

SERFF Tracking Number: AEEX-125680963 State: Arkansas
Filing Company: Stonebridge Casualty Insurance Company State Tracking Number: 2 CHECKS TOTAL \$100
Company Tracking Number: TR AR0003723R01
TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage
Product Name: Travel
Project Name/Number: Travel/TR AR0003723R01

Filing at a Glance

Company: Stonebridge Casualty Insurance Company

Product Name: Travel SERFF Tr Num: AEEX-125680963 State: Arkansas
TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: 2 CHECKS TOTAL \$100
Sub-TOI: 09.0009 Travel Coverage Co Tr Num: TR AR0003723R01 State Status: Fees verified and received
Filing Type: Rate Co Status: Reviewer(s): Alexa Grissom, Betty Montesi
Author: SPI ADMSPC Disposition Date: 08/26/2008
Date Submitted: 06/04/2008 Disposition Status: Filed
Effective Date Requested (New): Effective Date (New): 08/26/2008
Effective Date Requested (Renewal): Effective Date (Renewal):
State Filing Description:
received ck # 7010066184 and ck # 7010065281 for \$50 each. TOTAL \$100

General Information

Project Name: Travel Status of Filing in Domicile: Pending
Project Number: TR AR0003723R01 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 08/26/2008 Deemer Date:
State Status Changed: 08/26/2008
Corresponding Filing Tracking Number:
Filing Description:
Dear Commissioner Benafield Bowman:

A revised rate page, which includes the Security Deposit Protection Benefits Rider, is being filed for your review and approval. This benefit rider has been filed under a separate cover, Company Filing #: TR AR0003723F01 and SERFF Filing ID #: AEEX-125679227.

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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 original rate page was approved by your department on May 21, 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.

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
Fee Amount: \$50.00

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Retaliatory? No
Fee Explanation: The filing fee for rates is \$50.00.
Per Company: No

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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
7010065281	\$50.00	05/28/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	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 Industry Response	Alexa Grissom	06/05/2008	06/05/2008	SPI ADMSPC	06/05/2008	06/05/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
AR - NAIC P&C TRANSMITT AL DOCUMENT	Supporting Document	SPI ADMSPC	06/09/2008	06/09/2008

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 Project Name/Number: Travel/TR AR0003723R01

Disposition

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

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Stonebridge Casualty Insurance Company	%	\$		\$	%	%	%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	AR - RATE FILING ABSTRACT RF-1, AR - REFERENCE FILING ABSTRACT RF-2	Filed	Yes
Supporting Document (revised)	AR - NAIC P&C TRANSMITTAL DOCUMENT	Filed	Yes
Supporting Document	AR - NAIC P&C TRANSMITTAL DOCUMENT	Filed	Yes
Supporting Document	AR - NAIC RATE RULE FILING SCHEDULE	Filed	Yes
Supporting Document	Actuarial Memorandum	Filed	Yes
Supporting Document	Cover Letter	Filed	Yes
Rate	Rate Sheet	Filed	Yes

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Product Name: Travel
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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 \$100.00 rate filing fee and respond to this letter to advise when the funds are sent. When the fee is received the filing will 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 4, 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-125680963* *State:* *Arkansas*
Filing Company: *Stonebridge Casualty Insurance Company* *State Tracking Number:* *2 CHECKS TOTAL \$100*
Company Tracking Number: *TR AR0003723R01*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0009 Travel Coverage*
Product Name: *Travel*
Project Name/Number: *Travel/TR AR0003723R01*

Sincerely,

Kimberly Taylor

Sincerely,
SPI ADMSPC

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Product Name: Travel
Project Name/Number: Travel/TR AR0003723R01

Amendment Letter

Amendment Date:

Submitted Date: 06/09/2008

Comments:

Resubmitting P&C Transmittal Document to show additional filing fee of \$50.00 for a total filing fee of \$100.00.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: AR - NAIC P&C TRANSMITTAL DOCUMENT

Comment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

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State: Arkansas
 State Tracking Number: 2 CHECKS TOTAL \$100
 Sub-TOI: 09.0009 Travel Coverage

Rate Information

Rate data applies to filing.

Filing Method:

Prior Approval

Rate Change Type:

Overall Percentage of Last Rate Revision:

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Stonebridge Casualty Insurance Company	%	%				%	%

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Rate Sheet	TAHC5000SDP	New BRS - Rates	TAHC5000SDPBRS - Rates.PDF

