Combinations received

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

Disposition Date: 04/28/2008

Authors: Socorro Armstrong,

Theresa Lavenburg, Michelle Smith

Cotto, Sonia Worrell, Timothy

Bengston, Celina Caez

Date Submitted: 04/18/2008

Disposition Status: Filed

Effective Date Requested (New): 08/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 08/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Wrap+ Healthcare Rate Filing 2007-11-0006

Status of Filing in Domicile:

Project Number: 2007-11-0006

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/28/2008

State Status Changed: 04/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our Wrap+, which was approved by your department under our company filing number 2005-07-0133R.

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This filing consists of revised Wrap+ general rules. These Wrap+ general rules replace the Wrap+ rules currently on file for use with our complete Wrap+ program. The changes to the Wrap+ general rules are clearly outlined in the attached Actuarial Memorandum.

Company and Contact

Filing Contact Information

Michelle Smith Cotto, Regulatory Analyst MSMITHCO@travelers.com
 One Tower Square (860) 277-2345 [Phone]
 Hartford, CT 06183 (860) 235-4951[FAX]

Filing Company Information

Travelers Casualty and Surety Company of America CoCode: 31194 State of Domicile: Connecticut
 One Tower Square Group Code: 3548 Company Type:
 2S2B
 Hartford, CT 06183 Group Name: State ID Number:
 (860) 277-0179 ext. [Phone] FEIN Number: 06-0907370

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Travelers Casualty and Surety Company of America	\$100.00	04/18/2008	19692095

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	04/28/2008	04/28/2008

SERFF Tracking Number: TRVE-125610307 State: Arkansas
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Disposition

Disposition Date: 04/28/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVE-125610307 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Explanatory Memorandum	Filed	Yes
Supporting Document	PC NAIC	Filed	Yes
Supporting Document	Actuarial Memorandum	Filed	Yes
Rate	55843	Filed	Yes

SERFF Tracking Number: TRVE-125610307 *State:* Arkansas
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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:
Filed	55843	23 pages	New	55843 AR 200802.pdf

Travelers Casualty and Surety Company of America

A. GENERAL RULES**Arkansas****Filing Number: 2007-11-0006**

This rating plan contains the rules, rates, and rating procedures for each of the Coverages within the Wrap +SM Policy.

I. Eligibility

The Wrap +SM Policy may be written for any Company meeting underwriting guidelines.

II. Rates

All rates in this manual are annual rates, unless otherwise noted. All factors or modifiers are multiplicative unless otherwise noted.

A. GENERAL RULES**Arkansas**

Filing Number: 2007-11-0006

III. Premium Changes**A. Rate or Rating Factors Changes:**

Mid term premium changes are not to be made because of mid term changes in rates or rating factors unless, as respects the latter, there is a significant change in exposure based on:

1. Addition or deletion of entities or plans;
2. Merger, consolidation or purchase of assets or plans of another business; or
3. Other significant changes in operations that materially impact the exposure insured against.

B. Additional Premiums:

1. Apply the rates and rules in effect on the effective date of the policy or, if the change is made after an anniversary date of the policy, apply the rates and rules in effect on that anniversary date.
2. Waive additional premiums of \$25 or less. The amount waived applies to that portion of the premium due on the effective date of the policy change.

C. Return Premiums:**1. Policy Cancellation or Cancellation of a Coverage or Insuring Agreement****A. Pro Rata Calculations**

Compute return premium pro rata of the charged premium and round to the next higher whole dollar when the cancellation is:

- a) At the Company's request; or
- b) Because coverage is to be written in the same Company or a member of a Company group; or
- c) After the first year of a prepaid policy written for a term of more than one year.

B. Other than Pro Rata Calculation

If pro rata calculation does not apply, compute return premium as follows:

- a) Prepaid Policies
Compute the return premium at .90 of the pro rata unearned premium and round to the next higher whole dollar.
- b) Installment Payments
Compute the return premium at .90 of the pro rata unearned premium for the year in which the policy is canceled and round to the next higher whole dollar.

