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|---------------------------------|--|-------------------------------|--|
| <i>SERFF Tracking Number:</i> | <i>TWRG-125332857</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Tower Insurance Company of New York</i> | <i>State Tracking Number:</i> | <i>AR-PC-07-026542</i> |
| <i>Company Tracking Number:</i> | <i>07-AR-1-CF-106</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>Commercial Property</i> | | |
| <i>Project Name/Number:</i> | <i>AR CP TICNY Initial Loss Costs/07-AR-1-CF-106</i> | | |

Filing at a Glance

Company: Tower Insurance Company of New York

| | | |
|--|------------------------------|--|
| Product Name: Commercial Property | SERFF Tr Num: TWRG-125332857 | State: Arkansas |
| TOI: 01.0 Property | SERFF Status: Closed | State Tr Num: AR-PC-07-026542 |
| Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) | Co Tr Num: 07-AR-1-CF-106 | State Status: |
| Filing Type: Rate | Co Status: Pending | Reviewer(s): Betty Montesi, Llyweyia Rawlins |
| | Author: Sheila Levine | Disposition Date: 10/26/2007 |
| | Date Submitted: 10/24/2007 | Disposition Status: Exempt from Review |
| Effective Date Requested (New): On Approval | | Effective Date (New): 10/26/2007 |
| Effective Date Requested (Renewal): On Approval | | Effective Date (Renewal): |

General Information

Project Name: AR CP TICNY Initial Loss Costs
 Project Number: 07-AR-1-CF-106
 Reference Organization: Insurance Services Office

Reference Title:

Status of Filing in Domicile: Authorized
 Domicile Status Comments:
 Reference Number: CF-2007-RLA1, CF-2006-REQ1, CF-2004-RPTLC, CF-2002-RLCMO, CF-99-RLC1, CF-2000-RLC1
 Advisory Org. Circular: CF-07-46, CF-06-269, CF-06-268 CF-06-207, CF-06-52, CF-06-13, CF-05-10, CF-05-9, CF-04-143, CF-04-37, CF-04-26, CF-03-218, CF-03-89, CF-02-134, CF-02-133, CF-02-96, CF-02-66, CF-01-304, CF-00-286, CF-00-285, CF-00-169, CF-00-166, CF-00-131, GS-98-90

Filing Status Changed: 10/26/2007
 State Status Changed: 10/24/2007
 Corresponding Filing Tracking Number: 07-AR-2-CF-107, 07-AR-3-CF-108

Deemer Date:

| | | | |
|---------------------------------|--|-------------------------------|--|
| <i>SERFF Tracking Number:</i> | <i>TWRG-125332857</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Tower Insurance Company of New York</i> | <i>State Tracking Number:</i> | <i>AR-PC-07-026542</i> |
| <i>Company Tracking Number:</i> | <i>07-AR-1-CF-106</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>Commercial Property</i> | | |
| <i>Project Name/Number:</i> | <i>AR CP TICNY Initial Loss Costs/07-AR-1-CF-106</i> | | |

Filing Description:

Tower Insurance Company of New York (TICNY) newly licensed company in Arkansas, is a member company of the Insurance Services Office, Inc. (ISO) for Commercial Property. Tower will be utilizing the ISO Commercial Property for loss costs, utilizing a loss cost multiplier of 1.538. We are proposing an effective date coincident with your date of approval.

Our initial rules and forms filings are being filed simultaneously with your Department as found in 07-AR-2-CF-107 and 07-AR-3-CF-108.

We have mailed check # 117235. Included are the filing transmittals.

Company and Contact

Filing Contact Information

| | |
|--|------------------------|
| Sheila Levine, Senior Business Analyst | slevine@twrgroup.com |
| 120 Broadway, 31st Floor | (212) 655-2017 [Phone] |
| New York, NY 10271-3199 | (646) 304-3378[FAX] |

Filing Company Information

| | | |
|-------------------------------------|---------------------------------|-----------------------------------|
| Tower Insurance Company of New York | CoCode: 44300 | State of Domicile: New York |
| 120 Broadway, 31st Floor | Group Code: 3703 | Company Type: Property & Casualty |
| New York, NY 10271-3199 | Group Name: Tower Group Company | State ID Number: |
| (212) 655-2000 ext. [Phone] | FEIN Number: 13-3548249 | |
| | ----- | |

Filing Fees

| | |
|------------------|----------|
| Fee Required? | Yes |
| Fee Amount: | \$100.00 |
| Retaliatory? | No |
| Fee Explanation: | |
| Per Company: | No |

SERFF Tracking Number: *TWRG-125332857* *State:* *Arkansas*
Filing Company: *Tower Insurance Company of New York* *State Tracking Number:* *AR-PC-07-026542*
Company Tracking Number: *07-AR-1-CF-106*
TOI: *01.0 Property* *Sub-TOI:* *01.0001 Commercial Property (Fire and Allied Lines)*

Product Name: *Commercial Property*
Project Name/Number: *AR CP TICNY Initial Loss Costs/07-AR-1-CF-106*

