

<i>SERFF Tracking Number:</i>	<i>PNMC-125778721</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pennsylvania National Mutual Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>KAY-08-060</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0000 Inland Marine Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>IM - Terrorism</i>		
<i>Project Name/Number:</i>	<i>KAY-08-060/KAY-08-060</i>		

Filing at a Glance

Company: Pennsylvania National Mutual Casualty Insurance Company

Product Name: IM - Terrorism

SERFF Tr Num: PNMC-125778721 State: Arkansas

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations

Co Tr Num: KAY-08-060

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Denise King

Disposition Date: 08/21/2008

Date Submitted: 08/20/2008

Disposition Status: Approved

Effective Date Requested (New): 12/26/2007

Effective Date (New): 12/26/2007

Effective Date Requested (Renewal): 12/26/2007

Effective Date (Renewal):
12/26/2007

State Filing Description:

General Information

Project Name: KAY-08-060

Status of Filing in Domicile: Not Filed

Project Number: KAY-08-060

Domicile Status Comments:

Reference Organization: AAIS

Reference Number: AAIS-2008-4IMGF

Reference Title: Arkansas Revised Terrorism Endorsements

Advisory Org. Circular: Bulletin Number: 08-0379

Filing Status Changed: 08/21/2008

Deemer Date:

State Status Changed: 08/21/2008

Corresponding Filing Tracking Number:

Filing Description:

Inland Marine Guide - Arkansas Revised Terrorism Endorsements

PURPOSE:

We are filing for your review and approval to adopt the above referenced AAIS filing.

SERFF Tracking Number: PPMC-125778721 State: Arkansas
 Filing Company: Pennsylvania National Mutual Casualty Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: KAY-08-060
 TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
 Product Name: IM - Terrorism
 Project Name/Number: KAY-08-060/KAY-08-060

We are also filing for informational purposes the following actions regarding the provisions of The Terrorism Risk Insurance Program Reauthorization Act of 2007:

Form Name Proprietary Form Number
 Disclosure Pursuant to Terrorism Risk Insurance Act 71 1061 0203 (Revised 1207)
 Notice to Policyholders Potential Restrictions of Terrorism Coverage (IM & COP) 71 1151 1207

PROPOSAL:

Based on the requirements of TRIPRA, the above actions are applicable to all New Business and Renewal policies retroactively as of December 26, 2007, the date of enactment.

Company and Contact

Filing Contact Information

Denise King, Senior Underwriting Technician dlking@pnat.com
 2 N. Second St. (717) 234-4941 [Phone]
 Harrisburg, PA 17105-2361 (717) 255-6327[FAX]

Filing Company Information

Pennsylvania National Mutual Casualty Insurance Company CoCode: 14990 State of Domicile: Pennsylvania
 2 N. Second St. Group Code: 271 Company Type: P&C
 PO Box 2361 Harrisburg, PA 17105-2361 Group Name: Penn National Insurance State ID Number: 03
 (717) 234-4941 ext. [Phone] FEIN Number: 23-0961349

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No

SERFF Tracking Number: PPMC-125778721 *State:* Arkansas
Filing Company: Pennsylvania National Mutual Casualty *State Tracking Number:* EFT \$50
Insurance Company
Company Tracking Number: KAY-08-060
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0000 Inland Marine Sub-TOI Combinations
Product Name: IM - Terrorism
Project Name/Number: KAY-08-060/KAY-08-060
Fee Explanation: \$50 for each filing
Per Company: No

SERFF Tracking Number: PPMC-125778721 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty State Tracking Number: EFT \$50
Insurance Company
Company Tracking Number: KAY-08-060
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: IM - Terrorism
Project Name/Number: KAY-08-060/KAY-08-060

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pennsylvania National Mutual Casualty Insurance Company	\$50.00	08/20/2008	22033423

SERFF Tracking Number: PNM-125778721 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: KAY-08-060
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: IM - Terrorism
Project Name/Number: KAY-08-060/KAY-08-060

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/21/2008	08/21/2008

SERFF Tracking Number: PPMC-125778721 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty State Tracking Number: EFT \$50
Insurance Company
Company Tracking Number: KAY-08-060
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: IM - Terrorism
Project Name/Number: KAY-08-060/KAY-08-060

