

SERFF Tracking Number: AEXX-125679227 State: Arkansas  
Filing Company: Stonebridge Casualty Insurance Company State Tracking Number: #7010065280 \$50  
Company Tracking Number: TR AR0003723F01  
TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage  
Product Name: Travel  
Project Name/Number: Travel/TR AR0003723F01

## Filing at a Glance

Company: Stonebridge Casualty Insurance Company

Product Name: Travel SERFF Tr Num: AEXX-125679227 State: Arkansas  
TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: #7010065280 \$50  
Sub-TOI: 09.0009 Travel Coverage Co Tr Num: TR AR0003723F01 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Alexa Grissom, Betty Montesi

Author: SPI ADMSPC Disposition Date: 08/26/2008

Date Submitted: 06/03/2008 Disposition Status: Approved

Effective Date Requested (New): Effective Date (New): 08/26/2008

Effective Date Requested (Renewal): Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Travel

Project Number: TR AR0003723F01

Reference Organization:

Reference Title:

Filing Status Changed: 08/26/2008

State Status Changed: 08/26/2008

Corresponding Filing Tracking Number:

Filing Description:

Dear Commissioner Benafield Bowman:

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

The above captioned form is being filed for your review and approval. This form is new and does not replace any existing form.

This rider will be used with our Group Travel Insurance Policy, form TAHC5000GPS, et al., which was approved by your department on December 12, 2003.

SERFF Tracking Number: AEXX-125679227 State: Arkansas  
Filing Company: Stonebridge Casualty Insurance Company State Tracking Number: #7010065280 \$50  
Company Tracking Number: TR AR0003723F01  
TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage  
Product Name: Travel  
Project Name/Number: Travel/TR AR0003723F01

The Security Deposit Protection Benefits Rider is an optional benefit, which will reimburse the Insured for damages made to a property unit or an accommodation the Insured rented during a Covered Trip.

The rates for this rider have been filed under a separate cover, Company Filing #TR AR0003723R01.

All SERFF filing submission requirements have been met.

We trust with the enclosed information, you will be able to review our filing and grant an approval. If you have any questions, please contact the undersigned. Thank you in advance for your help and attention to this matter.

Sincerely,

Kimberly Taylor, AIRC, ACS

## Company and Contact

### Filing Contact Information

KIMBERLY TAYLOR,  
520 Park Avenue  
Baltimore, MD 21201

KIMTAYLOR@AEGONUSA.COM  
(410) 685-5500 [Phone]  
(410) 209-5910[FAX]

### Filing Company Information

Stonebridge Casualty Insurance Company  
100 South Third Street  
Columbus, OH 43215  
(410) 685-5500 ext. [Phone]

CoCode: 10952  
Group Code: 468  
Group Name:  
FEIN Number: 31-4423946  
-----

State of Domicile: Ohio  
Company Type:  
State ID Number:

## Filing Fees

Fee Required? Yes

SERFF Tracking Number: AEXX-125679227 State: Arkansas  
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TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage  
Product Name: Travel  
Project Name/Number: Travel/TR AR0003723F01  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: The filing fee for a rider form is \$50.00 in Arkansas. We are filing a rider form. Therefore, the filing fee is \$50.00.  
Per Company: No

*SERFF Tracking Number:*      *AEXX-125679227*                      *State:*                      *Arkansas*  
*Filing Company:*              *Stonebridge Casualty Insurance Company*      *State Tracking Number:*      *#7010065280 \$50*  
*Company Tracking Number:*      *TR AR0003723F01*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0009 Travel Coverage*  
*Product Name:*              *Travel*  
*Project Name/Number:*      *Travel/TR AR0003723F01*

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
7010065280	\$50.00	05/28/2008

SERFF Tracking Number: AEXX-125679227 State: Arkansas  
 Filing Company: Stonebridge Casualty Insurance Company State Tracking Number: #7010065280 \$50  
 Company Tracking Number: TR AR0003723F01  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage  
 Product Name: Travel  
 Project Name/Number: Travel/TR AR0003723F01

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	08/26/2008	08/26/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Alexa Grissom	06/05/2008	06/05/2008	SPI ADMSPC	06/05/2008	06/05/2008
Industry Response						

*SERFF Tracking Number:*      *AEXX-125679227*                      *State:*                      *Arkansas*  
*Filing Company:*              *Stonebridge Casualty Insurance Company*      *State Tracking Number:*      *#7010065280 \$50*  
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*Product Name:*              *Travel*  
*Project Name/Number:*      *Travel/TR AR0003723F01*

