

SERFF Tracking Number: TRVD-125753340 State: Arkansas  
First Filing Company: Athena Assurance Company, ... State Tracking Number: # \$0  
Company Tracking Number: 2008-07-0106  
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: CLM Commercial Property  
Project Name/Number: Form Non-Adoption/2008-07-0106

## Filing at a Glance

Companies: Athena Assurance Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, St. Paul Protective Insurance Company

Product Name: CLM Commercial Property SERFF Tr Num: TRVD-125753340 State: Arkansas  
TOI: 01.0 Property SERFF Status: Closed State Tr Num: # \$0  
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) Co Tr Num: 2008-07-0106 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins  
Authors: Susan Boettcher, Nancy Sigstad Disposition Date: 08/05/2008  
Date Submitted: 08/04/2008 Disposition Status: Non-Adoption  
Effective Date Requested (New): 10/01/2008 Effective Date (New): 10/01/2008  
Effective Date Requested (Renewal): 10/01/2008 Effective Date (Renewal): 10/01/2008

State Filing Description:

## General Information

Project Name: Form Non-Adoption Status of Filing in Domicile: Not Filed  
Project Number: 2008-07-0106 Domicile Status Comments: None  
Reference Organization: Insurance Services Office Reference Number: CL-2008-OPTOA  
Reference Title: Form Non-Adoption Advisory Org. Circular: LI-CF-2008-143  
Filing Status Changed: 08/05/2008  
State Status Changed: 08/05/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:

In compliance with the insurance laws and regulations of your state, we respectfully submit the following.

The Insurance Services Office has filed on our behalf a revision to the Commercial Property Lines of Insurance, under ISO Filing Designation Number CL-2008-OPTOA.

|                                 |                                       |                               |  |
|---------------------------------|---------------------------------------|-------------------------------|--|
| <i>SERFF Tracking Number:</i>   | <i>TRVD-125753340</i>                 | <i>State:</i>                 | <i>Arkansas</i>  |
| <i>First Filing Company:</i>    | <i>Athena Assurance Company, ...</i>  | <i>State Tracking Number:</i> | <i># \$0</i>   |
| <i>Company Tracking Number:</i> | <i>2008-07-0106</i>                   |                               |  |
| <i>TOI:</i>                     | <i>01.0 Property</i>                  | <i>Sub-TOI:</i>               | <i>01.0001 Commercial Property (Fire and Allied Lines)</i> |
| <i>Product Name:</i>            | <i>CLM Commercial Property</i>        |                               |  |
| <i>Project Name/Number:</i>     | <i>Form Non-Adoption/2008-07-0106</i> |                               |  |

The purpose of this letter is to advise you of our intent to Non-Adopt Effective October 1, 2008.

Your approval of this filing is appreciated.

## Company and Contact

### Filing Contact Information

|                                     |                        |
|-------------------------------------|------------------------|
| Susan Boettcher, Regulatory Analyst | SBOETTCH@travelers.com |
| 385 Washington Street               | (651) 310-8441 [Phone] |
| St. Paul, MN 55102                  | (651) 310-4361[FAX]    |

### Filing Company Information

|                             |                         |                              |
|-----------------------------|-------------------------|------------------------------|
| Athena Assurance Company    | CoCode: 41769           | State of Domicile: Minnesota |
| 385 Washington Street       | Group Code: 3548        | Company Type:                |
| St. Paul, MN 55102          | Group Name:             | State ID Number:             |
| (651) 310-7782 ext. [Phone] | FEIN Number: 41-1435765 |                              |

|  |                         |                              |
|--|-------------------------|------------------------------|
| St. Paul Fire and Marine Insurance Company | CoCode: 24767           | State of Domicile: Minnesota |
| 385 Washington Street                      | Group Code: 3548        | Company Type:                |
| St. Paul, MN 55102                         | Group Name:             | State ID Number:             |
| (651) 310-7782 ext. [Phone]                | FEIN Number: 41-0406690 |                              |

|                                     |                         |                              |
|-------------------------------------|-------------------------|------------------------------|
| St. Paul Guardian Insurance Company | CoCode: 24775           | State of Domicile: Minnesota |
| 385 Washington Street               | Group Code: 3548        | Company Type:                |
| St. Paul, MN 55102                  | Group Name:             | State ID Number:             |
| (651) 310-7782 ext. [Phone]         | FEIN Number: 41-0963301 |                              |

|                                    |                         |                              |
|------------------------------------|-------------------------|------------------------------|
| St. Paul Mercury Insurance Company | CoCode: 24791           | State of Domicile: Minnesota |
| 385 Washington Street              | Group Code: 3548        | Company Type:                |
| St. Paul, MN 55102                 | Group Name:             | State ID Number:             |
| (651) 310-7782 ext. [Phone]        | FEIN Number: 41-0881659 |                              |

|                                       |               |                             |
|---------------------------------------|---------------|-----------------------------|
| St. Paul Protective Insurance Company | CoCode: 19224 | State of Domicile: Illinois |
|---------------------------------------|---------------|-----------------------------|

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Project Name/Number: Form Non-Adoption/2008-07-0106

385 Washington Street  
St. Paul, MN 55102  
(651) 310-7782 ext. [Phone]

Group Code: 3548  
Group Name:  
FEIN Number: 36-2542404  
-----

Company Type:  
State ID Number:

