

SERFF Tracking Number: TRVA-125737350 State: Arkansas  
First Filing Company: The Automobile Insurance Company of Hartford, State Tracking Number: EFT \$100  
Connecticut, ...  
Company Tracking Number: 2008-07-0090  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess  
Product Name: Personal Liability Umbrella  
Project Name/Number: Personal Liability Umbrella/2008-07-0090

## Filing at a Glance

Companies: The Automobile Insurance Company of Hartford, Connecticut, The Standard Fire Insurance Company, The Travelers Home and Marine Insurance Company, The Travelers Indemnity Company of America, Travelers Commercial Insurance Company

|  |                              |   |
|--|------------------------------|---|
| Product Name: Personal Liability Umbrella          | SERFF Tr Num: TRVA-125737350 | State: Arkansas                           |
| TOI: 17.0 Other Liability - Claims Made/Occurrence | SERFF Status: Closed         | State Tr Num: EFT \$100                   |
| Sub-TOI: 17.0021 Personal Umbrella and Excess      | Co Tr Num: 2008-07-0090      | State Status: Fees verified and received  |
| Filing Type: Rate                                  | Co Status:                   | Reviewer(s): Alexa Grissom, Betty Montesi |
|  | Author: Ann Lavorgna         | Disposition Date: 07/24/2008              |
|  | Date Submitted: 07/17/2008   | Disposition Status: Filed                 |
| Effective Date Requested (New):                    |                              | Effective Date (New): 10/03/2008          |
| Effective Date Requested (Renewal):                |                              | Effective Date (Renewal): 11/22/2008      |

State Filing Description:

## General Information

|   |                               |
|---|-------------------------------|
| Project Name: Personal Liability Umbrella | Status of Filing in Domicile: |
| Project Number: 2008-07-0090              | Domicile Status Comments:     |
| Reference Organization:                   | Reference Number:             |
| Reference Title:                          | Advisory Org. Circular:       |
| Filing Status Changed: 07/24/2008         |                               |
| State Status Changed: 07/24/2008          | Deemer Date:                  |
| Corresponding Filing Tracking Number:     |                               |
| Filing Description:                       |                               |
| Filing No. 2008-07-0090                   |                               |
| Personal Liability Umbrella (PLUS)        |                               |

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This filing involves revisions to

- . Base Rates
- . Rental Exposure
- . Account Credit
- . Increased Limits Factors

The rate level impact for this program is +9.4%.

An Explanatory Memorandum with exhibits is attached.

## Company and Contact

### Filing Contact Information

Ann Lavorgna, Regulatory Analyst AJLAVORG@travelers.com  
 One Tower Square (860) 277-5466 [Phone]  
 Hartford, CT 06183 (860) 277-5204[FAX]

### Filing Company Information

|   |                         |                                 |
|---|-------------------------|---------------------------------|
| The Automobile Insurance Company of Hartford, Connecticut | CoCode: 19062           | State of Domicile: Connecticut  |
| One Tower Square  | Group Code: 3548        | Company Type: Property/Casualty |
| Hartford, CT 06183  | Group Name:             | State ID Number:                |
| (860) 277-7395 ext. [Phone]                               | FEIN Number: 06-0848755 |                                 |
|   | -----                   |                                 |
| The Standard Fire Insurance Company                       | CoCode: 19070           | State of Domicile: Connecticut  |
| One Tower Square  | Group Code: 3548        | Company Type: Property/Casualty |
| Hartford, CT 06183  | Group Name:             | State ID Number:                |
| (860) 277-7395 ext. [Phone]                               | FEIN Number: 06-6033509 |                                 |
|   | -----                   |                                 |
| The Travelers Home and Marine Insurance Company           | CoCode: 27998           | State of Domicile: Connecticut  |
| One Tower Square  | Group Code: 3548        | Company Type: Property/Casualty |

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Hartford, CT 06183  
(860) 277-7395 ext. [Phone]

Group Name:  
FEIN Number: 35-1838079

State ID Number:

The Travelers Indemnity Company of America  
One Tower Square  
Hartford, CT 06183  
(860) 277-7395 ext. [Phone]

CoCode: 25666  
Group Code: 3548  
Group Name:  
FEIN Number: 58-6020487

State of Domicile: Connecticut  
Company Type: Property/Casualty  
State ID Number:

Travelers Commercial Insurance Company  
One Tower Square  
Hartford, CT 06183  
(860) 277-7395 ext. [Phone]

CoCode: 36137  
Group Code: 3548  
Group Name:  
FEIN Number: 06-1286268

State of Domicile: Connecticut  
Company Type: Property/Casualty  
State ID Number:

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## Filing Fees

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

| COMPANY   | AMOUNT   | DATE PROCESSED | TRANSACTION # |
|---|----------|----------------|---------------|
| The Automobile Insurance Company of Hartford, Connecticut | \$100.00 | 07/17/2008     | 21460193      |
| The Standard Fire Insurance Company                       | \$0.00   | 07/17/2008     |               |
| The Travelers Home and Marine Insurance Company           | \$0.00   | 07/17/2008     |               |
| The Travelers Indemnity Company of America                | \$0.00   | 07/17/2008     |               |
| Travelers Commercial Insurance Company                    | \$0.00   | 07/17/2008     |               |

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## Correspondence Summary

### Dispositions

| Status | Created By    | Created On | Date Submitted |
|--------|---------------|------------|----------------|
| Filed  | Alexa Grissom | 07/24/2008 | 07/24/2008     |

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## Disposition

Disposition Date: 07/24/2008  
Effective Date (New): 10/03/2008  
Effective Date (Renewal): 11/22/2008  
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      |

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| Item Type           | Item Name   | Item Status | Public Access |
|---------------------|---|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty            | Filed       | Yes           |
| Supporting Document | NAIC Loss Cost Filing Document for OTHER than Workers' Comp | Filed       | Yes           |
| Supporting Document | NAIC loss cost data entry document                          | Filed       | Yes           |
| Rate                | ExMemo/Exhibits   | Filed       | Yes           |

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## Rate Information

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## Rate/Rule Schedule

| Review Status: | Exhibit Name:   | Rule # or Page #: | Rate Action | Previous State Filing Attachments Number: |
|----------------|-----------------|-------------------|-------------|---|
| Filed          | ExMemo/Exhibits |                   | Replacement | AR PLUS Filing Packagev2.pdf              |