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 117235 | \$125.00 | 10/18/2007 |

| | | | |
|--------------------------|---|------------------------|---|
| SERFF Tracking Number: | TWRG-125332857 | State: | Arkansas |
| Filing Company: | Tower Insurance Company of New York | State Tracking Number: | AR-PC-07-026542 |
| Company Tracking Number: | 07-AR-1-CF-106 | | |
| TOI: | 01.0 Property | Sub-TOI: | 01.0001 Commercial Property (Fire and Allied Lines) |
| Product Name: | Commercial Property | | |
| Project Name/Number: | AR CP TICNY Initial Loss Costs/07-AR-1-CF-106 | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------------------|------------------|------------|----------------|
| Exempt from Review | Llyweyia Rawlins | 10/26/2007 | 10/26/2007 |

Amendments

| Item | Schedule | Created By | Created On | Date Submitted |
|-------------|---------------------|---------------|------------|----------------|
| RF-1 & RF-2 | Supporting Document | Sheila Levine | 10/24/2007 | 10/24/2007 |

| | | | |
|---------------------------------|--|-------------------------------|--|
| <i>SERFF Tracking Number:</i> | <i>TWRG-125332857</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Tower Insurance Company of New York</i> | <i>State Tracking Number:</i> | <i>AR-PC-07-026542</i> |
| <i>Company Tracking Number:</i> | <i>07-AR-1-CF-106</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>Commercial Property</i> | | |
| <i>Project Name/Number:</i> | <i>AR CP TICNY Initial Loss Costs/07-AR-1-CF-106</i> | | |

Disposition

Disposition Date: 10/26/2007

Effective Date (New): 10/26/2007

Effective Date (Renewal):

Status: Exempt from Review

Comment:

This line is exempt from filing rates and rules in compliance with ACA 23-67-206 which states that P&C insurance for commercial risks, excluding workers' compensation, employers' liability and professional liability insurance, including but not limited to, medical malpractice insurance, are exempted from the rate filing and review requirements.

Rate data does NOT apply to filing.

| | | | |
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| <i>Filing Company:</i> | <i>Tower Insurance Company of New York</i> | <i>State Tracking Number:</i> | <i>AR-PC-07-026542</i> |
| <i>Company Tracking Number:</i> | <i>07-AR-1-CF-106</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>Commercial Property</i> | | |
| <i>Project Name/Number:</i> | <i>AR CP TICNY Initial Loss Costs/07-AR-1-CF-106</i> | | |

| Item Type | Item Name | Item Status | Public Access |
|----------------------------|------------------|--|----------------------|
| Supporting Document | PC TD-1 | Accepted for Informational Purposes | Yes |
| Supporting Document | RF-1 & RF-2 | Accepted for Informational Purposes | Yes |

SERFF Tracking Number: *TWRG-125332857* *State:* *Arkansas*
Filing Company: *Tower Insurance Company of New York* *State Tracking Number:* *AR-PC-07-026542*
Company Tracking Number: *07-AR-1-CF-106*
TOI: *01.0 Property* *Sub-TOI:* *01.0001 Commercial Property (Fire and Allied Lines)*

Product Name: *Commercial Property*
Project Name/Number: *AR CP TICNY Initial Loss Costs/07-AR-1-CF-106*

Amendment Letter

Amendment Date:
Submitted Date: 10/24/2007

Comments:

Adding RF-1 and RF-2

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: RF-1 & RF-2

Comment: See attached.

ARRFARF1.pdf

ARRFARF2.pdf

| | | | |
|---------------------------------|--|-------------------------------|--|
| <i>SERFF Tracking Number:</i> | <i>TWRG-125332857</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Tower Insurance Company of New York</i> | <i>State Tracking Number:</i> | <i>AR-PC-07-026542</i> |
| <i>Company Tracking Number:</i> | <i>07-AR-1-CF-106</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>Commercial Property</i> | | |
| <i>Project Name/Number:</i> | <i>AR CP TICNY Initial Loss Costs/07-AR-1-CF-106</i> | | |

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TWRG-125332857 State: Arkansas
Filing Company: Tower Insurance Company of New York State Tracking Number: AR-PC-07-026542
Company Tracking Number: 07-AR-1-CF-106
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Commercial Property
Project Name/Number: AR CP TICNY Initial Loss Costs/07-AR-1-CF-106

Supporting Document Schedules

Satisfied -Name: PC TD-1 **Review Status:** Accepted for Informational 10/26/2007 Purposes
Comments: See attached.
Attachment: PC TD-1.pdf

Satisfied -Name: RF-1 & RF-2 **Review Status:** Accepted for Informational 10/26/2007 Purposes
Comments: See attached.
Attachments: ARRFARF1.pdf
ARRFARF2.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

3. Group Name**Group NAIC #****4. Company Name(s)****Domicile****NAIC #****FEIN #****State #****5. Company Tracking Number****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**
☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules
☐ Forms ☐ Combination Rates/Rules/Forms
☐ Withdrawal ☐ Other (give description)
14. Effective Date(s) Requested

New:

Renewal:

15. Reference Filing?☐ Yes☐ No**16. Reference Organization** (if applicable)**17. Reference Organization # & Title****18. Company's Date of Filing****19. Status of filing in domicile**
☐ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved

Property & Casualty Transmittal Document—

| | | |
|-----|---|--|
| 20. | This filing transmittal is part of Company Tracking # | |
|-----|---|--|

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

| | |
|-----|---|
| 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] |
|-----|---|

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.)**

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 # | |
|-----------|--|--|

| | | |
|-----------|---|--|
| 2. | This filing corresponds to form filing number (Company tracking number of form filing, if applicable) | |
|-----------|---|--|

☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

| | | |
|-----------|--|--|
| 3. | Filing Method (Prior Approval, File & Use, Flex Band, etc.) | |
|-----------|--|--|

| | |
|------------|---|
| 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) |
|--------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| | | | | | | | |
| | | | | | | | |

| | |
|------------|--|
| 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 | Minimum % Change |
|--------------|--|-----------------------|---|--|----------------------------------|------------------|------------------|
| | | | | | | | |
| | | | | | | | |

| | |
|-----------|--|
| 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 | | <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 | |

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

| | | |
|-----------|---|----------------|
| 1. | This filing transmittal is part of Company Tracking # | 07-AR-1-CF-106 |
|-----------|---|----------------|

| | | |
|-----------|--|--|
| 2. | If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number | ISO, CF-2007-RLA1, CF-2006REQ1, CF-2004-RPTLC, CF-2002-RLCMO, CF-99-RLC1, CF |
|-----------|--|--|

| | | | |
|--------------|---|---------------------|--------------|
| Company Name | | Company NAIC Number | |
| 3. | A. Tower Insurance Company of New York | B. | 44300 |

| | | | |
|--|-------------------------|--|--|
| Product Coding Matrix Line of Business (i.e., Type of Insurance) | | Product Coding Matrix Line of Business (i.e., Sub-type of Insurance) | |
| 4. | A. 0.01 Property | B. | 01.0001 Commercial Property (Fire and Allied Lines) |

| 5. | | | | | | | |
|---------------------------------------|--|--|-------------------------------|--|--|---|---|
| (A) COVERAGE (See Instructions) | (B) Indicated % Rate Level Change | (C) Requested % Rate Level Change | (D) Expected Loss Ratio | FOR LOSS COSTS ONLY | | | |
| | | | | (E) Loss Cost Modification Factor | (F) Selected Loss Cost Multiplier | (G) Expense Constant (If Applicable) | (H) Co. Current Loss Cost Multiplier |
| Commercial Property | N/A - Initial Filing | | 65.000 | | 1.538 | | N/A |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TOTAL OVERALL EFFECT | | | | | | | |

| 6. 5 Year History | | | | Rate Change History | | | | 7. | |
|--------------------------|----------------------|----------------|-------------------|----------------------------------|-----------------------------|---------------------|---------------------------|---|------------------------|
| Year | Policy Count | % of Change | Effective Date | State Earned Premium (000) | Incurred Losses (000) | State Loss Ratio | Countrywide Loss Ratio | Expense Constants | Selected Provisions |
| | N/A - Initial Filing | | | | | | | A. Total Production Expense | 26.100 |
| | | | | | | | | B. General Expense | 2.000 |
| | | | | | | | | C. Taxes, License & Fees | 2.800 |
| | | | | | | | | D. Underwriting Profit & Contingencies | 5.000 |
| | | | | | | | | E. Other (explain) | -0.900 |
| | | | | | | | | F. TOTAL | 35.000 |

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

NAIC LOSS COST FILING DOCUMENT—OTHER THAN WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

(EFFECTIVE AUG. 16, 2004)

| | |
|--|----------------|
| This filing transmittal is part of Company Tracking # | 07-AR-1-CF-106 |
| This filing corresponds to form filing number (Company tracking number of form filing, if applicable) | 07-AR-3-CF-108 |

☒ **Loss Cost Reference Filing** CF-2007-RLA1 ☐ **Independent Rate Filing**
(Advisory Org. & Reference 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 checked="" 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:** Commercial Property

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) 1.000

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 | 26.1 | % |
| B. | General Expense | 2.0 | % |
| C. | Taxes, Licenses & Fees | 2.8 | % |
| D. | Underwriting Profit & Contingencies (explain how investment income is taken into account) | 5.0 | % |
| E. | Other (explain) Investment Income | -0.9 | % |
| F. | Total | 35.0 | % |

| | | | |
|----|---|-------|---|
| 5. | A. Expected Loss Ratio: $ELR = 100\% - 4F = A$ | 65.0 | % |
| | B. ELR in Decimal Form = | 0.650 | |
| 6. | Company Formula Loss Cost Multiplier (3B / 5B) | 1.538 | |
| 7. | Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7) | 1.538 | |
| 8. | Rate Level Change for the coverage(s) to which this page applies | N/A | |