2. Other than Policy Cancellation or Cancellation of a Coverage or Insuring Agreement

Compute return premium pro rata of the charged premium and round to the next higher whole dollar.

3. Waiver of Premium

Waive return premium of \$25 or less, however, the premium will be returned if requested in writing by the Insured.

Travelers Casualty and Surety Company of America

A. GENERAL RULES

Arkansas

Filing Number: 2007-11-0006

IV. Rounding Procedures

In the marketplace, blended commercial and non-profit liability insurance (such as the Wrap +) is commonly priced in rounded amounts. Based on the final premium, the premium may be additionally rounded within the following ranges. Exception: See Section III - Part C. Return Premiums.

Rated Premium	Maximum	
	Round Up	Round Down
Less than \$10,000	+ \$100	- \$100
\$10,001 to \$25,000	+\$250	- \$250
\$25,001 to \$50,000	+ \$500	- \$500
More than \$50,000	+ \$1,000	- \$1,000

Travelers Casualty and Surety Company of America

A. GENERAL RULES

Arkansas

Filing Number: 2007-11-0006

V. Term Premiums

Multiple Annual Aggregate Limits	
Annual Installments (non-prepaid); each Annual Installment =	Annual Premium x 1.00
Two Year Prepaid Premium =	Annual Premium x 1.90
Three Year Prepaid Premium =	Annual Premium x 2.85

Single Aggregate Limit	
Annual Installments (non-prepaid; each Annual Installment =	Annual Premium x 1.00
Two Year Prepaid Premium =	Annual Premium x 1.80
Three Year Prepaid Premium =	Annual Premium x 2.30

Travelers Casualty and Surety Company of America

A. GENERAL RULES**Arkansas****Filing Number: 2007-11-0006****VI. Extended Reporting Period (ERP)**

Standard Extended Reporting Period lengths are three (3), six (6), and twelve (12) months. State laws and regulations regarding minimum reporting periods must be followed. Premium for the Extended Reporting Period is "a" rated and made known to the Insured at Policy inception.

Standard Runoff Extended Reporting Period lengths are three (3) or six (6) years. State laws and regulations regarding minimum reporting periods must be followed. Premium for the Runoff Extended Reporting Period is "a" rated, and a maximum charge is made known to the Insured at Policy inception.

Travelers Casualty and Surety Company of America

A. GENERAL RULES**Arkansas**

Filing Number: 2007-11-0006

VII. Individual Risk Situations**A. Refer to Company****1. Rating or classifying**

Refer to Home Office for rating or classifying any risk or exposure for which:

- a. The manual rate or applicable classification is clearly demonstrated to be inappropriate because of a unique or unusual feature of the risk;
- b. The coverage to be written is broader than that contained in the standard Policy; or
- c. The risk develops \$50,000 or more annual manual basic limit premium individually or in combination with other Travelers Bond products.

Note: To the extent that consent-to-rate procedures apply, they must be followed.

2. Restriction of Coverage

Refer to Home Office if a coverage or insuring agreement providing the insurance contemplated by an applicable classification and rate is endorsed to restrict coverage for hazards not common to all risks within the class.

Note: To the extent that consent-to-rate procedures apply, they must be followed.

B. File Maintenance

When a particular risk is modified in accordance with paragraph A., the Company will maintain a complete file, including all details of the factors used in determining the modification and make the file available to state regulators on request.

Note: Rates shall not be inadequate, excessive or unfairly discriminatory.

Travelers Casualty and Surety Company of America

A. GENERAL RULES

Arkansas

Filing Number: 2007-11-0006

VIII. Premium Calculation

The BASE PREMIUM for Wrap +SM is the sum of the corresponding premiums for each selected Coverage (see Section B. Coverage and Policy Rating and Procedures). The BASE PREMIUM is then modified by Sections I, II, and III of Section C. Common Policy Rating and Procedures, which are as follows:

Section I	Coverage Combination Discount
Section II	Aggregate Limit Options
Section III	Program Modifier

Additionally, Wrap +SM Premium would be adjusted by any applicable factor found above in Section A. General Rules.

The sum of the selected component premium parts becomes the BASE PREMIUM to be adjusted in Section C. Common Policy Rating and Procedures of this rating plan.

