

SERFF Tracking Number: WESA-125772883 State: Arkansas
Filing Company: Tokio Marine & Nichido Fire Insurance Co., Ltd. State Tracking Number: #? \$?
Company Tracking Number: 08-AR-1-PA-9-1
TOI: 19.0 Personal Auto Sub-TOI: 19.0004 Other
Product Name: Personal Automobile
Project Name/Number: Personal Automobile/08-AR-1-PA-9-1

Filing at a Glance

Company: Tokio Marine & Nichido Fire Insurance Co., Ltd.

Product Name: Personal Automobile	SERFF Tr Num: WESA-125772883	State: Arkansas
TOI: 19.0 Personal Auto	SERFF Status: Closed	State Tr Num: #? \$?
Sub-TOI: 19.0004 Other	Co Tr Num: 08-AR-1-PA-9-1	State Status: Fees verified and received
Filing Type: Rate	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi
	Author: Westmont Associates	Disposition Date: 08/19/2008
	Date Submitted: 08/12/2008	Disposition Status: Filed
Effective Date Requested (New): 01/01/2009		Effective Date (New): 01/01/2009
Effective Date Requested (Renewal): 01/01/2009		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Personal Automobile	Status of Filing in Domicile: Not Filed
Project Number: 08-AR-1-PA-9-1	Domicile Status Comments:
Reference Organization: ISO	Reference Number: PP-2008-RCELC
Reference Title: Miscellaneous loss costs for excess custom equipment Advisory Org. Circular: LI-PA-2008-186	
Filing Status Changed: 08/19/2008	
State Status Changed: 08/19/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Non adoption of ISO loss costs	

Company and Contact

Filing Contact Information

(This filing was made by a third party - westmontassociatesinc)

Sherri Penn, Senior Analyst

sherri@westmontlaw.com

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Product Name: Personal Automobile
Project Name/Number: Personal Automobile/08-AR-1-PA-9-1

25 Chestnut Street (856) 216-0220 [Phone]
Haddonfield, NJ 08033 (856) 216-0303[FAX]

Filing Company Information

Tokio Marine & Nichido Fire Insurance Co., Ltd. CoCode: 12904 State of Domicile: New York
230 Park Avenue Group Code: 3098 Company Type:
New York, NY 10169 Group Name: State ID Number:
(212) 297-6600 ext. [Phone] FEIN Number: 13-6108722

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Tokio Marine & Nichido Fire Insurance Co., Ltd.	\$0.00	08/12/2008	

SERFF Tracking Number: WESA-125772883 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	08/19/2008	08/19/2008

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Project Name/Number: Personal Automobile/08-AR-1-PA-9-1

Disposition

Disposition Date: 08/19/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal):

Status: Filed

Comment: No fee required

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125772883 State: Arkansas
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 Company Tracking Number: 08-AR-1-PA-9-1
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 Project Name/Number: Personal Automobile/08-AR-1-PA-9-1

Item Type	Item Name	Item Status	Public Access
Supporting Document	A-1 Private Passenger Auto Abstract	Filed	Yes
Supporting Document	APCS-Auto Premium Comparison Survey	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	Cover Letter	Filed	Yes
Supporting Document	letter of authorization	Filed	Yes

SERFF Tracking Number: WESA-125772883 State: Arkansas
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TOI: 19.0 Personal Auto Sub-TOI: 19.0004 Other
Product Name: Personal Automobile
Project Name/Number: Personal Automobile/08-AR-1-PA-9-1

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:
Bypassed -Name: A-1 Private Passenger Auto Filed 08/19/2008
 Abstract
Bypass Reason: This requirement does not apply as this is a non adoption filing.
Comments:

Review Status:
Bypassed -Name: APCS-Auto Premium Comparison Filed 08/19/2008
 Survey
Bypass Reason: This requirement does not apply as this is a non adoption filing.
Comments:

Review Status:
Bypassed -Name: NAIC loss cost data entry document Filed 08/19/2008
Bypass Reason: This requirement does not apply as this is a non adoption filing.
Comments:

Review Status:
Bypassed -Name: NAIC Loss Cost Filing Document Filed 08/19/2008
 for OTHER than Workers' Comp
Bypass Reason: This requirement does not apply as this is a non adoption filing.
Comments:

Review Status:
Satisfied -Name: Uniform Transmittal Document- Filed 08/19/2008
 Property & Casualty
Comments:
Attachment:
 AR NAIC.pdf

Review Status:
Satisfied -Name: Cover Letter Filed 08/19/2008

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Comments:

Attachment:

AR Letter.pdf

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Review Status:

Satisfied -Name: letter of authorization

Filed

08/19/2008

Comments:

Attachment:

TMNF (8-1-08).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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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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	



**WESTMONT
ASSOCIATES, INC.**

August 12, 2008

The Honorable Julie Benafield-Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

Attention: Property and Casualty Division

Re: **Tokio Marine & Nichido Fire Insurance Company Ltd. (U.S Branch)**
NAIC# 3098-12904/FEIN#13-610877
Personal Automobile
Loss Costs Non-Adoption
Company Filing Number: 08-AR-1-PA-9-1
Effective Date: January 1, 2009

Dear Commissioner Benafield-Bowman:

This letter represents filing action from the above-captioned Company. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

The Company would like to non-adopt the Insurance Service Office's (ISO) Personal Automobile miscellaneous loss costs for excess custom equipment contained in ISO filing PP-2008-RCELC. Please be advised that the Company is requesting an effective date of January 1, 2009.

Your approval and/or acknowledgement of this submission is respectfully requested.

Sincerely,

Sherri Penn

Sherri Penn
Senior Analyst
sherri@westmontlaw.com

Enc.

Cc: R. Koping



Tokio Marine Management, Inc.
U.S. Manager and/or Manager for
Tokio Marine & Nichido Fire
Insurance Co., Ltd. (U.S. Branch)
Trans Pacific Insurance Company
TM Casualty Insurance Company
TNUS Insurance Company

230 Park Avenue
New York, New York 10169
Phone: (212) 297-6600
Main Fax: (212) 297-6062
Claims Fax: (212) 297-6064

MILLEA GROUP

August 1, 2008

Re: Tokio Marine & Nichido Fire Insurance Co., Ltd. (U.S. Branch)
NAIC # 3098-12904
FEIN # 13-6108722
Letter of Authorization
Filing of Forms, Rates, and Rules

In accordance with applicable statutes and regulations of your state, Nancy Stepanski, Wesley Pohler, Jennifer Waldron, and Westmont Associates, Inc. are hereby authorized to file rates, rules, and forms on behalf of the Company.

Sincerely,

Pamela J. Olson
Vice President – Corporate Underwriting