## **Disposition**

Disposition Date: 08/26/2008  
Effective Date (New): 08/26/2008  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEEX-125679227 State: Arkansas  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - REG 29 - CERT OF COMPLIANCE	Approved	Yes
Supporting Document	AR - FORM FILING ABSTRACT F-1	Approved	Yes
Supporting Document	AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03))	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Security Deposit Protection Benefits Rider	Approved	Yes

SERFF Tracking Number: AEEX-125679227 State: Arkansas  
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Company Tracking Number: TR AR0003723F01  
TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage  
Product Name: Travel  
Project Name/Number: Travel/TR AR0003723F01

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/05/2008

Submitted Date 06/05/2008

Respond By Date

Dear KIMBERLY TAYLOR,

This will acknowledge receipt of the captioned filing. Please submit the \$50.00 filing fee for a form filing. Additionally, please reply to this letter when you do so, and the filing will then be reviewed.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 06/05/2008

Submitted Date 06/05/2008

Dear Alexa Grissom,

### Comments:

Thank you for your Problem Report dated June 5, 2008. The following is in response to your comment.

### Response 1

Comments: The filing fee was mailed to your department on June 3, 2008.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

We look forward to your review of this filing and subsequent approval.

*SERFF Tracking Number:*      *AEXX-125679227*                      *State:*                      *Arkansas*  
*Filing Company:*              *Stonebridge Casualty Insurance Company*      *State Tracking Number:*      *#7010065280 \$50*  
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*Product Name:*              *Travel*  
*Project Name/Number:*      *Travel/TR AR0003723F01*

Sincerely,

Kimberly Taylor, AIRC, ACS

Sincerely,  
SPI ADMSPC

SERFF Tracking Number: AEXX-125679227 State: Arkansas  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Security Deposit Protection Benefits Rider	TAHC500 0SDPBRS		Other	New		0.00	TAHC500S DPBRS.PDF

## SECURITY DEPOSIT PROTECTION BENEFITS RIDER

This Security Deposit Protection Benefits Rider is a part of the Policy or Certificate to which it is attached. It is issued in consideration of payment of the required premium.

If the Insured rents [a property unit] [an Accommodation] and the Insured damages the real or personal property assigned to that [unit] [Accommodation] during the Covered Trip, we will reimburse the Insured [the lesser of:] [a) the cost of repairs] [or] [b) the [Actual Cash Value] [Appraised Value] of the property,] up to the amount shown in the Schedule.

Coverage is provided to the Insured occupying the [rental property unit] [Accommodation] during the Covered Trip provided the Insured is listed on the lease agreement.

**[Coverage is not provided for loss due to:**

- [(a)] [inclement weather or natural disaster;]
- [(b)] [intentional acts] [or] [gross negligence] [of the Insured];]
- [(c)] [normal wear and tear of the real or personal property assigned to the [rental unit] [Accommodation];]
- [(d)] [any damage that occurs if the Insured is in violation of the lease agreement;]
- [(e)] [loss, theft or damage to any personal effects owned by the Insured or brought on the Covered Trip by the Insured;]
- [(f)] [loss, theft or damage caused by any person other than the Insured [unless substantiated by a police report;]]

**[The Insured's Duties in the Event of a Loss:**

The Insured must:

- [1.] [take all reasonable, necessary steps to protect the property and prevent further damage to it;]
- [2.] [report the loss in writing [by] [prior to] [within 3 days of] [the Scheduled Return Date] [the completion of the Covered Trip] to the staff responsible for managing the [rental unit] [Accommodation];]
- [3.] [provide us all documentation such as the lease agreement, police report and damage estimate.]]

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter, or extend any provisions, limitations, or exclusions of the Policy except to the extent shown above.

[This Rider takes effect and ends concurrently with the Policy or Certificate to which it is attached.]