**Stonebridge Casualty Insurance Company
Group Travel Insurance Policy
Policy Form TAH5000GPS**

Plan One / Premiums Breakdown By Coverage

Age	Trip Cost	Total Premium	Trip Cancellation	Trip Interruption	Trip Delay	Baggage Loss	Baggage Delay	Medical	Rental Car	Air Flight	EMT
0 - 30	0	\$12.80	\$0.00	\$0.00	\$2.92	\$3.47	\$0.75	\$2.66	\$0.79	\$0.29	\$1.92
0 - 30	500	\$18.92	\$5.26	\$1.08	\$2.69	\$3.50	\$0.69	\$2.68	\$0.80	\$0.27	\$1.94
0 - 30	1000	\$30.28	\$13.95	\$2.33	\$2.89	\$3.77	\$0.74	\$2.89	\$0.86	\$0.29	\$2.55
0 - 30	1500	\$39.54	\$21.53	\$3.60	\$2.98	\$3.88	\$0.76	\$2.98	\$0.89	\$0.29	\$2.63
0 - 30	2000	\$51.03	\$29.23	\$5.55	\$3.03	\$4.49	\$0.78	\$3.44	\$1.03	\$0.30	\$3.18
0 - 30	2500	\$65.53	\$36.89	\$7.84	\$3.06	\$5.08	\$0.79	\$3.89	\$1.16	\$0.30	\$6.52
0 - 30	3000	\$78.95	\$43.22	\$11.15	\$2.99	\$6.02	\$0.77	\$4.62	\$1.38	\$0.30	\$8.50
0 - 30	3500	\$89.43	\$51.24	\$13.22	\$3.04	\$6.12	\$0.78	\$4.69	\$1.40	\$0.30	\$8.64
0 - 30	4000	\$102.11	\$59.30	\$15.30	\$3.08	\$6.20	\$0.79	\$4.75	\$1.42	\$0.30	\$10.97
0 - 30	4500	\$112.59	\$67.41	\$17.39	\$3.11	\$6.26	\$0.80	\$4.80	\$1.43	\$0.31	\$11.09
0 - 30	5000	\$125.36	\$75.41	\$19.46	\$3.13	\$6.30	\$0.80	\$4.83	\$1.44	\$0.31	\$13.68
0 - 30	5500	\$139.34	\$85.71	\$22.12	\$3.23	\$6.51	\$0.83	\$4.99	\$1.49	\$0.32	\$14.13
0 - 30	6000	\$155.75	\$95.68	\$24.69	\$3.31	\$6.66	\$0.85	\$5.11	\$1.53	\$0.33	\$17.59
0 - 30	6500	\$168.72	\$105.50	\$27.22	\$3.37	\$6.78	\$0.86	\$5.20	\$1.55	\$0.33	\$17.90
0 - 30	7000	\$182.42	\$114.26	\$29.49	\$3.39	\$6.82	\$0.87	\$5.23	\$1.56	\$0.33	\$20.47
0 - 30	8000	\$201.59	\$128.15	\$33.07	\$3.32	\$6.69	\$0.85	\$5.13	\$1.53	\$0.33	\$22.50
0 - 30	9000	\$220.76	\$141.99	\$36.64	\$3.27	\$6.59	\$0.84	\$5.05	\$1.51	\$0.32	\$24.54
0 - 30	10000	\$242.43	\$157.40	\$40.62	\$3.26	\$6.58	\$0.84	\$5.04	\$1.51	\$0.32	\$26.86
31 - 55	0	\$13.90	\$0.00	\$0.00	\$3.10	\$3.68	\$0.80	\$3.13	\$0.84	\$0.31	\$2.04
31 - 55	500	\$24.29	\$8.85	\$1.21	\$2.88	\$3.92	\$0.74	\$3.33	\$0.90	\$0.28	\$2.17
31 - 55	1000	\$35.90	\$17.48	\$2.39	\$2.84	\$3.88	\$0.73	\$3.29	\$0.89	\$0.28	\$4.10
31 - 55	1500	\$48.00	\$27.17	\$3.88	\$2.95	\$4.19	\$0.76	\$3.56	\$0.96	\$0.29	\$4.25
31 - 55	2000	\$62.32	\$37.03	\$5.51	\$3.01	\$4.46	\$0.77	\$3.79	\$1.02	\$0.30	\$6.41
31 - 55	2500	\$76.42	\$47.23	\$7.87	\$3.07	\$5.10	\$0.79	\$4.33	\$1.17	\$0.30	\$6.54
31 - 55	3000	\$92.02	\$55.52	\$11.24	\$3.01	\$6.07	\$0.77	\$5.16	\$1.39	\$0.30	\$8.57
31 - 55	3500	\$103.15	\$64.78	\$13.11	\$3.01	\$6.07	\$0.77	\$5.16	\$1.39	\$0.30	\$8.57
31 - 55	4000	\$114.37	\$73.91	\$14.96	\$3.01	\$6.06	\$0.77	\$5.15	\$1.39	\$0.30	\$8.83
31 - 55	4500	\$128.62	\$83.96	\$16.99	\$3.04	\$6.12	\$0.78	\$5.20	\$1.40	\$0.30	\$10.83
31 - 55	5000	\$143.04	\$93.79	\$18.98	\$3.05	\$6.15	\$0.78	\$5.23	\$1.41	\$0.30	\$13.34
31 - 55	5500	\$161.67	\$108.09	\$21.88	\$3.20	\$6.44	\$0.82	\$5.47	\$1.48	\$0.32	\$13.98
31 - 55	6000	\$176.22	\$117.73	\$23.83	\$3.19	\$6.43	\$0.82	\$5.47	\$1.47	\$0.32	\$16.97
31 - 55	6500	\$192.35	\$130.48	\$26.41	\$3.27	\$6.58	\$0.84	\$5.59	\$1.51	\$0.32	\$17.36
31 - 55	7000	\$209.20	\$142.14	\$28.77	\$3.30	\$6.66	\$0.85	\$5.66	\$1.53	\$0.33	\$19.97
31 - 55	8000	\$232.17	\$159.80	\$32.34	\$3.25	\$6.55	\$0.83	\$5.57	\$1.50	\$0.32	\$22.01
31 - 55	9000	\$257.64	\$179.15	\$36.26	\$3.24	\$6.52	\$0.83	\$5.55	\$1.50	\$0.32	\$24.28
31 - 55	10000	\$280.62	\$196.73	\$39.82	\$3.20	\$6.45	\$0.82	\$5.48	\$1.48	\$0.32	\$26.33
56 - 70	0	\$16.44	\$0.00	\$0.00	\$3.03	\$3.30	\$0.75	\$5.93	\$0.79	\$0.36	\$2.27
56 - 70	500	\$29.11	\$13.99	\$1.69	\$2.48	\$2.70	\$0.62	\$4.85	\$0.65	\$0.29	\$1.85
56 - 70	1000	\$47.46	\$29.02	\$3.42	\$2.51	\$2.74	\$0.63	\$4.91	\$0.66	\$0.30	\$3.28
56 - 70	1500	\$66.20	\$44.22	\$5.56	\$2.50	\$2.97	\$0.62	\$5.33	\$0.71	\$0.30	\$4.00
56 - 70	2000	\$88.63	\$60.08	\$8.94	\$2.49	\$3.57	\$0.62	\$6.42	\$0.86	\$0.30	\$5.35
56 - 70	2500	\$107.42	\$74.86	\$11.90	\$2.48	\$3.81	\$0.62	\$6.84	\$0.91	\$0.29	\$5.70
56 - 70	3000	\$130.25	\$89.20	\$16.47	\$2.46	\$4.39	\$0.61	\$7.89	\$1.05	\$0.29	\$7.89
56 - 70	3500	\$148.60	\$104.58	\$19.31	\$2.48	\$4.41	\$0.62	\$7.93	\$1.06	\$0.29	\$7.93