Represented as a formula, the Wrap +SM Premium is calculated as follows:

Wrap +SM PREMIUM =
$\frac{[(\$ \text{ Liability Coverage Total}) + (\$ \text{ Crime Coverage Total}) + (\$ \text{ Other Coverage Total})]}{(\text{Coverage Combination Discount } \%) * (\text{Aggregate Limit Discount } \%) * (\text{Program Modifier})}$

Travelers Casualty and Surety Company of America

B. COVERAGE AND POLICY RATING AND PROCEDURES

Arkansas

Filing Number: 2007-11-0006

Each component part of this rating plan is to be rated on its stand alone merits. The rating for each selected component part should take into consideration all risk characteristics of the component rating plan and, if applicable, any Individual Risk Premium Modifications (IRPM's). There are no additional IRPM's to be applied within this combined coverage rating plan.

Defense within the limit of liability requires minimum \$500,000 limit of liability and signed acknowledgment

form LIA-4034 (07-05).

Travelers Casualty and Surety Company of America

B. COVERAGE AND POLICY RATING AND PROCEDURES

Arkansas

Filing Number: 2007-11-0006

I. Private Company Directors and Officers Liability

1. Rating

The Private Company Directors and Officers Liability Coverage shall be rated in accordance with the existing filed stand-alone rates for the Private Company Directors and Officers Liability Plus + Policy.

SUCH RATING WILL APPLY ONLY IF APPROVED IN THIS STATE.

Note: Under 1. Rating Rule, letter I. "Premium Calculation", ignore the statements "A debit of 25% will be applied if only Directors and Officers Liability coverage is purchased" and "When both Directors and Officers and Employment Practices Liability coverages are purchased, a package discount of 15% is applied".

Note: Under 1. Rating Rules, letter G. "Term Premiums", replace this section with Section A. V. "Term Premiums" of this rate plan.

Note: To add Additional Defense Limits of Liability, refer to D. Common Liability Rating and Procedures I. Table 1 for the applicable factor.

Travelers Casualty and Surety Company of America

B. COVERAGE AND POLICY RATING AND PROCEDURES**Arkansas****Filing Number: 2007-11-0006****II. Non-Profit Organization Directors and Officers Liability****1. Rating**

The Non-Profit Organizational Directors and Officers Liability Coverage shall be rated in accordance with the filed stand-alone rates for the Non-Profit Management and Organization Liability Policy.

SUCH RATING WILL APPLY ONLY IF APPROVED IN THIS STATE.

Note: To add Additional Defense Limits of Liability, refer to D. Common Liability Rating and Procedures I. Table 1 for the applicable factor.

Note: The stand-alone rates for this policy already include Employment Practices Liability Coverage.

Travelers Casualty and Surety Company of America

B. COVERAGE AND POLICY RATING AND PROCEDURES**Arkansas****Filing Number: 2007-11-0006****III. Employment Practices Liability Coverage****1. Rating**

The Employment Practices Liability Coverage shall be rated in accordance with the filed stand-alone rates for the Employment Practices Liability Plus + Policy.

SUCH RATING WILL APPLY ONLY IF APPROVED IN THIS STATE.

Note: Page RR-3, "Multi - Year Policies" is replaced by Section A. V. "Term Premiums" of this rate plan.

Note: To add Additional Defense Limits of Liability, refer to D. Common Liability Rating and Procedures I. Table 1 for the applicable factors.

Travelers Casualty and Surety Company of America

B. COVERAGE AND POLICY RATING AND PROCEDURES

Arkansas

Filing Number: 2007-11-0006

IV. Fiduciary Liability Coverage

1. Rating

The Fiduciary Liability Coverage shall be rated in accordance with the filed stand-alone rates for the Fiduciary Liability Plus + Policy. Please note that the credit for "Defense within the Aggregate Endorsement" (located in the section Rating Plan - Risk Characteristic Modification, subsection Other) must be applied.

SUCH RATING WILL APPLY ONLY IF APPROVED IN THIS STATE.

