

SERFF Tracking Number: TRVD-125663704 State: Arkansas  
First Filing Company: St. Paul Protective Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: 2008-05-0032  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Auto  
Project Name/Number: Named Driver Exclusion/2008-05-0032

## Filing at a Glance

Companies: St. Paul Protective Insurance Company, Athena Assurance Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company

Product Name: Commercial Auto SERFF Tr Num: TRVD-125663704 State: Arkansas  
TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 20.0001 Business Auto Co Tr Num: 2008-05-0032 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins  
Disposition Date: 06/10/2008  
Authors: Carrie Acuna, Carol Letendre  
Date Submitted: 05/30/2008 Disposition Status: Approved  
Effective Date Requested (New): 10/15/2008 Effective Date (New): 10/15/2008  
Effective Date Requested (Renewal): 10/15/2008 Effective Date (Renewal): 10/15/2008

State Filing Description:

## General Information

Project Name: Named Driver Exclusion Status of Filing in Domicile: Authorized  
Project Number: 2008-05-0032 Domicile Status Comments:  
Reference Organization: N/A Reference Number: N/A  
Reference Title: N/A Advisory Org. Circular: N/A  
Filing Status Changed: 06/10/2008  
State Status Changed: 06/10/2008 Deemer Date:  
Corresponding Filing Tracking Number:

Filing Description:

In compliance with the insurance laws and regulations in your state, our companies respectfully submit this filing for our Commercial Auto program.

This filing contains our Named Driver Exclusion, 44301, Rev. 6-08, to replace 44301, Ed. 10-85, currently on file. The only changes we have made to this form are editorial. This is an optional endorsement and there is no rate impact

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associated with the use of this endorsement. This endorsement excludes all coverage for use of an auto by the individual designated on the schedule. This optional endorsement is intended for use on accounts that have drivers with undesirable motor vehicle records in order to make the risk acceptable.

Your approval of this filing will be appreciated. Should you have any questions regarding this submission, please feel free to contact me at your convenience.

## Company and Contact

### Filing Contact Information

Carol Letendre, Senior Regulatory Analyst CLETENDR@travelers.com  
 385 Washington Street (651) 310-7110 [Phone]  
 St. Paul, MN 55102 (651) 310-4361[FAX]

### Filing Company Information

St. Paul Protective Insurance Company	CoCode: 19224	State of Domicile: Illinois
385 Washington Street	Group Code: 3548	Company Type:
St. Paul, MN 55102	Group Name:	State ID Number:
(651) 310-7782 ext. [Phone]	FEIN Number: 36-2542404	
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Athena Assurance Company	CoCode: 41769	State of Domicile: Minnesota
385 Washington Street	Group Code: 3548	Company Type:
St. Paul, MN 55102	Group Name:	State ID Number:
(651) 310-7782 ext. [Phone]	FEIN Number: 41-1435765	
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St. Paul Fire and Marine Insurance Company	CoCode: 24767	State of Domicile: Minnesota
385 Washington Street	Group Code: 3548	Company Type:
St. Paul, MN 55102	Group Name:	State ID Number:
(651) 310-7782 ext. [Phone]	FEIN Number: 41-0406690	
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St. Paul Guardian Insurance Company	CoCode: 24775	State of Domicile: Minnesota
385 Washington Street	Group Code: 3548	Company Type:
St. Paul, MN 55102	Group Name:	State ID Number:
(651) 310-7782 ext. [Phone]	FEIN Number: 41-0963301	
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St. Paul Mercury Insurance Company CoCode: 24791 State of Domicile: Minnesota  
385 Washington Street Group Code: 3548 Company Type:  
St. Paul, MN 55102 Group Name: State ID Number:  
(651) 310-7782 ext. [Phone] FEIN Number: 41-0881659  
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*Product Name:* Commercial Auto  
*Project Name/Number:* Named Driver Exclusion/2008-05-0032

## Filing Fees

Fee Required?      Yes  
 Fee Amount:      \$50.00  
 Retaliatory?      No  
 Fee Explanation:      \$50.00  
 Per Company:      No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Athena Assurance Company	\$50.00	05/30/2008	20595967
St. Paul Fire and Marine Insurance Company	\$0.00	05/30/2008	
St. Paul Guardian Insurance Company	\$0.00	05/30/2008	
St. Paul Mercury Insurance Company	\$0.00	05/30/2008	
St. Paul Protective Insurance Company	\$0.00	05/30/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/10/2008	06/10/2008

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## Disposition

Disposition Date: 06/10/2008  
Effective Date (New): 10/15/2008  
Effective Date (Renewal): 10/15/2008  
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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Named Driver Exclusion Endorsement	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Named Driver Exclusion Endorsement	44301	6-08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 44301 Ed. 10-85 Previous Filing #: Approved Effective: 01/24/1986		44301_____ 2008-06- 01__BITM. PDF

**NAMED DRIVER EXCLUSION ENDORSEMENT**

This endorsement changes your commercial auto insuring agreements.

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**How Coverage Is Changed**

The following is added to the What This Agreement Covers section of each commercial auto insuring agreement that is included in your policy. This change excludes coverage.

This insurance does not apply to any accident or loss that happens while a covered auto is operated by the person named below.

**Other Terms**

All other terms of your policy remain the same.

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**Named Person**

I have read the above and understand this agreement.

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Signature of Named Insured

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Title

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**Name of Insured**

**Policy Number**

**Effective Date**  
**Processing Date**

<i>SERFF Tracking Number:</i>	<i>TRVD-125663704</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>2008-05-0032</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>Named Driver Exclusion/2008-05-0032</i>		

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**

Approved

06/10/2008

**Comments:**

**Attachments:**

AR NAIC Transmittal.pdf

AR NAIC Form Filing Schedule.pdf



## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	2008-05-0032
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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In compliance with the insurance laws and regulations in your state, our companies respectfully submit this filing.

This filing contains our newly developed Named Driver Exclusion, 44301, Rev. 6-08. This is a new optional endorsement and there is no rate impact associated with the use of this endorsement. This endorsement excludes all coverage for use of an auto by the individual designated on the schedule. This optional endorsement is intended for use on accounts that have drivers with undesirable motor vehicle records in order to make the risk acceptable.

We plan to implement these changes with respect to policies effective on or after October 15, 2008. Your approval of this filing will be appreciated. Should you have any questions regarding this submission, please feel free to contact me at your convenience.

<b>22. Filing Fees</b> (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 #:** N/A - 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.)**

## FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>2008-05-0032</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>N/A</b>			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Named Driver Exclusion Endorsement	44301 Rev. 6-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	44301 Ed. 10-85	Approved Effective: 01/24/1986
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		