56 - 70	4000	\$171.13	\$124.42	\$22.03	\$2.47	\$4.41	\$0.62	\$7.91	\$1.06	\$0.29	\$7.91
56 - 70	4500	\$193.35	\$143.13	\$24.84	\$2.48	\$4.41	\$0.62	\$7.93	\$1.06	\$0.29	\$8.59
56 - 70	5000	\$215.17	\$159.90	\$27.75	\$2.49	\$4.44	\$0.62	\$7.97	\$1.06	\$0.30	\$10.63
56 - 70	5500	\$238.83	\$179.57	\$31.16	\$2.54	\$4.53	\$0.63	\$8.14	\$1.09	\$0.30	\$10.86
56 - 70	6000	\$260.43	\$196.72	\$34.14	\$2.55	\$4.55	\$0.64	\$8.18	\$1.09	\$0.30	\$12.26
56 - 70	6500	\$279.09	\$212.67	\$36.91	\$2.55	\$4.54	\$0.63	\$8.16	\$1.09	\$0.30	\$12.24
56 - 70	7000	\$300.69	\$229.83	\$39.89	\$2.56	\$4.56	\$0.64	\$8.19	\$1.09	\$0.30	\$13.64
56 - 70	8000	\$333.02	\$257.86	\$44.75	\$2.51	\$4.47	\$0.63	\$8.04	\$1.07	\$0.30	\$13.40
56 - 70	9000	\$372.53	\$286.23	\$49.68	\$2.48	\$4.41	\$0.62	\$7.93	\$1.06	\$0.29	\$19.83
56 - 70	10000	\$417.04	\$318.48	\$55.27	\$2.48	\$4.42	\$0.62	\$7.94	\$1.06	\$0.29	\$26.47
71 - 80	0	\$25.04	\$0.00	\$0.00	\$1.53	\$2.03	\$0.45	\$7.81	\$0.47	\$0.30	\$12.46
71 - 80	500	\$38.58	\$25.40	\$1.60	\$1.35	\$1.62	\$0.40	\$6.25	\$0.37	\$0.27	\$1.33
71 - 80	1000	\$66.67	\$50.11	\$3.47	\$1.33	\$1.76	\$0.39	\$6.78	\$0.41	\$0.26	\$2.16
71 - 80	1500	\$94.92	\$74.53	\$5.63	\$1.32	\$1.90	\$0.39	\$7.33	\$0.44	\$0.26	\$3.12
71 - 80	2000	\$123.31	\$98.73	\$7.77	\$1.31	\$1.97	\$0.39	\$7.59	\$0.46	\$0.26	\$4.84
71 - 80	2500	\$151.92	\$122.63	\$10.81	\$1.30	\$2.19	\$0.39	\$8.44	\$0.51	\$0.26	\$5.39
71 - 80	3000	\$185.22	\$145.67	\$15.60	\$1.29	\$2.63	\$0.38	\$10.15	\$0.61	\$0.25	\$8.64
71 - 80	3500	\$212.59	\$167.75	\$19.41	\$1.30	\$2.81	\$0.38	\$10.82	\$0.65	\$0.26	\$9.21
71 - 80	4000	\$241.10	\$191.29	\$22.13	\$1.29	\$2.80	\$0.38	\$10.80	\$0.65	\$0.26	\$11.49
71 - 80	4500	\$272.10	\$216.83	\$25.08	\$1.30	\$2.82	\$0.39	\$10.88	\$0.65	\$0.26	\$13.89
71 - 80	5000	\$304.09	\$245.99	\$27.89	\$1.30	\$2.83	\$0.39	\$10.89	\$0.65	\$0.26	\$13.90
71 - 80	5500	\$345.29	\$279.90	\$31.73	\$1.35	\$2.92	\$0.40	\$11.26	\$0.68	\$0.27	\$16.77
71 - 80	6000	\$381.04	\$310.42	\$35.19	\$1.37	\$2.97	\$0.41	\$11.45	\$0.69	\$0.27	\$18.27
71 - 80	6500	\$416.05	\$336.38	\$38.13	\$1.37	\$2.97	\$0.41	\$11.45	\$0.69	\$0.27	\$24.37
71 - 80	7000	\$447.46	\$361.90	\$41.03	\$1.37	\$2.97	\$0.41	\$11.44	\$0.69	\$0.27	\$27.39
71 - 80	8000	\$510.60	\$418.17	\$47.41	\$1.38	\$3.00	\$0.41	\$11.57	\$0.69	\$0.27	\$27.69
71 - 80	9000	\$571.24	\$472.46	\$53.56	\$1.39	\$3.02	\$0.41	\$11.62	\$0.70	\$0.27	\$27.81
71 - 80	10000	\$621.88	\$518.45	\$58.77	\$1.37	\$2.98	\$0.41	\$11.47	\$0.69	\$0.27	\$27.46
81+	0	\$35.57	\$0.00	\$0.00	\$1.45	\$2.99	\$0.64	\$11.56	\$0.69	\$0.31	\$17.92
81+	500	\$67.41	\$39.21	\$2.47	\$1.33	\$2.74	\$0.59	\$10.59	\$0.64	\$0.29	\$9.57
81+	1000	\$106.56	\$71.79	\$4.52	\$1.21	\$2.51	\$0.54	\$9.69	\$0.58	\$0.26	\$15.46
81+	1500	\$143.54	\$106.18	\$6.98	\$1.20	\$2.58	\$0.53	\$9.97	\$0.60	\$0.26	\$15.24
81+	2000	\$185.62	\$139.11	\$9.52	\$1.18	\$2.64	\$0.52	\$10.21	\$0.61	\$0.25	\$21.58
81+	2500	\$228.53	\$175.97	\$13.49	\$1.19	\$2.99	\$0.53	\$11.57	\$0.69	\$0.26	\$21.84
81+	3000	\$272.97	\$205.95	\$19.17	\$1.16	\$3.55	\$0.52	\$13.70	\$0.82	\$0.25	\$27.86
81+	3500	\$315.04	\$243.79	\$22.69	\$1.18	\$3.60	\$0.52	\$13.90	\$0.83	\$0.25	\$28.27
81+	4000	\$362.29	\$280.29	\$26.09	\$1.18	\$3.62	\$0.53	\$13.98	\$0.84	\$0.26	\$35.50
81+	4500	\$406.85	\$320.26	\$29.81	\$1.20	\$3.68	\$0.53	\$14.20	\$0.85	\$0.26	\$36.05
81+	5000	\$456.85	\$358.41	\$33.36	\$1.21	\$3.70	\$0.54	\$14.30	\$0.86	\$0.26	\$44.20
81+	5500	\$523.58	\$424.06	\$35.89	\$1.18	\$3.62	\$0.53	\$13.99	\$0.84	\$0.26	\$43.22
81+	6000	\$572.04	\$462.53	\$39.14	\$1.18	\$3.62	\$0.53	\$13.98	\$0.84	\$0.26	\$49.96
81+	6500	\$617.94	\$504.42	\$42.69	\$1.19	\$3.64	\$0.53	\$14.08	\$0.84	\$0.26	\$50.29
81+	7000	\$671.40	\$546.95	\$46.29	\$1.20	\$3.67	\$0.53	\$14.17	\$0.85	\$0.26	\$57.47
81+	8000	\$760.03	\$624.68	\$51.92	\$1.18	\$3.60	\$0.52	\$13.91	\$0.83	\$0.25	\$63.12
81+	9000	\$849.92	\$701.62	\$58.32	\$1.18	\$3.60	\$0.52	\$13.89	\$0.83	\$0.25	\$69.72
81+	10000	\$939.82	\$778.55	\$64.71	\$1.17	\$3.59	\$0.52	\$13.87	\$0.83	\$0.25	\$76.32