Note: Under 1. Rating Rules, letter G. "Term Premiums", replace this section with Section A. V. "Term Premiums" of this rate plan.

Note: Under VII. Rating Plan - Risk Characteristic Modification, letter D. "Other", the 20% credit for "Defense Within the Aggregate Endorsement" must be selected.

Note: To add Additional Defense Limits of Liability, refer to D. Common Liability Rating and Procedures I. Table 1 for the applicable factor.

Travelers Casualty and Surety Company of America

B. COVERAGE AND POLICY RATING AND PROCEDURES

Arkansas

Filing Number: 2007-11-0006

V. Miscellaneous Professional Liability Coverage

1. Rating

The Miscellaneous Professional Liability Coverage shall be rated in accordance with the filed stand-alone rates for the Miscellaneous Professional Liability Plus + Policy.

SUCH RATING WILL APPLY ONLY IF APPROVED IN THIS STATE.

Note: Under 1. Rating Rules, letter H. "Extended Reporting Period (ERP)", replace this section with Section A. 6 "Extended Reporting Period (ERP)" of this plan.

Note: Under 1. Rating Rules, letter G. "Term Premiums", replace this section with Section A. V. "Term Premiums" of this rate plan.

Note: To add Additional Defense Limits of Liability, refer to D. Common Liability Rating and Procedures I. Table 1 for the applicable factor.

Travelers Casualty and Surety Company of America

B. COVERAGE AND POLICY RATING AND PROCEDURES**Arkansas****Filing Number: 2007-11-0006****VI. Crime Coverage****1. Rating**

The Crime Coverage shall be rated in accordance with the filed stand-alone rates for the Crime Plus + Policy.

SUCH RATING WILL APPLY ONLY IF APPROVED IN THIS STATE.

Note: Under 1. Rating Rules, letter H. "Premium Payment Period", replace this section with Section A. V. "Term Premiums" of this rate plan.

Travelers Casualty and Surety Company of America

B. COVERAGE AND POLICY RATING AND PROCEDURES

Arkansas

Filing Number: 2007-11-0006

VII. Kidnap and Extortion for Ransom Coverage

1. Rating

The Kidnap and Extortion for Ransom Coverage shall be rated in accordance with the filed stand-alone rates for the Kidnap and Ransom/Extortion Policy.

SUCH RATING WILL APPLY ONLY IF APPROVED IN THIS STATE.

Travelers Casualty and Surety Company of America

B. COVERAGE AND POLICY RATING AND PROCEDURES

Arkansas

Filing Number: 2007-11-0006

VIII. Identity Fraud Expense Reimbursement Coverage

1. Rating

The Identity Fraud Expense Reimbursement Coverage shall be rated in accordance with the filed stand-alone rates for the ID Fraud Policy.

SUCH RATING WILL APPLY ONLY IF APPROVED IN THIS STATE.

Travelers Casualty and Surety Company of America

B. COVERAGE AND POLICY RATING AND PROCEDURES

Arkansas

Filing Number: 2007-11-0006

IX. Homeowner and Condominium Associations Coverage

1. Rating

The Homeowner and Condominium Associations Coverage shall be rated in accordance with the filed stand-alone rates for the Homeowner and Condominium Associations Policy.

SUCH RATING WILL APPLY ONLY IF APPROVED IN THIS STATE.

Travelers Casualty and Surety Company of America

B. COVERAGE AND POLICY RATING AND PROCEDURES

Arkansas

Filing Number: 2007-11-0006

X. Health Care Organization Directors, Officers and Trustees Liability Coverage

1. Rating

The Health Care Organization Directors, Officers and Trustees Liability Coverage shall be rated in accordance with the filed stand-alone rates for the Health Care Organization Directors, Officers and Trustees Policy.

THIS PROGRAM IS (A) RATED.

Travelers Casualty and Surety Company of America

B. COVERAGE AND POLICY RATING AND PROCEDURES

Arkansas

Filing Number: 2007-11-0006

XI. Health Care Organization Employment Practices Liability Coverage

1. Rating

The Health Care Organization Employment Practices Liability Coverage shall be rated in accordance with the filed stand-alone rates for the Health Care Organization Employment Practices Liability Policy.