Personal Liability Umbrella Program

The Automobile Insurance Company of Hartford, Connecticut  
The Standard Fire Insurance Company  
Travelers Commercial Insurance Company  
The Travelers Home and Marine Insurance Company  
The Travelers Indemnity Company of America

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Explanatory Memorandum

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| Exhibit III  | Pages 1-2 | Loss Development                                    |
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| Exhibit V    |           | Loss Trend  |
| Exhibit VI   |           | Credibility   |
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| Exhibit VIII |           | Unallocated Loss Adjustment Expense                 |
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ARKANSAS - PERSONAL LIABILITY UMBRELLA PROGRAM

The Automobile Insurance Company of Hartford, Connecticut  
The Standard Fire Insurance Company  
Travelers Commercial Insurance Company  
The Travelers Home and Marine Insurance Company  
The Travelers Indemnity Company of America

Explanatory Memorandum

The attached filing submission entails a countrywide review of our personal liability umbrella program. The rate level impact to our Arkansas program is +9.4%.

We propose to revise Base Rates, Rental Exposure, Account Credit and Increased Limits Factors.

The indicated rate level changes have been developed utilizing our ratemaking procedures using the latest countrywide Travelers Personal Liability Umbrella experience for accident years 2002-2006.

The support for these changes is presented within Exhibits I through IX. Proposed revisions and a summary may be found within Exhibits X and XI.

For our Standalone PLUS product, this change applies to policies written and effective on or after 10/3/2008.

For our Legacy PLUS Supplement Endorsement (Endorsed to Legacy Home), this change applies to policies processed on or after 10/3/2008 and effective on or after 11/22/2008.

For our Quantum PLUS Supplement Endorsement (Endorsed to Quantum Home), this change applies to new business processed and effective on or after 10/3/2008, and to all renewals processed on or after 10/3/2008 and effective on or after 11/22/2008.

## Personal Liability Umbrella Program

The Automobile Insurance Company of Hartford, Connecticut  
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## Countrywide Indication

|   | (1)                             | (2)                     | (3)                | (4)                   | (5)            |
|---|---------------------------------|-------------------------|--------------------|-----------------------|----------------|
| Accident Year   | Earned Premium at Current Rates | Trended Ultimate Losses | Trended Loss Ratio | Developed Claim Count | Weight by Year |
| 2002  | 55,276                          | 33,683                  | 60.9%              | 61                    | 40%            |
| 2003  | 56,542                          | 49,764                  | 88.0%              | 73                    | 30%            |
| 2004  | 64,341                          | 33,326                  | 51.8%              | 61                    | 15%            |
| 2005  | 72,369                          | 29,337                  | 40.5%              | 65                    | 10%            |
| 2006  | 82,107                          | 40,545                  | 49.4%              | 60                    | 5%             |
| (6) Trended Loss Ratio                                |                                 |                         |                    |                       | 65.1%          |
| (7) Permissible Loss Ratio                            |                                 |                         |                    |                       | 65.7%          |
| (8) Indicated Rate Level Change                       |                                 |                         |                    |                       | -0.9%          |
| (9) CW Credibility                                    |                                 |                         |                    |                       | 0.5            |
| (10) Trended Permissible Loss Ratio                   |                                 |                         |                    |                       | 80.4%          |
| (11) Credibility Weighted Rate Level Loss Ratio       |                                 |                         |                    |                       | 72.7%          |
| (12) Credibility Weighted Indicated Rate Level Change |                                 |                         |                    |                       | 10.7%          |
| (13) Statewide Rate Impact                            |                                 |                         |                    |                       | 9.4%           |

## Notes:

Dollar amounts are in thousands (000).

$$(3) = (2) / (1)$$

$$(6) = (3) \text{ weight by } (5)$$

$$(8) = (6) / (7) - 1$$

$$(9) = \text{Measured by } (4) \text{ with Exhibit VI}$$

$$(10) = \text{Previous PLR} \times \text{Trend Pick} \wedge (\text{Effective Date} - \text{Previous rate change})$$

$$(11) = (6) \times (9) + ((10) \times (1 - (9)))$$

$$(12) = (11) / (7) - 1$$

## Personal Liability Umbrella Program

The Automobile Insurance Company of Hartford, Connecticut  
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| Accident Year Ending 12/31                    | Trended Ultimate Losses |            |            |            |            |
|---|-------------------------|------------|------------|------------|------------|
|   | 2002                    | 2003       | 2004       | 2005       | 2006       |
| (1) Incurred Losses & ALAE                    | 17,621,417              | 26,540,349 | 17,481,458 | 13,800,046 | 11,630,041 |
| (2) Loss Development Factor                   | 1.076                   | 1.119      | 1.206      | 1.425      | 2.478      |
| (3) Ultimate Losses & ALAE (6) x (7)          | 18,961,093              | 29,694,668 | 21,079,358 | 19,669,088 | 28,815,012 |
| (4) Unallocated Factor + 1.00                 | 1.163                   | 1.163      | 1.163      | 1.163      | 1.163      |
| (5) Ultimate Losses & LAE (8) x (9)           | 22,055,561              | 34,540,865 | 24,519,529 | 22,879,101 | 33,517,649 |
| (6) Loss Trend Factor                         | 1.527                   | 1.441      | 1.359      | 1.282      | 1.210      |
| (7) Trended Ultimate Losses & LAE (10) x (11) | 33,682,738              | 49,764,155 | 33,326,499 | 29,336,659 | 40,545,193 |



