

SERFF Tracking Number: NWCM-125636613 State: Arkansas
 First Filing Company: Nationwide Mutual Fire Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: P-2008RLOE-7CVMJD
 TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
 Product Name: Inland Marine
 Project Name/Number: Multistate IM TRIA filing/P-2008RLOE-7CVMJD

Filing at a Glance

Companies: Nationwide Mutual Fire Insurance Company, Nationwide Mutual Insurance Company, Nationwide Property & Casualty Insurance Company

Product Name: Inland Marine	SERFF Tr Num: NWCM-125636613	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations	Co Tr Num: P-2008RLOE-7CVMJD	State Status: Fees verified and received
Filing Type: Form	Co Status: Pending - Submitted	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Janis Labarre	Disposition Date: 05/13/2008
	Date Submitted: 05/06/2008	Disposition Status: Approved
Effective Date Requested (New): 05/22/2008		Effective Date (New): 05/02/2008
Effective Date Requested (Renewal): 06/09/2008		Effective Date (Renewal): 06/09/2008

State Filing Description:

General Information

Project Name: Multistate IM TRIA filing	Status of Filing in Domicile: Not Filed
Project Number: P-2008RLOE-7CVMJD	Domicile Status Comments:
Reference Organization: AAIS	Reference Number: AAIS-2008-4CIMF, AAIS-2008-IMGF
Reference Title: Terrorism	Advisory Org. Circular: 08-0379, 08-0465
Filing Status Changed: 05/13/2008	Deemer Date:
State Status Changed: 05/13/2008	
Corresponding Filing Tracking Number:	
Filing Description:	
AAIS Filing in response to the Revised Terrorism Forms of the Terrorism Risk Insurance Program Reauthorization Act of 2007	

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Company and Contact

Filing Contact Information

Janis La Barre, State Filing Specialist labarrj@nationwide.com
 One Nationwide Plaza (614) 249-8739 [Phone]
 Columbus, OH 43215 (614) 249-3922[FAX]

Filing Company Information

Nationwide Mutual Fire Insurance Company CoCode: 23779 State of Domicile: Ohio
 One Nationwide Plaza Group Code: 140 Company Type: Property & Casualty

1-17-02
 Columbus, OH 43215 Group Name: State ID Number:
 (614) 249-2271 ext. [Phone] FEIN Number: 31-4177110

Nationwide Mutual Insurance Company CoCode: 23787 State of Domicile: Ohio
 One Nationwide Plaza Group Code: 140 Company Type: Property & Casualty

1-17-02
 Columbus, OH 43215 Group Name: State ID Number:
 (614) 249-2271 ext. [Phone] FEIN Number: 31-4177100

Nationwide Property & Casualty Insurance CoCode: 37877 State of Domicile: Ohio
 Company Group Code: 140 Company Type: Property & Casualty
 One Nationwide Plaza

1-17-02
 Columbus, OH 43215 Group Name: State ID Number:
 (614) 249-2271 ext. [Phone] FEIN Number: 31-0970750

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No

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Fee Explanation: 50.00 per filing
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Mutual Fire Insurance Company	\$50.00	05/06/2008	20121645
Nationwide Mutual Insurance Company	\$0.00	05/06/2008	
Nationwide Property & Casualty Insurance Company	\$0.00	05/06/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/13/2008	05/13/2008

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Disposition

Disposition Date: 05/13/2008
Effective Date (New): 05/02/2008
Effective Date (Renewal): 06/09/2008
Status: Approved
Comment: TRIA Forms: AAIS-2008-4CIMF

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	Filing Memorandum	Approved	Yes

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 05/13/2008

Comments:

Attachment:

F777-nmic_form.pdf

Satisfied -Name: Filing Memorandum **Review Status:** Approved 05/13/2008

Comments:

Attachment:

IM Form Memorandum Legacy.pdf

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

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:	
	<input type="checkbox"/> New Business	
	<input type="checkbox"/> Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
Nationwide Group	140

4. Company Name(s)	Domicile	NAIC #	FEIN #
Nationwide Mutual Insurance Company	Ohio	140-23787	31-4177100
Nationwide Mutual Fire Insurance Company	Ohio	140-23779	31-4177110
Nationwide Property & Casualty Ins Co	Ohio	140-37877	31-0970750

5. Company Tracking Number	P-2008RLOE-7CVMJD
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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
	Janis A La Barre, One Nationwide Plaza, Columbus, OH 43215	Filing Specialist	614-249-8739	614-249-3922	labarrj@nationwide.c om

7. Signature of authorized filer	<i>Janis A. La Barre</i> Head Filer
8. Please print name of authorized filer	Janis A La Barre

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

9. Type of Insurance (TOI)	Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	Inland Marine
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial Inland Marine
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
14. Effective Date(s) Requested	New: 05-22-2008 Renewal: 06-09-2008

15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	AAIS
17. Reference Organization # & Title	08-0379, 08-0465
18. Company's Date of Filing	05-06-2008
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 #	P-2008RLOE-7CVMJD
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21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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AAIS Filing in response to the Revised Terrorism Forms of the Terrorism Risk Insurance Program Reauthorization Act of 2007

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]
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Check #: EFT
Amount: \$50.00

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.)**

Nationwide Mutual Insurance Company
Nationwide Mutual Fire Insurance Company
Nationwide Property and Casualty Insurance Company

Form Revision Filing

With this filing, we are implementing the ISO Terrorism Filing Designations for Commercial Inland Marine (CIM) under approval found in AAIS-2008-4CIMF.