**Stonebridge Casualty Insurance Company
Group Travel Insurance Policy
Policy Form TAHC5000GPS**

Plan Two / Premiums Breakdown By Coverage

Age	Trip Cost	Total Premium	Trip Cancellation	Trip Interruption	Trip Delay	Baggage Loss	Baggage Delay	Medical	Rental Car	Air Flight	EMT
0 - 30	0	\$18.17	\$0.00	\$0.00	\$3.82	\$5.21	\$0.98	\$3.25	\$1.19	\$0.38	\$3.33
0 - 30	500	\$25.45	\$8.38	\$1.22	\$3.14	\$4.29	\$0.81	\$3.57	\$0.98	\$0.31	\$2.74
0 - 30	1000	\$42.46	\$19.47	\$3.34	\$3.22	\$4.39	\$0.83	\$3.66	\$1.01	\$0.32	\$6.24
0 - 30	1500	\$58.75	\$31.26	\$5.59	\$3.44	\$4.90	\$0.88	\$4.52	\$1.12	\$0.34	\$6.68
0 - 30	2000	\$77.01	\$45.04	\$8.73	\$3.36	\$5.18	\$0.86	\$4.78	\$1.19	\$0.33	\$7.55
0 - 30	2500	\$94.19	\$57.01	\$11.90	\$3.40	\$5.65	\$0.87	\$5.50	\$1.29	\$0.34	\$8.23
0 - 30	3000	\$113.58	\$70.42	\$16.43	\$3.32	\$5.91	\$0.85	\$5.75	\$1.35	\$0.33	\$9.23
0 - 30	3500	\$133.45	\$83.22	\$20.71	\$3.36	\$6.38	\$0.86	\$6.48	\$1.46	\$0.33	\$10.63
0 - 30	4000	\$151.71	\$98.30	\$23.51	\$3.33	\$6.32	\$0.86	\$6.42	\$1.45	\$0.33	\$11.19
0 - 30	4500	\$168.89	\$111.44	\$26.65	\$3.36	\$6.37	\$0.86	\$6.48	\$1.46	\$0.33	\$11.94
0 - 30	5000	\$186.15	\$124.80	\$29.72	\$3.38	\$6.40	\$0.87	\$6.52	\$1.47	\$0.33	\$12.67
0 - 30	5500	\$205.84	\$139.71	\$33.27	\$3.44	\$6.52	\$0.88	\$6.62	\$1.49	\$0.34	\$13.57
0 - 30	6000	\$223.54	\$151.83	\$36.21	\$3.43	\$6.50	\$0.88	\$6.61	\$1.49	\$0.34	\$16.25
0 - 30	6500	\$241.30	\$164.07	\$39.13	\$3.42	\$6.48	\$0.88	\$6.59	\$1.49	\$0.34	\$18.91
0 - 30	7000	\$262.90	\$175.57	\$44.49	\$3.40	\$6.85	\$0.87	\$6.96	\$1.57	\$0.34	\$22.85
0 - 30	8000	\$300.42	\$202.87	\$51.41	\$3.43	\$6.92	\$0.88	\$7.04	\$1.59	\$0.34	\$25.95
0 - 30	9000	\$335.26	\$228.32	\$57.86	\$3.44	\$6.93	\$0.88	\$7.04	\$1.59	\$0.34	\$28.87
0 - 30	10000	\$370.28	\$253.96	\$64.35	\$3.44	\$6.93	\$0.88	\$7.05	\$1.59	\$0.34	\$31.75
31 - 55	0	\$19.17	\$0.00	\$0.00	\$4.03	\$5.49	\$1.04	\$3.43	\$1.26	\$0.40	\$3.52
31 - 55	500	\$29.71	\$9.69	\$1.30	\$3.35	\$4.57	\$0.86	\$3.81	\$1.05	\$0.33	\$4.76
31 - 55	1000	\$51.59	\$26.78	\$3.60	\$3.47	\$4.73	\$0.89	\$3.94	\$1.08	\$0.34	\$6.73
31 - 55	1500	\$66.62	\$38.58	\$5.41	\$3.33	\$4.74	\$0.86	\$4.38	\$1.09	\$0.33	\$7.90
31 - 55	2000	\$91.35	\$57.11	\$8.35	\$3.34	\$4.95	\$0.86	\$4.57	\$1.13	\$0.33	\$10.72
31 - 55	2500	\$112.91	\$70.91	\$11.61	\$3.32	\$5.51	\$0.85	\$5.36	\$1.26	\$0.33	\$13.77
31 - 55	3000	\$141.32	\$89.71	\$17.51	\$3.32	\$6.29	\$0.85	\$6.13	\$1.44	\$0.33	\$15.73
31 - 55	3500	\$167.62	\$107.89	\$22.38	\$3.42	\$6.89	\$0.88	\$7.00	\$1.58	\$0.34	\$17.23
31 - 55	4000	\$193.03	\$127.25	\$25.36	\$3.38	\$6.82	\$0.87	\$6.92	\$1.56	\$0.33	\$20.53
31 - 55	4500	\$216.07	\$145.82	\$29.06	\$3.45	\$6.94	\$0.89	\$7.07	\$1.59	\$0.34	\$20.91
