

SERFF Tracking Number: TRVE-125664734 State: Arkansas
First Filing Company: St. Paul Fire and Marine Insurance Company, ... State Tracking Number: EFT \$100
Company Tracking Number: 2008-05-0015
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: TRIA Liability Rate Filing 2008-05-0015
Project Name/Number: TRIA Liability Rate Filing 2008-05-0015/2008-05-0015

Filing at a Glance

Companies: St. Paul Fire and Marine Insurance Company, St. Paul Mercury Insurance

Product Name: TRIA Liability Rate Filing 2008- SERFF Tr Num: TRVE-125664734 State: Arkansas

05-0015

TOI: 17.0 Other Liability - Claims
Made/Occurrence

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 17.0000 Other Liability Sub-TOI
Combinations

Co Tr Num: 2008-05-0015

State Status: Fees verified and
received

Filing Type: Rate

Co Status:

Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding

Authors: Socorro Armstrong,
Theresa Lavenburg, Michelle Smith
Cotto, Sonia Worrell, Timothy
Bengston, Celina Caez

Disposition Date: 05/28/2008

Date Submitted: 05/23/2008

Disposition Status: Filed

Effective Date Requested (New): 04/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 04/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: TRIA Liability Rate Filing 2008-05-0015

Status of Filing in Domicile:

Project Number: 2008-05-0015

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 05/28/2008

State Status Changed: 05/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

In compliance with the insurance laws and regulations of your state, we request to revise several of our filed and approved rate and rule plans on behalf of St. Paul Fire and Marine Insurance Company and St. Mercury Insurance Company.

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 Project Name/Number: TRIA Liability Rate Filing 2008-05-0015/2008-05-0015

Purpose:

We respectfully request to withdraw the current approved Terrorism portion of our rate and rule plans.

This filing will not have a rate impact.

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

St. Paul Fire and Marine Insurance Company CoCode: 24767 State of Domicile: Minnesota
 One Tower Square Group Code: 3548 Company Type:
 Hartford, CT 06183 Group Name: State ID Number:
 (860) 277-4045 ext. [Phone] FEIN Number: 41-0406690

St. Paul Mercury Insurance CoCode: 24791 State of Domicile: Minnesota
 One Tower Square, 2S2B Group Code: 3548 Company Type:
 Hartford, CT 06183 Group Name: State ID Number:
 (860) 277-4045 ext. [Phone] FEIN Number: 41-0881659

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
St. Paul Fire and Marine Insurance Company	\$100.00	05/23/2008	20488179

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St. Paul Mercury Insurance	\$0.00	05/23/2008
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	05/28/2008	05/28/2008

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Product Name: TRIA Liability Rate Filing 2008-05-0015
Project Name/Number: TRIA Liability Rate Filing 2008-05-0015/2008-05-0015

Disposition

Disposition Date: 05/28/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

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: TRVE-125664734 *State:* Arkansas
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Product Name: TRIA Liability Rate Filing 2008-05-0015
Project Name/Number: TRIA Liability Rate Filing 2008-05-0015/2008-05-0015

Rate Information

Rate data does NOT apply to filing.

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Product Name: TRIA Liability Rate Filing 2008-05-0015
Project Name/Number: TRIA Liability Rate Filing 2008-05-0015/2008-05-0015

Supporting Document Schedules

Satisfied -Name: Explanatory Memorandum **Review Status:** Filed 05/28/2008
Comments:
Attachment:
AR-LIA-Rates ltrs(2) 7.pdf

Satisfied -Name: Expedited Transmittal **Review Status:** Filed 05/28/2008
Comments:
Attachment:
AR Expedited Transmittal.pdf



One Tower Square, 2SHS
Hartford, CT 06183

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

May 23, 2008

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

2008-05-0015
Other Liability
Terrorism
Rate & Rule Filing

St. Paul Fire and Marine Insurance Company **3548-24767**
St. Paul Mercury Insurance Company **3548-24791**

In compliance with the insurance laws and regulations of your state, we request to revise several of our filed and approved rate and rule plans on behalf of St. Paul Fire and Marine Insurance Company and St. Mercury Insurance Company.