THIS PROGRAM IS (A) RATED.

C. COMMON POLICY RATING AND PROCEDURES

Arkansas

Filing Number: 2007-11-0006

I. Coverage Combination Discount

Apply the following factor based on the Coverage Combination purchased.

Identity Fraud Expense Reimbursement Coverage shall not be included in determining number of coverages for this discount.

Coverage Combination	Discount
2 Coverages	0.96
3 Coverages	0.95
4 Coverages	0.94
5 Coverages	0.93
6+ Coverages	0.92

II. Aggregate Limit Options

Apply the following factor based on the Coverage Combination and the Combined Single Aggregate limit option selected.

Coverage Combination	Discount		
	Combined Single Aggregate for ALL COVERAGES if selected	Combined Single Aggregate for LIABILITY COVERAGES only, if selected	Combined Single Aggregate for CRIME COVERAGES only, if selected
2 Coverages	0.96	0.96	0.98
3 Coverages	0.94	0.94	
4 Coverages	0.93	0.93	
5 Coverages	0.92		
6+ Coverages	0.91		

If the Combined Single Aggregate limit option is not selected the Aggregate Limit Discount factor is 1.0.

Travelers Casualty and Surety Company of America

C. COMMON POLICY RATING AND PROCEDURES**Arkansas****Filing Number: 2007-11-0006****III. Program Modifier**

If applicable, select a credit for participation in a program. The selection is based on the specific underwriting and expense characteristics of the Program.

Modifier Range for Program Participation: 0.80 - 1.00

Travelers Casualty and Surety Company of America

D. COMMON LIABILITY RATING AND PROCEDURES

Arkansas

Filing Number: 2007-11-0006

Table I (A) Additional Defense Limit of Liability

Use this table if the limit applies separately for each liability coverage.

Addt'l Defense Limit	Original Limit of Liability (M = Million)									
	\$250K	\$500K	\$1M	\$2M	\$3M	\$4M	\$5M	\$6-\$10M	\$11-\$20M	\$21M +
\$250K	1.057	1.078	1.079	1.038	1.026	1.019	1.012	1.011	1.005	1.004
\$500K	1.156	1.141	1.144	1.070	1.048	1.035	1.023	1.020	1.010	1.009
\$1M	1.330	1.288	1.245	1.127	1.089	1.065	1.042	1.038	1.020	1.017
\$2M	1.618	1.532	1.429	1.223	1.143	1.103	1.078	1.070	1.037	1.033
\$3M	1.820	1.695	1.536	1.277	1.177	1.129	1.105	1.087	1.052	1.045
\$4M	1.850	1.720	1.550	1.298	1.193	1.146	1.124	1.099	1.062	1.057
\$5M	1.897	1.150	1.561	1.327	1.209	1.161	1.138	1.107	1.070	
\$6M	1.966	1.803	1.600	1.352	1.227	1.176	1.144	1.117	1.079	
\$7M	2.034	1.864	1.650	1.389	1.258	1.196	1.163	1.130	1.090	
\$8M	2.103	1.924	1.700	1.426	1.280	1.216	1.181	1.141	1.102	
\$9M	2.172	1.985	1.750	1.454	1.303	1.236	1.200	1.158	1.112	
\$10M	2.237	2.038	1.788	1.481	1.326	1.257	1.219	1.174	1.123	
\$11M	2.289	2.083	1.825	1.509	1.348	1.277	1.238	1.190	1.135	
\$12M	2.341	2.129	1.863	1.537	1.371	1.297	1.256	1.207	1.147	
\$13M	2.392	2.174	1.900	1.565	1.394	1.318	1.275	1.220	1.160	
\$14M	2.444	2.220	1.938	1.593	1.417	1.338	1.294	1.233	1.172	
\$15M	2.496	2.265	1.975	1.620	1.439	1.358	1.313	1.246		
\$16M	2.547	2.311	2.013	1.648	1.462	1.378	1.328	1.259		
\$17M	2.599	2.356	2.050	1.676	1.485	1.395	1.343	1.272		
\$18M	2.651	2.402	2.088	1.704	1.503	1.411	1.358	1.285		
\$19M	2.703	2.447	2.125	1.726	1.521	1.427	1.373	1.298		
\$20M	2.752	2.488	2.155	1.748	1.539	1.443	1.388			
\$21M	2.793	2.524	2.185	1.770	1.558	1.459				
\$22M	2.834	2.561	2.215	1.793	1.576					
\$23M	2.876	2.597	2.245	1.815						
\$24M	2.917	2.633	2.275							
\$25M	2.959	2.670								