31 - 55	5000	\$240.64	\$162.28	\$32.20	\$3.44	\$6.94	\$0.88	\$7.06	\$1.59	\$0.34	\$25.90
31 - 55	5500	\$263.68	\$180.98	\$35.91	\$3.49	\$7.03	\$0.90	\$7.15	\$1.61	\$0.34	\$26.26
31 - 55	6000	\$288.27	\$196.71	\$39.10	\$3.48	\$7.02	\$0.89	\$7.14	\$1.61	\$0.34	\$31.98
31 - 55	6500	\$306.31	\$211.99	\$42.13	\$3.47	\$6.98	\$0.89	\$7.09	\$1.60	\$0.34	\$31.81
31 - 55	7000	\$328.05	\$226.61	\$45.04	\$3.44	\$6.94	\$0.88	\$7.05	\$1.59	\$0.34	\$36.16
31 - 55	8000	\$366.65	\$254.12	\$51.52	\$3.44	\$6.93	\$0.88	\$7.05	\$1.59	\$0.34	\$40.77
31 - 55	9000	\$415.38	\$291.75	\$57.99	\$3.45	\$6.94	\$0.88	\$7.06	\$1.59	\$0.34	\$45.38
31 - 55	10000	\$459.10	\$327.69	\$65.13	\$3.48	\$7.01	\$0.89	\$7.13	\$1.61	\$0.34	\$45.82
56 - 70	0	\$27.15	\$0.00	\$0.00	\$2.90	\$3.45	\$0.72	\$3.41	\$0.83	\$0.34	\$15.49
56 - 70	500	\$41.60	\$23.30	\$1.22	\$2.81	\$3.34	\$0.70	\$6.66	\$0.80	\$0.33	\$2.43
56 - 70	1000	\$67.13	\$45.22	\$4.79	\$2.73	\$3.24	\$0.68	\$6.46	\$0.78	\$0.32	\$2.91
56 - 70	1500	\$92.42	\$67.32	\$7.13	\$2.71	\$3.22	\$0.67	\$6.44	\$0.77	\$0.32	\$3.85
56 - 70	2000	\$117.43	\$89.88	\$9.54	\$2.71	\$3.22	\$0.68	\$6.44	\$0.77	\$0.32	\$3.86
56 - 70	2500	\$145.58	\$113.23	\$13.03	\$2.73	\$3.52	\$0.68	\$7.01	\$0.84	\$0.32	\$4.21
56 - 70	3000	\$177.79	\$135.69	\$18.55	\$2.73	\$4.19	\$0.68	\$8.35	\$1.00	\$0.32	\$6.27
56 - 70	3500	\$203.00	\$157.92	\$21.59	\$2.72	\$4.18	\$0.68	\$8.33	\$1.00	\$0.32	\$6.25
56 - 70	4000	\$231.97	\$179.80	\$26.18	\$2.71	\$4.43	\$0.68	\$8.83	\$1.06	\$0.32	\$7.96
56 - 70	4500	\$262.24	\$205.82	\$29.97	\$2.76	\$4.51	\$0.69	\$8.99	\$1.08	\$0.33	\$8.10
56 - 70	5000	\$288.52	\$226.12	\$32.91	\$2.73	\$4.46	\$0.68	\$8.89	\$1.07	\$0.32	\$11.34
56 - 70	5500	\$323.82	\$249.46	\$37.41	\$2.74	\$4.61	\$0.68	\$13.71	\$1.10	\$0.32	\$13.79
56 - 70	6000	\$363.69	\$271.03	\$45.19	\$2.73	\$4.86	\$0.68	\$14.46	\$1.16	\$0.32	\$23.26
56 - 70	6500	\$391.18	\$295.53	\$49.27	\$2.74	\$4.89	\$0.68	\$10.23	\$1.17	\$0.33	\$26.34
56 - 70	7000	\$425.83	\$319.99	\$53.32	\$2.76	\$4.91	\$0.69	\$10.29	\$1.18	\$0.33	\$32.37
56 - 70	8000	\$476.64	\$363.81	\$60.59	\$2.74	\$4.89	\$0.68	\$10.23	\$1.17	\$0.33	\$32.20
56 - 70	9000	\$533.36	\$409.79	\$68.32	\$2.75	\$4.89	\$0.68	\$10.25	\$1.17	\$0.33	\$35.17
56 - 70	10000	\$590.04	\$455.84	\$75.95	\$2.75	\$4.90	\$0.68	\$10.26	\$1.17	\$0.33	\$38.15
71 - 80	0	\$32.98	\$0.00	\$0.00	\$1.91	\$2.65	\$0.57	\$5.18	\$0.61	\$0.38	\$21.69
71 - 80	500	\$51.71	\$35.92	\$1.52	\$1.48	\$2.04	\$0.44	\$7.88	\$0.47	\$0.29	\$1.68
71 - 80	1000	\$90.44	\$69.90	\$5.84	\$1.44	\$1.99	\$0.43	\$7.66	\$0.46	\$0.28	\$2.45
71 - 80	1500	\$133.52	\$107.07	\$8.97	\$1.41	\$2.04	\$0.42	\$7.85	\$0.47	\$0.28	\$5.01
71 - 80	2000	\$172.28	\$142.14	\$11.91	\$1.40	\$2.03	\$0.42	\$7.82	\$0.47	\$0.28	\$5.82