Personal Liability Umbrella Program

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Loss Development

|                            | Development Period: |            |            |            |            |            |            |            |             |       |
|----------------------------|---------------------|------------|------------|------------|------------|------------|------------|------------|-------------|-------|
|                            | 12 to 24            | 24 to 36   | 36 to 48   | 48 to 60   | 60 to 72   | 72 to 84   | 84 to 96   | 96 to 108  | 108 to 120  |       |
| ALL avg.                   | 2.429               | 1.377      | 0.985      | 1.166      | 0.958      | 0.999      | 1.025      | 0.987      | 1.000       |       |
| All avg. excluding Hi/Lo   | 2.203               | 1.360      | 1.020      | 1.085      | 1.076      | 1.000      | 1.006      |            |             |       |
| 7 yr avg.                  | 2.287               | 1.354      | 0.985      |            |            |            |            |            |             |       |
| 7 yr. avg. excluding Hi/Lo | 1.913               | 1.325      | 1.020      |            |            |            |            |            |             |       |
| 5 yr avg.                  | 1.796               | 1.280      | 1.048      | 1.068      | 0.958      |            |            |            |             |       |
| 5 yr. avg. excluding Hi/Lo | 1.749               | 1.182      | 1.042      | 1.050      | 1.076      |            |            |            |             |       |
| 4 yr avg                   | 1.701               | 1.147      | 1.061      | 1.067      | 1.084      | 0.999      |            |            |             |       |
| 4 yr. avg. excluding Hi/Lo | 1.585               | 1.146      | 1.058      | 1.040      | 1.095      | 1.000      |            |            |             |       |
| 3 yr avg                   | 1.738               | 1.182      | 1.078      | 1.025      | 1.076      | 0.993      | 1.025      |            |             |       |
| 2 yr avg                   | 1.568               | 1.242      | 1.077      | 1.040      | 1.069      | 0.990      | 1.003      | 0.987      |             |       |
| Latest                     | 1.558               | 1.254      | 1.117      | 1.023      | 1.038      | 1.003      | 1.006      | 1.000      | 1.000       |       |
| Selected LDF               | 1.738               | 1.182      | 1.078      | 1.040      | 1.076      | 1.000      | 1.000      | 1.000      | 1.000       | 1.000 |
| Cumulative LDF             | 12 to Ult.          | 24 to Ult. | 36 to Ult. | 48 to Ult. | 60 to Ult. | 72 to Ult. | 84 to Ult. | 96 to Ult. | 108 to Ult. |       |
|                            | 2.478               | 1.425      | 1.206      | 1.119      | 1.076      | 1.000      | 1.000      | 1.000      | 1.000       | 1.000 |



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Claim Development

|                            | Development Period: |            |            |            |            |            |            |            |             |
|----------------------------|---------------------|------------|------------|------------|------------|------------|------------|------------|-------------|
|                            | 12 to 24            | 24 to 36   | 36 to 48   | 48 to 60   | 60 to 72   | 72 to 84   | 84 to 96   | 96 to 108  | 108 to 120  |
| ALL avg.                   | 1.756               | 1.326      | 1.076      | 1.069      | 1.027      | 1.028      | 1.017      | 1.000      | 1.000       |
| All avg. excluding Hi/Lo   | 1.696               | 1.288      | 1.069      | 1.078      | 1.026      | 1.026      | 1.000      |            |             |
| 7 yr avg.                  | 1.643               | 1.358      | 1.076      |            |            |            |            |            |             |
| 7 yr. avg. excluding Hi/Lo | 1.583               | 1.313      | 1.069      |            |            |            |            |            |             |
| 5 yr avg.                  | 1.536               | 1.226      | 1.106      | 1.065      | 1.027      |            |            |            |             |
| 5 yr. avg. excluding Hi/Lo | 1.478               | 1.197      | 1.105      | 1.074      | 1.026      |            |            |            |             |
| 4 yr avg                   | 1.550               | 1.238      | 1.124      | 1.050      | 1.033      | 1.028      |            |            |             |
| 4 yr. avg. excluding Hi/Lo | 1.476               | 1.206      | 1.135      | 1.049      | 1.039      | 1.026      |            |            |             |
| 3 yr avg                   | 1.462               | 1.192      | 1.105      | 1.016      | 1.026      | 1.009      | 1.017      |            |             |
| 2 yr avg                   | 1.435               | 1.206      | 1.067      | 0.999      | 1.012      | 0.988      | 1.025      | 1.000      |             |
| Latest                     | 1.438               | 1.186      | 1.046      | 0.952      | 1.000      | 1.000      | 1.000      | 1.000      | 1.000       |
| Selected LDF               | 1.462               | 1.192      | 1.105      | 1.049      | 1.026      | 1.000      | 1.000      | 1.000      | 1.000       |
| Cumulative LDF             | 12 to Ult.          | 24 to Ult. | 36 to Ult. | 48 to Ult. | 60 to Ult. | 72 to Ult. | 84 to Ult. | 96 to Ult. | 108 to Ult. |
|                            | 2.071               | 1.417      | 1.189      | 1.076      | 1.026      | 1.000      | 1.000      | 1.000      | 1.000       |

Personal Liability Umbrella Program

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Loss Trend

Selected Loss Trend 6.0%

Projected Average Date of Loss for the Period 10/3/2009  
 the Proposed Rates will be in Effect

Factors To Adjust Data Based on Effective Date 10/3/2008

---

| Experience<br>Period | Midpoint<br>of Experience<br>Period | Prospective<br>Trend<br>Period<br>(months) | From<br>to | Severity<br>Factor<br><hr/> Midpoint<br><u>10/03/2009</u> |
|----------------------|-------------------------------------|--|------------|---|
| 12/31/2002           | 06/30/2002                          | 87.2                                       |            | 1.527   |
| 12/31/2003           | 06/30/2003                          | 75.2                                       |            | 1.441   |
| 12/31/2004           | 06/30/2004                          | 63.2                                       |            | 1.359   |
| 12/31/2005           | 06/30/2005                          | 51.2                                       |            | 1.282   |
| 12/31/2006           | 06/30/2006                          | 39.2                                       |            | 1.210   |

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Credibility

| Claims | Credibility |
|--------|-------------|
| 0      | 0           |
| 3      | 0.05        |
| 11     | 0.1         |
| 24     | 0.15        |
| 43     | 0.2         |
| 68     | 0.25        |
| 97     | 0.3         |
| 133    | 0.35        |
| 173    | 0.4         |
| 219    | 0.45        |
| 271    | 0.5         |
| 327    | 0.55        |
| 390    | 0.6         |
| 457    | 0.65        |
| 530    | 0.7         |
| 609    | 0.75        |
| 692    | 0.8         |
| 782    | 0.85        |
| 876    | 0.9         |
| 977    | 0.95        |
| 1082   | 1           |

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Development of Permissible Loss Ratio

| <u>Expense Category</u>        | <u>Average<br/>2004-2006</u> |
|--------------------------------|------------------------------|
| Commissions and Brokerage      | 10.5%                        |
| Other Acquisition and General  | 10.5%                        |
| Taxes, Licenses, and Fees      | 2.6%                         |
| Underwriting Profit            | 10.7%                        |
| Total                          | 34.3%                        |
| <br>                           |                              |
| Permissible Loss and LAE Ratio | 65.7%                        |