Purpose:

We respectfully request to withdraw the current approved Terrorism portion of our rate and rule plans for the proceeding specified programs. This filing revision will affect the following filings:

St. Paul Fire and Marine Insurance:

Filing Number Program

2006-08-0006	SelectOne Broad Form for Mutual Fund Directors	55834
2002-12-0029	Financial Intuition Corporate Indemnification and D&O Policy;	55798FIDO
	Employment Practices Liability;	55798AEPL
	Nonprofit Organization Liability Including Employment Practices Liability;	55798NP
	Directors & Officers Liability and Employment Practices Liability Policy	
	including Company Coverage;	55798PC
	Bankers Professional Liability Policy;	55798BPL
	Employment Practices Liability;	55798SEPL
	Fiduciary Liability;	55798FL
	Directors & Officers Liability and Corporate Indemnification Policy;	55798DOA
	Insurance Company Errors and Omissions;	55798IC
	Investment Management Liability;	55798IM
	Executive Choice for Private Companies; and	55798EX
	Non-Profit Corporation and Directors, Officers and Corporate	
	Indemnification Policy	55798DONP

St. Paul Mercury Insurance:

Filing Number Program

2002-12-0029	Financial Intuition Corporate Indemnification and D&O Policy	55798FIDO
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Terrorism – Rate/Rule filing

Page 2

Rate Impact:

This filing will not have a rate impact.

Enclosures and Implementation

The following are enclosed to facilitate your review:

- Any applicable state filing forms and fees.

We propose to implement this filing with respect to all new and renewal businesses effective on or after April 1, 2008. Should you have any questions, please feel free to call me at (860) 277-2345.

Sincerely,

Michelle Smith Cotto

**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 checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
St. Paul Fire and Marine Insurance Company	MN	24767	41-0406690
St. Paul Mercury Insurance Company	MN	24791	41-0881659

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Michelle Smith Cotto One Tower Square, S202B Hartford, CT 06183	860-277-2345	860-235-4951	msmithco@travelers.com

Filing information

Line of Insurance (see attachment)	17.0 Other Liability/Other
Company Program Title (Marketing title) (if applicable)	See cover letter
Filing Type ** see note below	Rate/Rule filing
This application is used with:	Other Prof. Liability
Effective Date Requested	4/1/2008
Filing date	5/23/2008
Company Tracking Number	2008-05-0015
Date filing approved in domiciliary state, if applicable	Not Approved yet. Filed on same date as this filing.

	<u>Component/Form Name /Description/Synopsis</u>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
01	Terrorism Rate Plan Page	55798LEPL	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029
02	Terrorism Rate Plan Page	55798AEPL	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029
03	Terrorism Rate Plan Page	55798NP	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029
04	Terrorism Rate Plan Page	55798PC	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029
05	Terrorism Rate Plan Page	55798BPL	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029
06	Terrorism Rate Plan Page	55798SEPL	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029
07	Terrorism Rate Plan Page	55798FL	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029
08	Terrorism Rate Plan Page	55798DOA	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029
09	Terrorism Rate Plan Page	55798IC	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		2002-12-0029

			<input type="checkbox"/> Neither		
10	Terrorism Rate Plan Page	55798IM	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029
11	Terrorism Rate Plan Page	55798EX	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029
12	Terrorism Rate Plan Page	55798DONP	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029
13	Terrorism Rate Plan Page	55798FIDO	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		2002-12-0029
14	Terrorism Rate Plan Page	55834	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		200608-0006, TRVD-125033247

To be complete, a form 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.

Michelle Smith Cotto
Signature

Michelle Smith Cotto
Print Name:

Senior Regulatory Analyst
Title: