

SERFF Tracking Number: AEXX-125984697 State: Arkansas
Filing Company: Stonebridge Casualty Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: TR AR0003723R02
TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage
Product Name: Travel
Project Name/Number: Travel/TR AR0003723R02

Filing at a Glance

Company: Stonebridge Casualty Insurance Company

Product Name: Travel	SERFF Tr Num: AEXX-125984697	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$100
Sub-TOI: 09.0009 Travel Coverage	Co Tr Num: TR AR0003723R02	State Status: Fees verified and received
Filing Type: Rate	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi
	Author: SPI ADMSPC	Disposition Date: 01/15/2009
	Date Submitted: 01/12/2009	Disposition Status: Filed
Effective Date Requested (New):		Effective Date (New): 02/01/2009
Effective Date Requested (Renewal):		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Travel
Project Number: TR AR0003723R02

Reference Organization: N/A
Reference Title:
Filing Status Changed: 01/15/2009
State Status Changed: 01/15/2009
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile: Pending
Domicile Status Comments: Filed concurrently in our domicile state of Ohio.

Reference Number: N/A
Advisory Org. Circular:

Deemer Date:

We are filing for your approval revised rate pages, which include new rates for form TAHC5000CFBRBRS, Cancel for Business Reason Benefits Rider. This form is new and does not replace any existing form, and is being filed concurrently under Company Filing #: TR AR0003723F02.

Form TAHC5000CFBRBRS will be used with our Group Travel Insurance Policy, form TAHC5000GPS, et al., which was approved by your department on December 12, 2003.

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This Cancel For Business Reason Benefits Rider reimburses the Insured if they need to cancel their Covered Trip due to unforeseen business reasons.

The revised rate pages replace those approved by the Department under State Tracking Number: 7010065280, effective August 26, 2008.

All SERFF filing submission requirements have been met.

Company and Contact

Filing Contact Information

DEBORAH YATES, Filing Specialist DYATES@AEGONUSA.COM
 520 Park Avenue (410) 685-5500 [Phone]
 Baltimore, MD 21201 (410) 209-5910[FAX]

Filing Company Information

Stonebridge Casualty Insurance Company CoCode: 10952 State of Domicile: Ohio
 100 South Third Street Group Code: 468 Company Type: Property and
 Casualty
 Columbus, OH 43215 Group Name: State ID Number:
 (410) 685-5500 ext. [Phone] FEIN Number: 31-4423946

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: Filing fee is \$100.00 for a rate filing in Arkansas.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Casualty Insurance Company	\$100.00	01/12/2009	24952899

SERFF Tracking Number: AEXX-125984697 State: Arkansas
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TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	01/15/2009	01/15/2009

SERFF Tracking Number: AEEX-125984697 State: Arkansas
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 Product Name: Travel
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Disposition

Disposition Date: 01/15/2009
 Effective Date (New): 02/01/2009
 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	%	\$		\$	%	%	%

SERFF Tracking Number: AEXX-125984697 State: Arkansas
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 Company Tracking Number: TR AR0003723R02
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 Product Name: Travel
 Project Name/Number: Travel/TR AR0003723R02

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

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 TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage
 Product Name: Travel
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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	TAHC5000CFB	New RBRS - Rates	TAHC5000CFBRBRS - 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

If Cancel for Business Reason is provided, add the following single premium per \$100 of trip cost to the above rates:

Age	Plan One Add'l \$ Premium	Plan Two Add'l \$ Premium
All	\$ 7.00	\$ 11.00

SERFF Tracking Number: AEXX-125984697 State: Arkansas
Filing Company: Stonebridge Casualty Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: TR AR0003723R02
TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage
Product Name: Travel
Project Name/Number: Travel/TR AR0003723R02

Supporting Document Schedules

Satisfied -Name: Actuarial Memorandum **Review Status:** Filed 01/15/2009
Comments:
Actuarial Memorandum
Attachment:
Actuarial Memorandum.PDF

Satisfied -Name: Cover Letter **Review Status:** Filed 01/15/2009
Comments:
Cover Letter
Attachment:
Cover Letter.PDF

Satisfied -Name: AR - RATE FILING ABSTRACT RF-1 **Review Status:** Filed 01/15/2009
Comments:
AR - RATE FILING ABSTRACT RF-1
Attachment:
AR - RATE FILING ABSTRACT RF-1.PDF

Satisfied -Name: AR - NAIC P&C TRANSMITTAL DOCUMENT **Review Status:** Filed 01/15/2009
Comments:
AR - NAIC P&C TRANSMITTAL DOCUMENT
Attachment:
AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: AR - NAIC RATE RULE FILING SCHEDULE **Review Status:** Filed 01/15/2009