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Unallocated Loss Adjustment Expense

| Umbrella      |             |                       |       |
|---------------|-------------|-----------------------|-------|
| Calendar Year | ULAE        | Inurred Losses & ALAE | Ratio |
| 2006          | \$9,252,971 | \$56,696,798          | 0.163 |
| Mean Selected |             |                       | 0.163 |

Personal Liability Umbrella Program

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Calculation of Investment Income Adjustment Factors  
Calculation of Profit Provision (Includes Domestic)

Countrywide

|     |                             |  |                   |
|-----|-----------------------------|--|-------------------|
| [1] | Required Return on Premium: |  |                   |
|     | a.                          | Target Operating Return on Surplus   | 20.0%             |
|     | b.                          | 2006 Countrywide Net Written Premium<br>[ 2006 Annual Statement; Page 6, Column 1, Line 34 ] | \$ 20,061,740,575 |
|     | c.                          | 2006 Surplus at Year-End<br>[ 2006 A.S.; P3, C 1, L 35 ]                                     | \$ 20,155,707,469 |
|     | d.                          | 2005 Surplus at Year-End<br>[ 2005 A.S.; P3, C 1, L 35 ]                                     | \$ 17,226,532,794 |
|     | e.                          | 2006 Mean Surplus<br>[ = average of (c) and (d) ]  | \$ 18,691,120,132 |
|     | f.                          | Ratio of Premium to Surplus<br>[ = (b) / (e) ]   | 1.07              |
|     | g.                          | Selected Premium-to-Surplus Ratio  | 1.07              |
|     | h.                          | Target Rate of Return as a percent of premium:<br>[ = (a) / (g) ]                            | 18.6%             |
|     | i.                          | Anticipated investment income as a percent of premium:<br>[ = [Page 2, Line 4b] ]            | 11.7%             |
|     | j.                          | Target Profit Provision:<br>[ = (h) - (i) ]  | 7.0%              |
|     | k.                          | Target Pre-tax Profit provision<br>[ = (j) / ( 1 - [Federal Income Tax Revision 35%] ) ]     | 10.7%             |
| [2] | Selected Return on Premium: |  |                   |
|     | a.                          | Selected Pre-tax Profit provision  | 10.7%             |

Personal Liability Umbrella Program

The Automobile Insurance Company of Hartford, Connecticut  
The Standard Fire Insurance Company  
Travelers Commercial Insurance Company  
The Travelers Home and Marine Insurance Company  
The Travelers Indemnity Company of America

Calculation of Investment Income Adjustment Factors  
Calculation of Investment Return

Countrywide

|     |   |    |                |
|-----|---|----|----------------|
| [1] | Total Net Subject to Investment<br>[ = [Page 4, Line 5] + [Page 3, Line 3] + [Page 2 Line 5c ]                  | \$ | 256,666,489    |
| [2] | Pre-tax Rate of Return:   |    |                |
|     | a. Net investment gain for CY 2006<br>[ 2006 Annual Statement; Page 4, Column 1, Line 11 ]                      | \$ | 2,858,067,632  |
|     | b. Assets available for investment at 12/31/2006<br>[ 2006 A.S.; P2, C 1, L 10 ]                                | \$ | 64,635,365,717 |
|     | c. Assets available for investment at 12/31/2005<br>[ 2005 A.S.; P2, C 1, L 10 ]                                | \$ | 61,739,915,457 |
|     | d. Mean assets available for investment<br>[ = average of (b) and (c) ]   | \$ | 63,187,640,587 |
|     | e. Pre-tax rate of return on assets available for investment<br>[ = (a) / (d) ]                                 |    | 4.5%           |
|     | f. Federal Income Tax Provision - Travelers   |    | 23.8%          |
|     | g. After-tax rate of return on assets available for investment<br>[ = (e) x ( 1 - (f) ) ]                       |    | 3.4%           |
| [3] | Investment Earnings on Total Net Subject to Investment  |    |                |
|     | a. Pre-tax investment earnings on total net subject to investment<br>[ = [1] x [2e] ]                           | \$ | 11,609,394     |
|     | b. After-tax investment earnings on total net subject to investment<br>[ = [1] x [2g] ]                         | \$ | 8,844,620      |
| [4] | Average Return on Premium:  |    |                |
|     | a. Average Pre-tax Return on Premium:<br>[ = [3a] / [Page 4, Line 1] ]  |    | 15.3%          |
|     | b. Average After-tax Return on Premium:<br>[ = [3b] / [Page 4, Line 1] ]  |    | 11.7%          |
| [5] | Policyholder Surplus:   |    |                |
|     | a. 2006 Direct Countrywide Earned Premium<br>[Page 4, Line 1 (2006 Annual Statement; Page 14, Col 3, Line 17) ] | \$ | 75,821,209     |
|     | b. Ratio of Premium to Surplus<br>[ = Page 1, Line f ]  |    | 1.07           |
|     | c. Policyholder Surplus<br>[ = (a) / (b) ]  | \$ | 70,641,095     |

Personal Liability Umbrella Program

The Automobile Insurance Company of Hartford, Connecticut  
The Standard Fire Insurance Company  
Travelers Commercial Insurance Company  
The Travelers Home and Marine Insurance Company  
The Travelers Indemnity Company of America

Calculation of Investment Income Adjustment Factors  
Calculation of Loss & LAE Reserve Available for Investment

Countrywide

|     |  |    |             |
|-----|--|----|-------------|
| [1] | Expected Mean Loss Reserve:  |    |             |
| a.  | Direct Countrywide loss reserve at 12/31/2006<br>[ 2006 Annual Statement; Page 14, Column 8, Line 17 ] | \$ | 185,648,770 |
| b.  | Direct Countrywide loss reserve at 12/31/2005<br>[ 2005 A.S.; P14, C 8, L 17 ]                         | \$ | 156,172,549 |
| c.  | Mean loss reserve for latest CY<br>[ = average of (a) and (b) ]  | \$ | 170,910,660 |
| [2] | Expected Mean Loss Adjustment Expense Reserve:   |    |             |
| a.  | Countrywide loss adjustment expense reserves at 12/31/2006<br>[ 2006 A.S.; P14, L 17 ]                 | \$ | 5,765,461   |
| b.  | Countrywide loss adjustment expense reserves at 12/31/2005<br>[ 2005 A.S.; P14, L 17 ]                 | \$ | 3,804,340   |
| c.  | Mean loss adjustment expense reserve for latest CY<br>[ = average of (a) and (b) ]                     | \$ | 4,784,901   |
| [3] | Expected Mean Loss and Loss Adjustment Expense Reserve<br>[ = [1c] + [2c] ]                            | \$ | 175,695,560 |