71 - 80	2500	\$216.12	\$175.37	\$17.14	\$1.39	\$2.34	\$0.41	\$9.10	\$0.54	\$0.27	\$9.58
71 - 80	3000	\$268.89	\$212.54	\$25.48	\$1.40	\$2.87	\$0.42	\$11.15	\$0.66	\$0.28	\$14.09
71 - 80	3500	\$308.64	\$246.15	\$29.51	\$1.39	\$2.84	\$0.41	\$11.08	\$0.66	\$0.27	\$16.32
71 - 80	4000	\$357.37	\$289.14	\$33.34	\$1.37	\$2.81	\$0.41	\$10.95	\$0.65	\$0.27	\$18.43
71 - 80	4500	\$402.66	\$327.36	\$37.75	\$1.38	\$2.83	\$0.41	\$11.14	\$0.65	\$0.27	\$20.87
71 - 80	5000	\$453.07	\$369.49	\$43.07	\$1.40	\$2.87	\$0.42	\$11.31	\$0.66	\$0.28	\$23.56
71 - 80	5500	\$493.36	\$403.67	\$47.06	\$1.39	\$2.85	\$0.41	\$11.30	\$0.66	\$0.28	\$25.74
71 - 80	6000	\$538.71	\$441.82	\$51.77	\$1.40	\$2.86	\$0.42	\$11.34	\$0.66	\$0.28	\$28.17
71 - 80	6500	\$583.98	\$480.12	\$56.25	\$1.40	\$2.87	\$0.42	\$11.36	\$0.66	\$0.28	\$30.61
71 - 80	7000	\$624.25	\$514.30	\$60.26	\$1.39	\$2.86	\$0.41	\$11.30	\$0.66	\$0.28	\$32.79
71 - 80	8000	\$719.76	\$595.08	\$71.68	\$1.41	\$2.89	\$0.42	\$11.77	\$0.67	\$0.28	\$35.57
71 - 80	9000	\$804.58	\$668.69	\$80.57	\$1.41	\$2.89	\$0.42	\$11.76	\$0.67	\$0.28	\$37.90
71 - 80	10000	\$889.34	\$742.38	\$89.33	\$1.41	\$2.89	\$0.42	\$11.74	\$0.67	\$0.28	\$40.23
81+	0	\$50.03	\$0.00	\$0.00	\$1.73	\$3.58	\$0.77	\$10.63	\$0.83	\$0.37	\$32.13
81+	500	\$86.01	\$65.28	\$2.87	\$1.34	\$2.76	\$0.59	\$8.21	\$0.64	\$0.29	\$4.03
81+	1000	\$155.09	\$128.64	\$5.66	\$1.32	\$2.72	\$0.58	\$8.08	\$0.63	\$0.28	\$7.17
81+	1500	\$216.98	\$184.97	\$8.49	\$1.26	\$2.72	\$0.56	\$8.09	\$0.63	\$0.27	\$9.99
81+	2000	\$288.89	\$249.70	\$11.93	\$1.28	\$2.87	\$0.57	\$8.53	\$0.67	\$0.28	\$13.06
81+	2500	\$364.22	\$315.16	\$16.87	\$1.29	\$3.25	\$0.57	\$9.65	\$0.75	\$0.28	\$16.41
81+	3000	\$443.56	\$380.33	\$24.72	\$1.30	\$3.96	\$0.58	\$11.78	\$0.92	\$0.28	\$19.70
81+	3500	\$518.12	\$447.04	\$29.06	\$1.31	\$3.99	\$0.58	\$11.87	\$0.93	\$0.28	\$23.07
81+	4000	\$592.68	\$513.79	\$33.40	\$1.31	\$4.02	\$0.58	\$11.93	\$0.93	\$0.28	\$26.43
81+	4500	\$673.17	\$587.97	\$37.10	\$1.30	\$3.97	\$0.58	\$11.79	\$0.92	\$0.28	\$29.27
81+	5000	\$752.79	\$660.97	\$40.92	\$1.29	\$3.94	\$0.57	\$11.70	\$0.91	\$0.28	\$32.22
81+	5500	\$824.47	\$723.03	\$44.76	\$1.28	\$3.91	\$0.57	\$11.63	\$0.91	\$0.28	\$38.11
81+	6000	\$904.30	\$799.37	\$48.56	\$1.27	\$3.89	\$0.57	\$11.57	\$0.90	\$0.27	\$37.90
81+	6500	\$971.88	\$856.81	\$52.05	\$1.26	\$3.85	\$0.56	\$11.45	\$0.89	\$0.27	\$44.74
81+	7000	\$1,041.87	\$922.78	\$56.06	\$1.26	\$3.85	\$0.56	\$11.45	\$0.89	\$0.27	\$44.75
81+	8000	\$1,173.92	\$1,042.54	\$63.33	\$1.25	\$3.81	\$0.55	\$11.32	\$0.88	\$0.27	\$49.97
81+	9000	\$1,311.76	\$1,165.48	\$70.80	\$1.24	\$3.78	\$0.55	\$11.24	\$0.88	\$0.27	\$57.52
81+	10000	\$1,447.95	\$1,290.96	\$78.42	\$1.23	\$3.77	\$0.55	\$11.21	\$0.87	\$0.27	\$60.66