Travelers Casualty and Surety Company of America

D. COMMON LIABILITY RATING AND PROCEDURES

Arkansas

Filing Number: 2007-11-0006

Table I (B) Additional Defense Limit of Liability

Use this table if the additional defense limit applies in aggregate across all liability coverages.

Addt'l Defense Limit	Original Limit of Liability (M = Million)									
	\$250K	\$500K	\$1M	\$2M	\$3M	\$4M	\$5M	\$6-\$10M	\$11-\$20M	\$21M +
\$250K	1.054	1.074	1.075	1.036	1.025	1.018	1.011	1.010	1.005	1.004
\$500K	1.148	1.134	1.136	1.067	1.045	1.033	1.021	1.019	1.010	1.008
\$1M	1.314	1.274	1.233	1.120	1.084	1.062	1.040	1.036	1.019	1.016
\$2M	1.587	1.505	1.408	1.212	1.136	1.098	1.074	1.067	1.036	1.031
\$3M	1.779	1.660	1.509	1.264	1.168	1.122	1.100	1.083	1.049	1.042
\$4M	1.807	1.684	1.523	1.283	1.184	1.139	1.118	1.094	1.059	1.054
\$5M	1.852	1.143	1.533	1.311	1.198	1.153	1.131	1.102	1.067	
\$6M	1.917	1.763	1.570	1.334	1.216	1.167	1.137	1.112	1.075	
\$7M	1.983	1.820	1.618	1.369	1.245	1.186	1.154	1.124	1.086	
\$8M	2.048	1.878	1.665	1.405	1.266	1.205	1.172	1.134	1.097	
\$9M	2.114	1.936	1.713	1.431	1.288	1.225	1.190	1.150	1.107	
\$10M	2.175	1.986	1.748	1.457	1.309	1.244	1.208	1.165	1.117	
\$11M	2.224	2.029	1.784	1.484	1.331	1.263	1.226	1.181	1.128	
\$12M	2.273	2.072	1.819	1.510	1.353	1.282	1.243	1.196	1.140	
\$13M	2.323	2.116	1.855	1.537	1.374	1.302	1.261	1.209	1.152	
\$14M	2.372	2.159	1.891	1.563	1.396	1.321	1.279	1.221	1.163	
\$15M	2.421	2.202	1.926	1.589	1.417	1.340	1.297	1.233		
\$16M	2.470	2.245	1.962	1.616	1.439	1.359	1.311	1.246		
\$17M	2.519	2.288	1.998	1.642	1.461	1.375	1.325	1.258		
\$18M	2.568	2.331	2.033	1.669	1.478	1.390	1.340	1.271		
\$19M	2.617	2.375	2.069	1.690	1.495	1.406	1.354	1.283		
\$20M	2.664	2.413	2.097	1.711	1.512	1.421	1.368			
\$21M	2.703	2.448	2.126	1.732	1.530	1.436				
\$22M	2.743	2.483	2.154	1.753	1.547					
\$23M	2.782	2.517	2.183	1.774						
\$24M	2.821	2.552	2.211							
\$25M	2.861	2.586								

SERFF Tracking Number: TRVE-125610307 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: EFT \$100
Company Tracking Number: 2007-11-0006
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Wrap+ Healthcare Rate Filing 2007-11-0006
Project Name/Number: Wrap+ Healthcare Rate Filing 2007-11-0006/2007-11-0006

Supporting Document Schedules

Satisfied -Name: Explanatory Memorandum **Review Status:** Filed 04/28/2008
Comments: see attached
Attachment: AR.pdf

