

SERFF Tracking Number: TRVE-125710798 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: EFT \$100
Company Tracking Number: 2007-11-0006-CRI
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
Product Name: Wrap+ Healthcare Crime Rate/Rule Filing 2007-11-0006
Project Name/Number: Wrap+ Healthcare Crime Rate/Rule Filing 2007-11-0006/2007-11-0006

Filing at a Glance

Company: Travelers Casualty and Surety Company of America

Product Name: Wrap+ Healthcare Crime SERFF Tr Num: TRVE-125710798 State: Arkansas

Rate/Rule Filing 2007-11-0006

TOI: 26.0 Burglary & Theft

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: 2007-11-0006-CRI

State Status: Fees verified and received

Filing Type: Rate/Rule

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

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

Disposition Date: 06/26/2008

Bengston, Celina Caez

Date Submitted: 06/26/2008

Disposition Status: Exempt from Review

Effective Date Requested (New): 09/01/2008

Effective Date (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008

Effective Date (Renewal):
09/01/2008

State Filing Description:

General Information

Project Name: Wrap+ Healthcare Crime Rate/Rule 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: 06/26/2008

State Status Changed: 06/26/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

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In compliance with the insurance laws and regulations of your state, we submit an enhancement to our Wrap+ modular program which was approved by your department with an effective date of March 27, 2006 under our company filing number 2005-07-0132R.

This filing consists of revised general rules. These general rules replace the rules currently on file for use with the non-liability portion of our Wrap+ modular program. The changes to the Wrap+ general rules are clearly outlined in the attached Actuarial Memorandum. We filed these with your department for Other Liability under company filing number 2007-11-0006. The purpose of this filing is to put these identical pages on file for the non-liability portion of our modular program.

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

SERFF Tracking Number: TRVE-125710798 *State:* Arkansas
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| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-----------------------------------------------------|----------|----------------|---------------|
| Travelers Casualty and Surety Company of America | \$100.00 | 06/26/2008 | 21104783 |

SERFF Tracking Number: TRVE-125710798 State: Arkansas
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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------------------|------------------|------------|----------------|
| Exempt from Review | Llyweyia Rawlins | 06/26/2008 | 06/26/2008 |

SERFF Tracking Number: TRVE-125710798 *State:* Arkansas
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVE-125710798 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of State Tracking Number: EFT \$100
America
Company Tracking Number: 2007-11-0006-CRI
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
Product Name: Wrap+ Healthcare Crime Rate/Rule Filing 2007-11-0006
Project Name/Number: Wrap+ Healthcare Crime Rate/Rule Filing 2007-11-0006/2007-11-0006

Rate/Rule Schedule

| Review Status: | Exhibit Name: | Rule # or Page #: | Rate Action | Previous State Filing Attachments Number: |
|-------------------------------------|---------------|-------------------|-------------|-------------------------------------------|
| Accepted for Informational Purposes | 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-125710798 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: EFT \$100
Company Tracking Number: 2007-11-0006-CRI
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
Product Name: Wrap+ Healthcare Crime Rate/Rule Filing 2007-11-0006
Project Name/Number: Wrap+ Healthcare Crime Rate/Rule Filing 2007-11-0006/2007-11-0006

Supporting Document Schedules

Satisfied -Name: Explanatory Memorandum **Review Status:** Accepted for Informational Purposes 06/26/2008

Comments:
Attachment:
Arkansas.pdf

Satisfied -Name: PC NAIC **Review Status:** Accepted for Informational Purposes 06/26/2008

Comments:
Attachments:
2007 PC NAIC Transmittal _generic_ _2_.pdf
AR_WrapPlus.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

June 26, 2008

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

2007-11-0006 CRI

**Wrap+® Enhancement Filing – Rate/Rule Filing
Crime and Burglary & Theft**

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+®** modular program which was approved by your department with an effective date of March 27, 2006 under our company filing number 2005-07-0132R.

This filing consists of revised general rules. These general rules replace the rules currently on file for use with the non-liability portion of our **Wrap+®** modular program. The changes to the **Wrap+®** general rules are clearly outlined in the attached Actuarial Memorandum. We filed these with your department for Other Liability under company filing number **2007-11-0006**; approved on April 28, 2008 under TRVE-125610307. The purpose of this filing is to put these identical pages on file for the non-liability portion of our modular program.

Enclosures and Implementation

The following are enclosed to facilitate your review:

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

We propose to implement this filing for all new and renewal business effective September 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 | 6/26/08 |
| 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 CRI |
|------------------------------------------------------------------|------------------|

| |
|----------------------------------------------------------------------------------------------------------------------------|
| 21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
|----------------------------------------------------------------------------------------------------------------------------|

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.

| |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 CRI |
|----|-------------------------------------------------------|------------------|

| | | |
|----|----------------------------------------------------------------------------------------------------------|-----|
| 2. | This filing corresponds to form filing number (Company tracking number of form filing, if applicable) | N/A |
|----|----------------------------------------------------------------------------------------------------------|-----|

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

| | | |
|----|-------------------------------------------------------------|--|
| 3. | Filing Method (Prior Approval, File & Use, Flex Band, etc.) | |
|----|-------------------------------------------------------------|--|

| | | | | | | | |
|-----|--------------------------------------|--|--|--|--|--|--|
| 4a. | Rate Change by Company (As Proposed) | | | | | | |
|-----|--------------------------------------|--|--|--|--|--|--|

| 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 | | | | | | |
|-----|---------------------------------------------------------|--|--|--|--|--|--|

| 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) | | | |
|-----------------------------------------------------------------------|--|--|--|

| | | | 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 |
|----|------------------------------------------|-----|

| | | |
|----|--------------------------------------|-----|
| 7. | Effective Date of last rate revision | N/A |
|----|--------------------------------------|-----|

| | | |
|----|-------------------------------------------------------------------------------|--|
| 8. | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | |
|----|-------------------------------------------------------------------------------|--|

| 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 | |