SERFF Tracking Number: *AEXX-125984697* *State:* *Arkansas*
Filing Company: *Stonebridge Casualty Insurance Company* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *TR AR0003723R02*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0009 Travel Coverage*
Product Name: *Travel*
Project Name/Number: *Travel/TR AR0003723R02*

Comments:

AR - NAIC RATE RULE FILING SCHEDULE

Attachment:

AR - NAIC RATE RULE FILING SCHEDULE.PDF

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

The 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. In addition, the policies provide benefits payable for death resulting from an accident, and for medical expenses incurred and emergency assistance as defined in the policy.

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, Cancel for Any Reason, Cancel for Business Reason, 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



STONEBRIDGE CASUALTY

Insurance Company

2700 West Plano Parkway • Plano, Texas 75075-8200

January 12, 2009

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

RE: Rate Filing – SCIC Group Travel Product
Company Filing #: TR AR0003723R02
Stonebridge Casualty Insurance Company NAIC#: 468-10952 FEIN#: 31-4423946

Dear Commissioner:

In accordance with your Insurance Laws, our Company is filing for your approval revised rate pages, which include new rates for form TAHC5000CFBRBRS, Cancel for Business Reason Benefits Rider. This form is new and does not replace any existing form, and is being filed concurrently under Company Filing #: TR AR0003723F02.

Form TAHC5000CFBRBRS will be used with our Group Travel Insurance Policy, form TAHC5000GPS, et al., which was approved by your department on December 12, 2003.

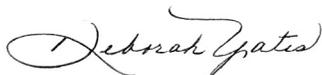
This Cancel For Business Reason Benefits Rider reimburses the Insured if they need to cancel their Covered Trip due to unforeseen business reasons.

The revised rate pages replace those approved by the Department under State Tracking Number: 7010065280, effective August 26, 2008.

All SERFF filing submission requirements have been met.

We trust the filing package will enable the department to acknowledge our filing. If you have any questions, please do not hesitate to contact me directly.

Sincerely,



Deborah Yates
Filing Specialist
Product Filing and Compliance
Phone: 410-209-5269
Toll Free: 800-233-4624, Extension 5265
Fax 410-209-5910
Email: dyates@aegonusa.com

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

1.	This filing transmittal is part of Company Tracking #	TR AR0003723R02
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

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 AR0003723R02
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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
	DEBORAH YATES 520 Park Avenue Baltimore MD 21201	Filing Specialist	800-233-4624 Ext. 5269	410-209-5910	DYATES@AEGONUSA.COM
7.	Signature of authorized filer				
8.	Please print name of authorized filer		DEBORAH YATES		

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

9.	Type of Insurance (TOI)	09.0 Inland Marine
10.	Sub-Type of Insurance (Sub-TOI)	09.0009 Travel Coverage
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	N/A
12.	Company Program Title (Marketing Title)	Group Travel Coverage
13.	Filing Type	<input checked="" 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: Upon Approval Renewal: N/A
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	January 12, 2009
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 AR0003723R02
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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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We are filing for your approval revised rate pages, which include new rates for form TAHC5000CFBRBRS, Cancel for Business Reason Benefits Rider. This form is new and does not replace any existing form, and is being filed concurrently under Company Filing #: TR AR0003723F02.

Form TAHC5000CFBRBRS will be used with our Group Travel Insurance Policy, form TAHC5000GPS, et al., which was approved by your department on December 12, 2003.

This Cancel For Business Reason Benefits Rider reimburses the Insured if they need to cancel their Covered Trip due to unforeseen business reasons.

The revised rate pages replace those approved by the Department under State Tracking Number: 7010065280, effective August 26, 2008.

All SERFF filing submission requirements have been met.

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]
<p>Check #: N/A Amount: N/A</p> <p>Submitted EFT. Filing fee in Arkansas is \$100.00 per rate submission.</p> <p style="text-align: center;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***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 AR0003723R02
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	TR AR0003723F02
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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	0	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)	N/A	
5b.	Overall percentage rate impact for this filing	N/A	
5c.	Effect of Rate Filing – Written premium change for this program	Plan One \$7.00 Plan Two \$11.00	
5d.	Effect of Rate Filing - Number of policyholders affected	Indeterminable	

6.	Overall percentage of last rate revision	N/A
7.	Effective Date of last rate revision	N/A
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	TAHC5000CFBRBRS - Rates	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	