Personal Liability Umbrella Program

The Automobile Insurance Company of Hartford, Connecticut  
The Standard Fire Insurance Company  
Travelers Commercial Insurance Company  
The Travelers Home and Marine Insurance Company  
The Travelers Indemnity Company of America

Calculation of Investment Income Adjustment Factors  
Calculation of Unearned Premium Available for Investment

Countrywide

|     |  |    |                |
|-----|--|----|----------------|
| [1] | 2006 Direct Countrywide Earned Premium<br>[ 2006 Annual Statement; Page 14, Col 3, Line 17 ]   | \$ | 75,821,209     |
| [2] | Mean Unearned Premium:   |    |                |
|     | a. Direct Countrywide unearned premium reserves at 12/31/2006<br>[ 2006 A.S.; P14, C 5, L 17 ] | \$ | 43,132,014     |
|     | b. Direct Countrywide unearned premium reserves at 12/31/2005<br>[ 2005 A.S.; P14, C 5, L 17 ] | \$ | 35,329,974     |
|     | c. Mean unearned premium reserve<br>[ = average of (a) and (b) ]                               | \$ | 39,230,994     |
| [3] | Delayed premium remission:   |    |                |
|     | a. Direct countrywide Earned Premium (CY 2006)<br>[ 2006 A.S.; P 4, C 1, L 1 ]                 | \$ | 19,699,572,370 |
|     | b. Direct agents' balances at 12/31/2006<br>[ 2006 A.S.; P 2, C 3, L 13.1 and 13.2 ]           | \$ | 5,749,268,691  |
|     | c. Direct agents' balances at 12/31/2005<br>[ 2005 A.S.; P 2, C 3, L 13.1 and 13.2 ]           | \$ | 5,527,931,877  |
|     | d. Mean agents' balances<br>[ = average of (b) and (c) ]                                       | \$ | 5,638,600,284  |
|     | e. Ratio of Agents' Balances to Premium<br>[ = (d) / (a) ]                                     |    | 28.6%          |
|     | f. Deduction for delayed premium remission<br>[ = (e) * [1] ]                                  | \$ | 21,702,273     |
| [4] | Prepaid Expenses   |    |                |
|     | a. Commission and brokerage  |    | 10.5%          |
|     | b. Taxes, licenses and fees  |    | 2.6%           |
|     | c. 50% of general and other acquisition cost   |    | 5.3%           |
|     | d. Ratio of prepaid expenses to premium<br>[ = (a) + (b) + (c) ]                               |    | 18.4%          |
|     | e. Deduction for prepaid expenses<br>[ = (d) x [2c] ]  | \$ | 7,198,887      |
| [5] | Net unearned premium subject to investment<br>[ = [2c] - [3f] - [4e] ]                         | \$ | 10,329,834     |

Personal Liability Umbrella Program

The Automobile Insurance Company of Hartford, Connecticut  
The Standard Fire Insurance Company  
Travelers Commercial Insurance Company  
The Travelers Home and Marine Insurance Company  
The Travelers Indemnity Company of America

Calculation of Investment Income Adjustment Factors  
Calculation of Federal Income Tax Provision

Countrywide

Detailed below is the calculation of the federal income tax rate on net investment income earned for  
The Travelers Property Casualty Corp. for 2006

|  | (in thousands) |
|--|----------------|
| 1. Statutory net investment income           | 3,754,844      |
| 2. Tax exempt interest                       | (1,399,242)    |
| 3. 70% Dividends received deduction          | (10,812)       |
| 4. 15% Proration adj. on TEI                 | 210,110        |
| 5. Other Adjustments                         | 0              |
| 6. Taxable net investment income (1+2+3+4+5) | 2,554,900      |
| 7. Tax on net investment income (6 x .35)    | 894,215        |
| 8. FIT rate on NII (7 / 1)                   | 23.8%          |

## Personal Liability Umbrella Program

The Automobile Insurance Company of Hartford, Connecticut  
 The Standard Fire Insurance Company  
 Travelers Commercial Insurance Company  
 The Travelers Home and Marine Insurance Company  
 The Travelers Indemnity Company of America

## Current and Proposed Rates, Factors

| <u>Territory 4</u>                                  | <u>Current</u> | <u>Proposed</u> |
|---|----------------|-----------------|
| <b>Base Rates</b>                                   |                |                 |
| Standard Deductible Amounts                         | 145            | 203             |
| Optional Deductible Amounts                         | 170            | 237             |
| <b>Additional Exposure Charge</b>                   |                |                 |
| Rental Exposure<br>(including at primary residence) | 65             | 45              |
| <b>Credit for Travelers Primary<br/>Auto Policy</b> |                |                 |
|   | 40             | 80              |
| <b>Increased Limits Factors</b>                     |                |                 |
| <b>Limit</b><br>2,000,000                           | 1.75           | 1.72            |

## Personal Liability Umbrella Program

The Automobile Insurance Company of Hartford, Connecticut  
The Standard Fire Insurance Company  
Travelers Commercial Insurance Company  
The Travelers Home and Marine Insurance Company  
The Travelers Indemnity Company of America

## Summary of Proposed Changes

|   | Rate Level<br><u>Impact</u> |
|---|-----------------------------|
| <b>Base Rates</b>                                   | 28.0%                       |
| <b>Additional Exposure Charge</b>                   |                             |
| Rental Exposure<br>(including at primary residence) | -1.1%                       |
| <b>Credit for Travelers Primary<br/>Auto Policy</b> | -14.7%                      |
| <b>Increased Limits Factors</b>                     |                             |
| Limit<br>2,000,000                                  | -0.3%                       |

SERFF Tracking Number: TRVA-125737350 State: Arkansas  
First Filing Company: The Automobile Insurance Company of Hartford, State Tracking Number: EFT \$100  
Connecticut, ...  
Company Tracking Number: 2008-07-0090  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess  
Product Name: Personal Liability Umbrella  
Project Name/Number: Personal Liability Umbrella/2008-07-0090