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## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

| COMPANY                                    | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|--------|----------------|---------------|
| Athena Assurance Company                   | \$0.00 | 08/04/2008     |               |
| St. Paul Fire and Marine Insurance Company | \$0.00 | 08/04/2008     |               |
| St. Paul Guardian Insurance Company        | \$0.00 | 08/04/2008     |               |
| St. Paul Mercury Insurance Company         | \$0.00 | 08/04/2008     |               |
| St. Paul Protective Insurance Company      | \$0.00 | 08/04/2008     |               |

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## Correspondence Summary

### Dispositions

| Status       | Created By       | Created On | Date Submitted |
|--------------|------------------|------------|----------------|
| Non-Adoption | Llyweyia Rawlins | 08/05/2008 | 08/05/2008     |

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## Disposition

Disposition Date: 08/05/2008  
Effective Date (New): 10/01/2008  
Effective Date (Renewal): 10/01/2008  
Status: Non-Adoption  
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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| <b>Item Type</b>           | <b>Item Name</b>   | <b>Item Status</b> | <b>Public Access</b> |
|----------------------------|--|--------------------|----------------------|
| <b>Supporting Document</b> | Uniform Transmittal Document-Property &Non-adoption Casualty |                    | Yes                  |

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Non-adoption 08/05/2008

**Comments:**

**Attachments:**

AR NAIC Form Filing Schedule.pdf  
AR NAIC Transmittal Doc.pdf

## 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>  | <b>2008-07-0106</b>                        |  |  |   |
|-----------|---|--|--|--|---|
| <b>2.</b> | <b>This filing corresponds to rate/rule filing number</b><br>(Company tracking number of rate/rule filing, if applicable) | <b>N/A</b>                                 |  |  |   |
| <b>3.</b> | <b>Form Name<br/>/Description/Synopsis</b>  | <b>Form #<br/>Include edition<br/>date</b> | <b>Replacement<br/>or<br/>Withdrawn?</b>   | <b>If replacement,<br/>give form #<br/>it replaces</b> | <b>Previous state<br/>filing number,<br/>if required by state</b> |
| 01        | N/A - Non-Adopt   |  | <input type="checkbox"/> New<br><input 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 |  |   |

## Property &amp; 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:            |  |
|   | New Business                            |  |
|   | Renewal Business                        |  |
|   | f. State Filing #:                      |  |
|   | g. SERFF Filing #:                      |  |
| h. Subject Codes                                |   |  |

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

| 4. Company Name(s)                         | Domicile | NAIC # | FEIN #     | State # |
|--|----------|--------|------------|---------|
| St. Paul Fire and Marine Insurance Company | MN       | 24767  | 41-0406690 |         |
| St. Paul Mercury Insurance Company         | MN       | 24791  | 41-0881659 |         |
| St. Paul Guardian Insurance Company        | MN       | 24775  | 41-0963301 |         |
| Athena Assurance Company                   | MN       | 41769  | 41-1435765 |         |
| St. Paul Protective Insurance Company      | IL       | 19224  | 36-2542404 |         |

|                                   |                     |
|-----------------------------------|---------------------|
| <b>5. Company Tracking Number</b> | <b>2008-07-0106</b> |
|-----------------------------------|---------------------|

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

| 6. Name and address  | Title                 | Telephone #s                               | FAX #        | e-mail                 |
|--|-----------------------|--|--------------|------------------------|
| Susan Boettcher<br>385 Washington Street<br>St. Paul, MN 55012 | Regulatory<br>Analyst | 651.310.8441<br>800.328.2189<br>Ext: 08441 | 651.310.4361 | sboettch@travelers.com |

|  |  |
|--|--|
| 7. Signature of authorized filer         |  |
| 8. Please print name of authorized filer | Susan Boettcher  |

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

|   |  |
|---|--|
| 9. Type of Insurance (TOI)  | 1.0000 Property  |
| 10. Sub-Type of Insurance (Sub-TOI)   | 1.0001 Commercial  |
| 11. State Specific Product code(s) (if applicable)[See State Specific Requirements] | N/A  |
| 12. Company Program Title (Marketing title)   | N/A  |
| 13. Filing Type   | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input checked="" 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: 10/1/2008                      Renewal: 10/1/2008   |
| 15. Reference Filing?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| 16. Reference Organization (if applicable)  | Insurance Services Office  |
| 17. Reference Organization # & Title  | CL-2008-OPTOA  |
| 18. Company's Date of Filing  | August 4, 2008   |
| 19. Status of filing in domicile  | <input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved  |

**Property & Casualty Transmittal Document—**

|  |              |
|--|--------------|
| <b>20. This filing transmittal is part of Company Tracking #</b> | 2008-07-0106 |
|--|--------------|

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

Insurance Services Office has filed on our behalf a revision to the Commercial Property Lines of Insurance, under ISO Filing Designation Number CL-2008-OPTOA.

This letter is to advise you of our intent to non-adopt this filing effective October 1, 2008.

|  |
|--|
| <b>22. Filing Fees</b> (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]            |
| <p><b>Arkansas</b><br/> <b>Check #:</b> None<br/> <b>Amount:</b></p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p> |

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