Satisfied -Name: PC NAIC **Review Status:** Filed 04/28/2008
Comments: See attached
Attachments: 2007 PC NAIC Transmittal _generic_ _2_.pdf
AR_WrapPlus.pdf

Satisfied -Name: Actuarial Memorandum **Review Status:** Filed 04/28/2008
Comments:
Attachment: Actuarial Memorandum.pdf



Michelle Smith Cotto
Travelers Bond and Financial Products
Phone: (860) 277-2345
FAX: (866) 235-4951
Email: msmithco@travelers.com

April 18, 2008

Honorable Mike Pickens
Commissioner of Insurance
Arkansas Insurance Dept
1200 West Third Street
Little Rock, AR 72201-1904

2007-11-0006

**Wrap+® Enhancement Filing –Rate Filing
Other Liability**

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA 3548-31194; 06-0907370

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our **Wrap+®**, which was approved by your department with an effective date of March 27, 2006 under our company filing number 2005-07-0133R.

This filing consists of revised **Wrap+®** general rules. These **Wrap+®** general rules replace the **Wrap+®** rules currently on file for use with our complete **Wrap+®** program. The changes to the **Wrap+®** general rules are clearly outlined in the attached Actuarial Memorandum.

Enclosures and Implementation

The following are enclosed to facilitate your review:

- Actuarial Memorandum and
- Any applicable state filing forms and fees.

We propose to implement this filing for all new and renewal business effective August 1, 2008. Should you have any questions, please feel free to contact me at (860) 277-2345.

Regards,

Michelle Smith Cotto

17. Reference Organization # & Title	N/A
18. Company's Date of Filing	4/16/08
19. 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—

20. This filing transmittal is part of Company Tracking #	2007-11-0006
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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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This filing consists of revised *Wrap+*® general rules. These *Wrap+*® general rules replace the *Wrap+*® rules currently on file for use with our complete *Wrap+*® program. The changes to the *Wrap+*® general rules are clearly outlined in the attached Actuarial Memorandum. The referenced coverage parts – Directors and Officers Liability for Healthcare and Employment Practices Liability for Healthcare were introduced to your department under our company filing number 2007-11-0007.

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.

Effective March 1, 2007

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**STATE OF ARKANSAS
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 #	2007-11-0006
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	2007-11-0006
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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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)
Travelers Casualty and Surety Company of America	N/A	-1.52%	-45,481	505	2,995,994	4.17%	-4.76%

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

Overall Rate Information (Complete for Multiple Company Filings only)			
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		STATE USE
5a.	Overall percentage rate change (when applicable)	N/A
5b.	Overall percentage rate impact for this filing	-1.52%
5c.	Effect of Rate Filing – Written premium change for this program	-45,481
5d.	Effect of Rate Filing - Number of policyholders affected	505

6.	Overall percentage of last rate revision	N/A
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7.	Effective Date of last rate revision	N/A
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	55843 AR Pages 1-23	New X Replacement Withdrawn	
02		New Replacement Withdrawn	
03		New Replacement Withdrawn	
04		New Replacement Withdrawn	
05		New Replacement Withdrawn	

Actuarial Memorandum

This filing revises the Wrap+ package policy program written by Travelers Casualty and Surety Company of America. The proposed changes to this program include:

- Removal of 5% annual installment charge for multi-year policies. The maximum possible rate effect as a result of this change is 0.00%. The minimum possible rate change is a 4.76% decrease.
- Exclusion of Identity Fraud Expense Reimbursement coverage from the number of coverages used to determine the applicable Coverage Combination Discount factor. The maximum possible rate effect of this change is a 4.17% increase. The minimum possible rate effect is 0.00%
- Addition of Health Care Directors, Officers and Trustees Liability and Health Care Employment Practices Liability coverages to the list of coverages available within the Wrap+ program.
- Revision of program eligibility rules to include any company that meets underwriting guidelines.

The overall maximum possible rate impact of the combined changes is a 4.17% increase, and the overall minimum possible rate impact is a 4.76% decrease. The average countrywide rate impact expected as a result of this filing is a 1.4% decrease.