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Filed 07/24/2008

**Comments:**

**Attachments:**

~PC TD-1.pdf  
AR PLUS RRFS-1.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document  
for OTHER than Workers' Comp **Review Status:** Filed 07/24/2008

**Bypass Reason:** n/a

**Comments:**

**Satisfied -Name:** NAIC loss cost data entry document **Review Status:** Filed 07/24/2008

**Comments:**

**Attachment:**

ArRF-1(PCRLC).pdf

## Property & Casualty Transmittal Document

|   |   |              |  |                  |  |
|---|---|--------------|--|------------------|--|
| <b>1. Reserved for Insurance Dept. Use Only</b> | <b>2. Insurance Department Use only</b><br>a. Date the filing is received:<br>b. Analyst:<br>c. Disposition:<br>d. Date of disposition of the filing:<br>e. Effective date of filing:<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> </table> f. State Filing #:<br>g. SERFF Filing #:<br>h. Subject Codes | New Business |  | Renewal Business |  |
| New Business                                    |   |              |  |                  |  |
| Renewal Business                                |   |              |  |                  |  |

|                      |                     |
|----------------------|---------------------|
| <b>3. Group Name</b> | <b>Group NAIC #</b> |
| Travelers            | 3548                |

| 4. Company Name(s)                     | Domicile | NAIC #     | FEIN #     | State # |
|--|----------|------------|------------|---------|
| The Standard Fire Insurance Co.        | CT       | 3548-19070 | 06-6033509 |         |
| The Auto Insurance Co. of Hartford, CT | CT       | 3548-19062 | 06-0848755 |         |
| The Travelers Indemnity Co of America  | CT       | 3548-25666 | 58-6020487 |         |
| The Travelers Home and Marine Ins. Co. | CT       | 3548-27998 | 35-1838079 |         |
| Travelers Commercial Ins. Co.          | CT       | 3548-36137 | 06-1286268 |         |
|  |          |            |            |         |
|  |          |            |            |         |

|                                   |              |
|-----------------------------------|--------------|
| <b>5. Company Tracking Number</b> | 2008-07-0090 |
|-----------------------------------|--------------|

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

| 6. Name and address                                    | Title              | Telephone #s   | FAX #          | e-mail                 |
|--|--------------------|----------------|----------------|------------------------|
| Ann Lavorgna<br>One Tower Square<br>Hartford, CT 06183 | Regulatory Analyst | (860) 277-5466 | (860) 277-5204 | AJLAVORG@travelers.com |
| One Tower Square<br>Hartford, CT 06183                 |                    | (860) 277-     | (860) 277-     |                        |

|  |                     |
|--|---------------------|
| 7. Signature of authorized filer         | <i>Ann Lavorgna</i> |
| 8. Please print name of authorized filer | Ann Lavorgna        |

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

|   |  |
|---|--|
| 9. Type of Insurance (TOI)  | Other Liability  |
| 10. Sub-Type of Insurance (Sub-TOI)   | Personal Umbrella and Excess   |
| 11. State Specific Product code(s) (if applicable)[See State Specific Requirements] |  |
| 12. Company Program Title (Marketing title)   | Personal Liability Umbrella (PLUS)   |
| 13. Filing Type   | <input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. Effective Date(s) Requested   | New: 10/3/08      Renewal: 11/22/08  |
| 15. Reference Filing?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| 16. Reference Organization (if applicable)  |  |
| 17. Reference Organization # & Title  |  |
| 18. Company's Date of Filing  | July 17, 2008  |
| 19. Status of filing in domicile  | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved   |

## Property & Casualty Transmittal Document—

|  |              |
|--|--------------|
| <b>20.</b> This filing transmittal is part of Company Tracking # | 2008-07-0090 |
|--|--------------|

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

Personal Liability Umbrella (PLUS)

This filing involves revisions to:

- . Base Rates
- . Rental Exposure
- . Account Credit
- . Increased Limits Factors

The rate level impact for this program is +9.4%.

An Explanatory Memorandum with exhibits is attached.

|   |
|---|
| <b>22.</b> Filing Fees (Filer must provide check # and fee amount if applicable)<br>[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.**

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

### 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.)**

|           |  |              |
|-----------|--|--------------|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b> | 2008-07-0090 |
|-----------|--|--------------|

|           |   |  |
|-----------|---|--|
| <b>2.</b> | <b>This filing corresponds to form filing number</b><br>(Company tracking number of form filing, if applicable) |  |
|-----------|---|--|

Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

|           |  |            |
|-----------|--|------------|
| <b>3.</b> | <b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b> | File & Use |
|-----------|--|------------|

|            |   |
|------------|---|
| <b>4a.</b> | <b>Rate Change by Company (As Proposed)</b> |
|------------|---|

| 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) |
|--|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| The Auto Insurance Co. of Hartford, CT |  | 9.3%                  | \$ 30,031                               | 1,183  | \$ 322,910                       | 40.2%                             | -3.0%                             |
| The Standard Fire Insurance Co.        |  | 11.6%                 | \$ 1,703                                | 64   | \$ 14,685                        | 39.4%                             | 1.8%                              |
| The Travelers Home and Marine Ins. Co. |  | 11.6%                 | \$ 705                                  | 28   | \$ 6,079                         | 31.9%                             | 2.5%                              |
| The Travelers Indemnity Co of America  |  | 10.2%                 | \$ 445                                  | 18   | \$ 4,360                         | 20.8%                             | 2.3%                              |
| Travelers Commercial Ins. Co.          |  | 0.0%                  | \$ 0                                    | 0  | \$ 0                             | 0.0%                              | 0.0%                              |
|  |  |                       |   |  |                                  |                                   |                                   |
|  |  |                       |   |  |                                  |                                   |                                   |
|  |  |                       |   |  |                                  |                                   |                                   |
|  |  |                       |   |  |                                  |                                   |                                   |

|            |  |
|------------|--|
| <b>4b.</b> | <b>Rate Change by Company (As Accepted) For State Use Only</b> |
|------------|--|