### STONEBRIDGE CASUALTY INSURANCE COMPANY



\_\_\_\_\_  
President



\_\_\_\_\_  
Secretary

*SERFF Tracking Number:*      *AEXX-125679227*                      *State:*                      *Arkansas*  
*Filing Company:*              *Stonebridge Casualty Insurance Company*      *State Tracking Number:*      *#7010065280 \$50*  
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*Product Name:*              *Travel*  
*Project Name/Number:*      *Travel/TR AR0003723F01*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: AEEX-125679227 State: Arkansas  
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TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage  
Product Name: Travel  
Project Name/Number: Travel/TR AR0003723F01

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 08/26/2008

**Comments:**

**Attachments:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
AR - NAIC FORM FILING SCHEDULE.PDF

**Satisfied -Name:** AR - REG 29 - CERT OF COMPLIANCE **Review Status:** Approved 08/26/2008

**Comments:**

**Attachment:**

AR - REG 29 - CERT OF COMPLIANCE.PDF

**Satisfied -Name:** AR - FORM FILING ABSTRACT F-1 **Review Status:** Approved 08/26/2008

**Comments:**

**Attachment:**

AR - FORM FILING ABSTRACT F-1.PDF

**Satisfied -Name:** AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03)) **Review Status:** Approved 08/26/2008

**Comments:**

**Attachment:**

AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4\_30\_03)).PDF

**Satisfied -Name:** Cover Letter **Review Status:** Approved 08/26/2008

**Comments:**

*SERFF Tracking Number:*      *AEXX-125679227*                      *State:*                      *Arkansas*  
*Filing Company:*              *Stonebridge Casualty Insurance Company*      *State Tracking Number:*      *#7010065280 \$50*  
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*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0009 Travel Coverage*  
*Product Name:*              *Travel*  
*Project Name/Number:*      *Travel/TR AR0003723F01*

**Attachment:**  
Cover Letter.PDF



## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
N/A	468

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Stonebridge Casualty Insurance Company	OH	10952	31-4423946	N/A

<b>5. Company Tracking Number</b>	TR AR0003723F01
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	KIMBERLY TAYLOR 520 Park Avenue Baltimore MD 21201	Contract Analyst	800-233-4624 Ext. 5261	410-209-5910	KIMTAYLOR@AEGONU SA.COM
7.	Signature of authorized filer				
8.	Please print name of authorized filer		KIMBERLY TAYLOR		

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

9.	Type of Insurance (TOI)	09.0 Inland Marine
10.	Sub-Type of Insurance (Sub-TOI)	09.0009 Travel Coverage
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	N/A
12.	Company Program Title (Marketing Title)	Security Deposit Protection Benefit
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New:    Upon Approval    Renewal:
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	June 3, 2008
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

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	TR AR0003723F01
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	------------------------------------------------------------------------------------------------------------------------

This rider form is being filed for your review and approval. This form is new and does not replace any existing form.

This rider will be used with our Group Travel Insurance Policy, form TAHC5000GPS, et al., which was approved by your department on December 12, 2003.

The Security Deposit Protection Benefits Rider is an optional benefit, which will reimburse the Insured for damages made to a property unit or an accommodation the Insured rented during a Covered Trip.

The rates for this rider have been filed under a separate cover, Company Filing #TR AR0003723R01.

All SERFF filing submission requirements have been met.

We trust with the enclosed information, you will be able to review our filing and grant an approval. If you have any questions, please contact the undersigned. Thank you in advance for your help and attention to this matter.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]				
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><b>Check #:</b></td> <td>7010065280</td> </tr> <tr> <td><b>Amount:</b></td> <td>\$50.00</td> </tr> </table> <p style="margin-top: 10px;">The filing fee for a rider form is \$50.00 in Arkansas. We are filing a rider form. Therefore, the filing fee is \$50.00.</p> <p style="margin-top: 20px;"><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>		<b>Check #:</b>	7010065280	<b>Amount:</b>	\$50.00
<b>Check #:</b>	7010065280				
<b>Amount:</b>	\$50.00				

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

## FORM FILING SCHEDULE

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

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	TR AR0003723F01
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	TR AR0003723R01
-----------	---------------------------------------------------------------------------------------------------------------------------	-----------------

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Security Deposit Protection Benefits Rider	TAHC5000SDPBRS	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

ARKANSAS INSURANCE DEPARTMENT  
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29  
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: Stonebridge Casualty Insurance Company  
468-10952

DESCRIPTION: Security Deposit Protection Benefits Rider

FORM NUMBER: TAHC5000SDPBR5

EDITION DATE: \_\_\_\_\_

This is to certify that the above captioned property and/or  
Casualty policy form has achieved a Flesch Reading Ease Test Score of  
40 , and complies with the requirements of Act 517  
of 1981, the Property and Casualty Insurance Policy Simplification  
Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies  
with Department Rule and Regulation 29.