Disposition

Disposition Date: 08/21/2008

Effective Date (New): 12/26/2007

Effective Date (Renewal): 12/26/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PNMCMC-125778721 State: Arkansas
 Filing Company: Pennsylvania National Mutual Casualty Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: KAY-08-060
 TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
 Product Name: IM - Terrorism
 Project Name/Number: KAY-08-060/KAY-08-060

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Disclosure Notice	Approved	Yes
Form	Notice to Policyholders	Approved	Yes

SERFF Tracking Number: PNM-125778721 State: Arkansas
 Filing Company: Pennsylvania National Mutual Casualty Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: KAY-08-060
 TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
 Product Name: IM - Terrorism
 Project Name/Number: KAY-08-060/KAY-08-060

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Disclosure Notice	71 1061	0203 (Revised 1207)	Disclosure/	New Notice			10611207.pdf
Approved	Notice to Policyholders	71 1151	1207	Disclosure/	New Notice			11511207.pdf



**PENN NATIONAL
INSURANCE**

Pennsylvania National Mutual Casualty Insurance Company
Penn National Security Insurance Company
P. O. Box 2361
Harrisburg PA 17105-2361

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

Disclosure of Federal Participation in Payment of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

DISCLOSURE OF PREMIUM

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$ 0.00.

Commercial Umbrella Policies Only

Coverage for certified acts of terrorism under your Commercial Umbrella Policy will be excess over any underlying policy limits regardless of whether you have accepted or rejected coverage on those policies for certified acts of terrorism.



**PENN NATIONAL
INSURANCE**

Pennsylvania National Mutual Casualty Insurance Company
Penn National Security Insurance Company
P. O. Box 2361
Harrisburg PA 17105-2361

NOTICE TO POLICYHOLDERS

POTENTIAL RESTRICTIONS OF TERRORISM COVERAGE (IM & COP)

This Notice has been prepared in conjunction with the implementation of changes related to coverage of terrorism under your policy.

This notice does not form a part of your insurance contract. The Notice is designed to alert you to revised provisions in the terrorism endorsement in this policy. If there is any conflict between this Notice and the policy (including its endorsements), the provisions of the policy (including its endorsements) apply.

Carefully read your policy, including the endorsements attached to your policy.

CHANGE IN THE DEFINITION OF CERTIFIED ACTS OF TERRORISM AND INFORMATION ON LIMITATIONS ON FEDERAL AND INSURER LIABILITY

Under the federal Terrorism Risk Insurance Program Reauthorization Act of 2007, the definition of “certified acts of terrorism” (which is more fully defined in the endorsement) no longer requires that the act of terrorism be committed by or on behalf of a foreign interest. Therefore, coverage for “certified acts of terrorism” now encompasses, for example, an act committed against the United States government by a United States citizen, when the act is determined by the federal government to be a “certified act of terrorism” under the terms of the federal Terrorism Risk Insurance Program. Coverage is subject to all policy exclusions (for example, nuclear hazard and war exclusions) and other policy provisions.

The government may participate in paying for some of the losses from a “certified act of terrorism”. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion. Further, this coverage is subject to a limit on our liability pursuant to the federal law, that is, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion. In such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

Refer to the terrorism endorsement for the definition of “certified acts of terrorism.” Refer to the endorsement, and to the rest of the insurance contract, for provisions that govern coverage for, or that exclude coverage for, losses arising from terrorism.

SERFF Tracking Number: PNNC-125778721 *State:* Arkansas
Filing Company: Pennsylvania National Mutual Casualty *State Tracking Number:* EFT \$50
Insurance Company
Company Tracking Number: KAY-08-060
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0000 Inland Marine Sub-TOI Combinations
Product Name: IM - Terrorism
Project Name/Number: KAY-08-060/KAY-08-060

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PPMC-125778721 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty State Tracking Number: EFT \$50
Insurance Company
Company Tracking Number: KAY-08-060
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: IM - Terrorism
Project Name/Number: KAY-08-060/KAY-08-060

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/21/2008

Comments:

Attachment:

ARtrans082008.pdf

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 border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></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 #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
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—

20.	This filing transmittal is part of Company Tracking #	
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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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22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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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.)**

PC TD-1 pg 2 of 2

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.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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			<input 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		

PC FFS-1

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 #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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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)

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

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		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	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input 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	