**Stonebridge Casualty Insurance Company
Group Travel Insurance Policy
Policy Form TAHC5000GPS**

For trip costs over \$10,000, add the following premium to the above rates:

Age	Plan One Add'l % Premium	Plan Two Add'l % Premium
0 - 30	4.0%	5.5%
31 - 55	4.5%	7.0%
56 - 70	6.0%	9.0%
71 - 80	9.0%	12.0%
81+	12.0%	18.5%

For trip lengths of 31 or more days, add the following premium to the above rates:

Age	Plan One Add'l \$ Premium	Plan Two Add'l \$ Premium
0 - 30	\$ 3.50	\$ 5.00
31 - 55	\$ 4.00	\$ 6.00
56 - 70	\$ 5.00	\$ 7.00
71 - 80	\$ 6.00	\$ 7.00
81+	\$ 7.00	\$ 8.00

If Mechanical Breakdown coverage is required, add the following per day premium to the above rates:

Age	Plan One Add'l \$ Premium	Plan Two Add'l \$ Premium
All	\$ 5.00	\$ 5.00

If rated as an Annual Plan, the Annual Plan Rate = 2.5 x Base Rate.

If Security Deposit Protection is provided, add the following single premium to the above rates:

Age	Plan One Add'l \$ Premium	Plan Two Add'l \$ Premium
All	\$ 23.97	\$ 23.97

SERFF Tracking Number: AEX-125680963 State: Arkansas
Filing Company: Stonebridge Casualty Insurance Company State Tracking Number: 2 CHECKS TOTAL \$100
Company Tracking Number: TR AR0003723R01
TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage
Product Name: Travel
Project Name/Number: Travel/TR AR0003723R01

Supporting Document Schedules

Satisfied -Name: AR - RATE FILING ABSTRACT
RF-1, AR - REFERENCE FILING
ABSTRACT RF-2 **Review Status:**
Filed 08/26/2008

Comments:

Attachments:

AR - RATE FILING ABSTRACT RF-1.PDF
AR - REFERENCE FILING ABSTRACT RF-2.PDF

Satisfied -Name: AR - NAIC P&C TRANSMITTAL
DOCUMENT **Review Status:**
Filed 08/26/2008

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: AR - NAIC RATE RULE FILING
SCHEDULE **Review Status:**
Filed 08/26/2008

Comments:

Attachment:

AR - NAIC RATE RULE FILING SCHEDULE.PDF

Satisfied -Name: Actuarial Memorandum **Review Status:**
Filed 08/26/2008

Comments:

Attachment:

Actuarial Memorandum.PDF

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

Comments:

Attachment:

SERFF Tracking Number: *AEXX-125680963* *State:* *Arkansas*
Filing Company: *Stonebridge Casualty Insurance Company* *State Tracking Number:* *2 CHECKS TOTAL \$100*
Company Tracking Number: *TR AR0003723R01*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0009 Travel Coverage*
Product Name: *Travel*
Project Name/Number: *Travel/TR AR0003723R01*

Cover Letter.PDF

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

1.	This filing transmittal is part of Company Tracking #	TR AR0003723R01
2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	N/A

Company Name		Company NAIC Number	
3.	A. Stonebridge Casualty Insurance Company	B.	468-10952

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. 09.0 Inland Marine	B.	09.0009 Travel Coverage

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL OVERALL EFFECT							

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

7.