| 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 | Minimum % Change |
|--------------|--|-----------------------|---|--|----------------------------------|------------------|------------------|
|              |  |                       |   |  |                                  |                  |                  |
|              |  |                       |   |  |                                  |                  |                  |
|              |  |                       |   |  |                                  |                  |                  |
|              |  |                       |   |  |                                  |                  |                  |
|              |  |                       |   |  |                                  |                  |                  |
|              |  |                       |   |  |                                  |                  |                  |
|              |  |                       |   |  |                                  |                  |                  |
|              |  |                       |   |  |                                  |                  |                  |
|              |  |                       |   |  |                                  |                  |                  |
|              |  |                       |   |  |                                  |                  |                  |

|   |  |  |  |
|---|--|--|--|
| <b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b> |  |  |  |
|---|--|--|--|

|           |  | COMPANY USE | STATE USE |
|-----------|--|-------------|-----------|
| <b>5a</b> | <b>Overall percentage rate indication (when applicable)</b>            |             |           |
| <b>5b</b> | <b>Overall percentage rate impact for this filing</b>                  | +9.4%       |           |
| <b>5c</b> | <b>Effect of Rate Filing – Written premium change for this program</b> | \$ 32,884   |           |
| <b>5d</b> | <b>Effect of Rate Filing – Number of policyholders affected</b>        | 1,293       |           |

|           |   |            |
|-----------|---|------------|
| <b>6.</b> | <b>Overall percentage of last rate revision</b>                                       | +18.0%     |
| <b>7.</b> | <b>Effective Date of last rate revision</b>   | 5-5-06     |
| <b>8.</b> | <b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b> | File & Use |

|           |                      |
|-----------|----------------------|
| <b>9.</b> | <b>See Next Page</b> |
|-----------|----------------------|

| 9. | Rule # or Page # Submitted for Review | Replacement or withdrawn?   | Previous state filing number, if required by state |
|----|---------------------------------------|---|--|
| 01 | ExMemo/Exhibits                       | <input type="checkbox"/> New<br><input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |
| 02 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |
| 03 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |
| 04 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |
| 05 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |
| 06 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |
| 07 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |
| 08 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |
| 09 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |
| 10 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |
| 11 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |
| 12 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |
| 13 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |
| 14 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |
| 15 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |

**FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT**

|    |   |              |
|----|---|--------------|
| 1. | This filing transmittal is part of Company Tracking # | 2008-07-0090 |
|----|---|--------------|

|    |  |  |
|----|--|--|
| 2. | If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Numbe |  |
|----|--|--|

|    |    |   |    |            |                     |
|----|----|---|----|------------|---------------------|
|    |    | Company Name  |    |            | Company NAIC Number |
| 3. | A. | The Automobile Insurance Company of Hartford, Connecticut | B. | 3548-19062 |                     |

|    |    |  |    |                              |  |   |
|----|----|--|----|------------------------------|--|---|
|    |    | Product Coding Matrix Line of Business (i.e., Type of Insurance) |    |                              |  | Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance) |
| 4. | A. | Other Liability  | B. | Personal Umbrella and Excess |  |   |

| 5.                                    |  |  | FOR LOSS COSTS ONLY           |  |  |   |   |
|---------------------------------------|--|--|-------------------------------|--|--|---|---|
| (A)<br>COVERAGE<br>(See Instructions) | (B)<br>Indicated<br>% Rate<br>Level Change | (C)<br>Requested<br>% Rate<br>Level Change | (D)<br>Expected<br>Loss Ratio | (E)<br>Loss Cost<br>Modification<br>Factor | (F)<br>Selected<br>Loss Cost<br>Multiplier | (G)<br>Expense<br>Constant<br>(If Applicable) | (H)<br>Co. Current<br>Loss Cost<br>Multiplier |
| Personal Liability Umbrella Program   | 10.7%                                      | 9.3%                                       | 65.7%                         |  |  |   |   |
|                                       |  |  |                               |  |  |   |   |
|                                       |  |  |                               |  |  |   |   |
|                                       |  |  |                               |  |  |   |   |
|                                       |  |  |                               |  |  |   |   |
|                                       |  |  |                               |  |  |   |   |
|                                       |  |  |                               |  |  |   |   |
|                                       |  |  |                               |  |  |   |   |
|                                       |  |  |                               |  |  |   |   |
|                                       |  |  |                               |  |  |   |   |
|                                       |  |  |                               |  |  |   |   |
| TOTAL OVERALL EFFECT                  |  |  |                               |  |  |   |   |

| 6.   |              | 5 Year History |                |                            | Rate Change History   |                  |                         | 7.                                     |                                  |
|------|--------------|----------------|----------------|----------------------------|-----------------------|------------------|-------------------------|--|----------------------------------|
| Year | Policy Count | % of Change    | Effective Date | State Earned Premium (000) | Incurred Losses (000) | State Loss Ratio | Countrywide Loss Ratio* | Expense Constants                      | Selected Provisions              |
| 2003 | 521          | 10.1%          | 1/10/2003      | 67                         | 1,150                 | 1716.4%          | 16.8%                   | A. Total Production Expense            | 10.5%                            |
| 2004 | 661          | 15.4%          | 3/5/2004       | 101                        | 0                     | 0.0%             | 14.8%                   | B. General Expense                     | 10.5%                            |
| 2006 | 1,086        | 18.0%          | 5/5/2006       | 188                        | 0                     | 0.0%             | 15.7%                   | C. Taxes, License & Fees               | 2.6%                             |
|      |              |                |                |                            |                       |                  |                         | D. Underwriting Profit & Contingencies | 10.7%                            |
|      |              |                |                |                            |                       |                  |                         | E. Other (explain)                     | Other Acquisition included In B. |
|      |              |                |                |                            |                       |                  |                         | F. TOTAL                               | 34.3%                            |

\* Note: This is the Total Countrywide Loss Ratio for all Companies.

|     |       |   |   |
|-----|-------|---|---|
| 8.  | N     | Apply Loss Cost Factors to Future Filings? (Y or N)                           |   |
| 9.  | 40.2% | Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable) | 4 |
| 10. | -3.0% | Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable) | 4 |



**FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT**

1. This filing transmittal is part of Company Tracking # 2008-07-0090

2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number

|    |    |  |                     |
|----|----|--|---------------------|
|    |    | Company Name                           | Company NAIC Number |
| 3. | A. | Travelers Commercial Insurance Company | B. 3548-36137       |

|    |    |  |   |
|----|----|--|---|
|    |    | Product Coding Matrix Line of Business (i.e., Type of Insurance) | Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance) |
| 4. | A. | Other Liability  | B. Personal Umbrella and Excess                                       |