\_\_\_\_\_  
Signature of Officer of Company

\_\_\_\_\_  
Assistant Secretary  
Title

If a policy is stored by a method other than the Flesch Reading  
Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)

# ARKANSAS INSURANCE DEPARTMENT

## FORM FILING ABSTRACT

**ALL QUESTIONS MUST BE ANSWERED**

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed June 3, 2008

2. Company Name(s) Stonebridge Casualty Insurance Company

Group Name N/A NAIC No. 10952 Group No. 468

3. (a) Annual Statement Line of Business Number (Page 14) 09.0 Inland Marine

(b) Class of Business Travel

© Coverages Affected Travel

4. (a) Name of Advisory Organization, if any N/A

(b) Affiliations with Advisory Organization: Member (  ) Subscriber (  )

5. Is this a reference filing? Yes (  ) No (  ) If yes, please provide the following:

(a) Name of Advisory Organization (or Affiliated Company)

(b) Date of Filing \_\_\_\_\_

© Filing Designation Number or Description \_\_\_\_\_

**PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM**

7. Has the form(s) been approved for use in your domiciliary state and/or other states?

No. This form is pending in our domiciliary state. This form has been approved in other states.

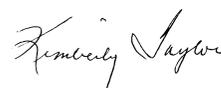
8. Is the form filed in response to or due to legislation? If so, specify legislation.

No.

9. Is the form in response to or due to recent court decisions? If so, give citation.

No.

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



\_\_\_\_\_  
**Signature**

**KIMBERLY TAYLOR**

\_\_\_\_\_  
**Title**

**(800) 233-4624, ext. 5261**

\_\_\_\_\_  
**Telephone Number**

**Page 2 of 2**

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
	Upon Approval	TAHC5000SDPBR5	Security Deposit Protection Benefits Rider – this rider is an optional benefit which will reimburse the Insured for damages made to a property unit or an accommodation the Insured rented during a Covered Trip.

**ARKANSAS CERTIFICATE OF COMPLIANCE**

*(You may print or type the information required by this form)*



I, Edward G. Weigand, Assistant Secretary of  
*(Name) (Title of Authorized Officer)*

Stonebridge Casualty Insurance Company  
*(Name of Insurer)*

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? <i>(Yes or No)</i> •	Yes
-----------------------------------------------------------------------------------------	-----

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number • TR AR0003723F01	
Signature of Authorized Officer •	
Name of Authorized Officer •	Edward G. Weigand
Title of Authorized Officer •	Assistant Secretary
Email address of Authorized Officer •	Eweigand@aegonusa.com
Telephone # of Authorized Officer •	(800) 233-4624, ext. 5265
Date •	June 3, 2008

*This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3<sup>rd</sup> St., Little Rock, AR 72201, telephone: 501-371-2800, or email: [information.pnc@state.ar.us](mailto:information.pnc@state.ar.us)*



Administrative Office | 520 Park Avenue | Baltimore | Maryland 21201-4500

June 3, 2008

Commissioner Julie Benafield Bowman  
Arkansas Department of Insurance  
Attn: Property & Casualty Division  
1200 West Third Street  
Little Rock, AR 72201-1904

**RE: Form Filing - TAHC5000SDPBRS  
Travel  
Company Filing#: TR AR0003723F01  
Stonebridge Casualty Insurance Company NAIC#: 468-10952 FEIN#: 31-4423946**

Dear Commissioner Benafield Bowman:

The above captioned form is being filed for your review and approval. This form is new and does not replace any existing form.

This rider will be used with our Group Travel Insurance Policy, form TAHC5000GPS, et al., which was approved by your department on December 12, 2003.

The Security Deposit Protection Benefits Rider is an optional benefit, which will reimburse the Insured for damages made to a property unit or an accommodation the Insured rented during a Covered Trip.

The rates for this rider have been filed under a separate cover, Company Filing #TR AR0003723R01.

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We trust with the enclosed information, you will be able to review our filing and grant an approval. If you have any questions, please contact the undersigned. Thank you in advance for your help and attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Kimberly Taylor".

Kimberly Taylor, AIRC, ACS  
Contract Analyst  
(800) 233-4624, ext. 5261  
(410) 209-5910 (Fax)  
[kimtaylor@aegonusa.com](mailto:kimtaylor@aegonusa.com) (e-mail)