Expense Constants	Selected Provisions
A. Total Production Expense	N/A
B. General Expense	N/A
C. Taxes, License & Fees	N/A
D. Underwriting Profit & Contingencies	N/A
E. Other (explain)	N/A
F. TOTAL	N/A

8. Apply Lost Cost Factors to Future filings? (Y or N) N/A
9. Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): N/A
10. Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): N/A

**FORM RF2- Reference filing abstract NAIC LOSS COST FILING DOCUMENT—OTHER THAN
WORKERS' COMPENSATION**

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	TR AR0003723R01
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	TR AR0003723F01

- Loss Cost Reference Filing** N/A _____
(Advisory Org. & Reference filing #)
- Independent Rate Filing**

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

<input type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. Note: Some states have statutes that prohibit this option for some lines of business.
<input type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: _____

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (Check One):

- Without Modification (factor = 1.000)
- With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) _____

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-8 BELOW.

4. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.

		Selected Provisions
A.	Total Production Expense	%
B.	General Expense	%
C.	Taxes, Licenses & Fee	%
D.	Underwriting profit & Contingencies (explain how investment income is taken into account)	%
E.	Other (explain)	%
F.	Total	%

5.	A.	Expected Loss Ratio: ELR = 100% - 4F = A		%
	B.	ELR in Decimal Form =		
6.		Company Formula Loss Cost Multiplier (3B/5B)		
7.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)		
8.		Rate Level Change for the coverage(s) to which this page applies		

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only 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: 60%; 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					

3. Group Name	Group NAIC #
N/A	468

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

5. Company Tracking Number	TR AR0003723R01
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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]	
12.	Company Program Title (Marketing Title)	Security Deposit Protection Benefit
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input 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 4, 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

20.	This filing transmittal is part of Company Tracking #	TR AR0003723R01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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A revised rate page, which includes the Security Deposit Protection Benefits Rider, is being filed for your review and approval. This benefit rider has been filed under a separate cover, Company Filing #: TR AR0003723F01 and SERFF Filing ID #: AEEEX-125679227.

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 original rate page was approved by your department on May 21, 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.

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.

22.	<p>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]</p> <p>Check #: 7010065281 & 7010066184 Amount: \$50.00 & \$50.00</p> <p>The filing fee for rates is \$100.00.</p> <p style="text-align: center;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>
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***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PROPERTY & CASUALTY 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 #	TR AR0003723R01
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	TR AR0003723F01
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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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)
Stonebridge Casualty Insurance Company	0	0	\$23.97	0	0	0	0

4b. Rate Change by Company (As Accepted) For State Use Only							
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)

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate indication(when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing - Number of policyholders affected		

6.	Overall percentage of last rate revision	
7.	Effective Date of last rate revision	
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	TAHC5000SDPBRS - Rates	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	Actuarial Memorandum	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

Stonebridge Casualty Insurance Company

Actuarial Memorandum

Group Travel Insurance Policy

General Comments

This policy is a group contract. This insurance is short term (average two weeks) in nature.

Benefits

Plan One policies provide benefits payable for loss, theft, damage, or destruction of the Insured's Baggage or Personal Effects. The benefits payable are the actual costs incurred up to the maximums shown in the policy. Benefits are also payable for trip cancellation, interruption or delay, and baggage delay. Optional coverage is available for rental car damage, with the benefits payable being the actual costs incurred up to the maximums shown in the policy for rental car damage, and mechanical breakdown. Optional coverage is also available for Security Deposit Protection. In addition, Plan One policies provide benefits payable for death resulting from an accident, and for medical expenses incurred and emergency assistance as defined in the policy.

Plan Two policies provide the same benefits as Plan One policies plus Supplier Financial Default benefits as well as a Pre-Existing Condition Exclusion Waiver.

Gross Premium Assumptions

1. Morbidity / Claim Costs:

Claim data was developed from experience under policies issued previously by Stonebridge Casualty Insurance Company

2. Anticipated Loss Ratio:

Over the lifetime of the policy, we expect the ratio of the present value of all future benefits to the present value of all future premiums to be 55%.

- 3. Expenses: 5.5%
- 4. Compensation: 32%
- 5. Average Premium per Policy: \$30

Certification

To the best of my knowledge and judgment, this entire rate filing is in compliance with the applicable laws of the state and the rules of the Department of Insurance and the benefits are reasonable in relation to the premium.



Stephen M. Baloga, ASA

Assistant Vice President & Actuary



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

June 4, 2008

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

**RE: Rate Filing - TAHC5000SDPBRS - Rates
Travel
Company Filing#: TR AR0003723R01
Stonebridge Casualty Insurance Company NAIC#: 468-10952 FEIN#: 31-4423946**

Dear Commissioner Benafield Bowman:

A revised rate page, which includes the Security Deposit Protection Benefits Rider, is being filed for your review and approval. This benefit rider has been filed under a separate cover, Company Filing #: TR AR0003723F01 and SERFF Filing ID #: AEEX-125679227.

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 original rate page was approved by your department on May 21, 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.

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 (e-mail)

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only 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					

3. Group Name	Group NAIC #			
N/A	468			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Stonebridge Casualty Insurance Company	OH	10952	31-4423946	N/A

5. Company Tracking Number	TR AR0003723R01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

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Property & Casualty Transmittal Document

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<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Check #:</td> <td>7010065281</td> </tr> <tr> <td>Amount:</td> <td>\$50.00</td> </tr> <tr> <td colspan="2" style="padding-top: 10px;">The filing fee for rates is \$50.00.</td> </tr> </table> <p style="text-align: center; margin-top: 20px;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>		Check #:	7010065281	Amount:	\$50.00	The filing fee for rates is \$50.00.	
Check #:	7010065281						
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