5.

| (A)<br>COVERAGE<br>(See Instructions) | (B)<br>Indicated<br>% Rate<br>Level Change | (C)<br>Requested<br>% Rate<br>Level Change | FOR LOSS COSTS ONLY           |  |  |   |   |  |
|---------------------------------------|--|--|-------------------------------|--|--|---|---|--|
|                                       |  |  | (D)<br>Expected<br>Loss Ratio | (E)<br>Loss Cost<br>Modification<br>Factor | (F)<br>Selected<br>Loss Cost<br>Multiplier | (G)<br>Expense<br>Constant<br>(If Applicable) | (H)<br>Co. Current<br>Loss Cost<br>Multiplier |  |
| Personal Liability Umbrella Program   | 10.7%                                      | 0.0%                                       | 65.7%                         |  |  |   |   |  |
|                                       |  |  |                               |  |  |   |   |  |
|                                       |  |  |                               |  |  |   |   |  |
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|                                       |  |  |                               |  |  |   |   |  |
| <b>TOTAL OVERALL EFFECT</b>           |  |  |                               |  |  |   |   |  |

| 6. 5 Year History |              |             | Rate Change History |                            |                       |                  |                         | 7.                                     |                                  |
|-------------------|--------------|-------------|---------------------|----------------------------|-----------------------|------------------|-------------------------|--|----------------------------------|
| Year              | Policy Count | % of Change | Effective Date      | State Earned Premium (000) | Incurred Losses (000) | State Loss Ratio | Countrywide Loss Ratio* | Expense Constants                      | Selected Provisions              |
| 2003              | 0            | 10.1%       | 1/10/2003           | 0                          | 0                     | 0.0%             | 16.8%                   | A. Total Production Expense            | 10.5%                            |
| 2004              | 0            | 15.4%       | 3/5/2004            | 0                          | 0                     | 0.0%             | 14.8%                   | B. General Expense                     | 10.5%                            |
| 2006              | 0            | 18.0%       | 5/5/2006            | 0                          | 0                     | 0.0%             | 15.7%                   | C. Taxes, License & Fees               | 2.6%                             |
|                   |              |             |                     |                            |                       |                  |                         | D. Underwriting Profit & Contingencies | 10.7%                            |
|                   |              |             |                     |                            |                       |                  |                         | E. Other (explain)                     | Other Acquisition included in B. |
|                   |              |             |                     |                            |                       |                  |                         | F. TOTAL                               | 34.3%                            |

\* Note: This is the Total Countrywide Loss Ratio for all Companies.

8.   N   Apply Loss Cost Factors to Future Filings? (Y or N)

9.   0.0%   Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):           4          

10.   0.0%   Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable):           4

**FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT**

|    |   |              |
|----|---|--------------|
| 1. | This filing transmittal is part of Company Tracking # | 2008-07-0090 |
|----|---|--------------|

|    |   |  |
|----|---|--|
| 2. | If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number |  |
|----|---|--|

|    |    |   |                     |            |
|----|----|---|---------------------|------------|
|    |    | Company Name                                  | Company NAIC Number |            |
| 3. | A. | The Travelers Home & Marine Insurance Company | B.                  | 3548-27998 |

|    |    |  |   |                              |
|----|----|--|---|------------------------------|
|    |    | Product Coding Matrix Line of Business (i.e., Type of Insurance) | Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance) |                              |
| 4. | A. | Other Liability  | B.  | Personal Umbrella and Excess |

| (A)<br>COVERAGE<br>(See Instructions) | (B)<br>Indicated<br>% Rate<br>Level Change | (C)<br>Requested<br>% Rate<br>Level Change | FOR LOSS COSTS ONLY           |  |  |   |   |  |
|---------------------------------------|--|--|-------------------------------|--|--|---|---|--|
|                                       |  |  | (D)<br>Expected<br>Loss Ratio | (E)<br>Loss Cost<br>Modification<br>Factor | (F)<br>Selected<br>Loss Cost<br>Multiplier | (G)<br>Expense<br>Constant<br>(If Applicable) | (H)<br>Co. Current<br>Loss Cost<br>Multiplier |  |
| Personal Liability Umbrella Program   | 10.7%                                      | 11.6%                                      | 65.7%                         |  |  |   |   |  |
|                                       |  |  |                               |  |  |   |   |  |
|                                       |  |  |                               |  |  |   |   |  |
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|                                       |  |  |                               |  |  |   |   |  |
|                                       |  |  |                               |  |  |   |   |  |
| TOTAL OVERALL EFFECT                  |  |  |                               |  |  |   |   |  |

| 6. 5 Year History |              |             | Rate Change History |                            |                       |                  |                         | 7.                                     |                                  |
|-------------------|--------------|-------------|---------------------|----------------------------|-----------------------|------------------|-------------------------|--|----------------------------------|
| Year              | Policy Count | % of Change | Effective Date      | State Earned Premium (000) | Incurred Losses (000) | State Loss Ratio | Countrywide Loss Ratio* | Expense Constants                      | Selected Provisions              |
| 2003              | 0            | 10.1%       | 1/10/2003           | 0                          | 0                     | 0.0%             | 16.8%                   | A. Total Production Expense            | 10.5%                            |
| 2004              | 0            | 15.4%       | 3/5/2004            | 0                          | 0                     | 0.0%             | 14.8%                   | B. General Expense                     | 10.5%                            |
| 2006              | 1            | 18.0%       | 5/5/2006            | 0                          | 0                     | 0.0%             | 15.7%                   | C. Taxes, License & Fees               | 2.6%                             |
|                   |              |             |                     |                            |                       |                  |                         | D. Underwriting Profit & Contingencies | 10.7%                            |
|                   |              |             |                     |                            |                       |                  |                         | E. Other (explain)                     | Other Acquisition included in B. |
|                   |              |             |                     |                            |                       |                  |                         | F. TOTAL                               | 34.3%                            |

\* Note: This is the Total Countrywide Loss Ratio for all Companies.

|     |       |   |   |
|-----|-------|---|---|
| 8.  | N     | Apply Loss Cost Factors to Future Filings? (Y or N)                             |   |
| 9.  | 31.9% | Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): | 4 |
| 10. | 2.5%  | Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): | 4 |

