

SERFF Tracking Number: CLBA-125313700 State: Arkansas
Filing Company: Columbia National Insurance Company State Tracking Number: AR-PC-07-026331
Company Tracking Number: CNI-WCP-07-R02
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation
Project Name/Number: Adopt NCCI's Loss Cost/CNI-WCP-07-R02

Filing at a Glance

Company: Columbia National Insurance Company

Product Name: Workers Compensation SERFF Tr Num: CLBA-125313700 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: AR-PC-07-026331
Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: CNI-WCP-07-R02 State Status:
Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Authors: Dennis McVay, Christina Walker, DeeDee Williams Disposition Date: 10/08/2007
Date Submitted: 10/04/2007 Disposition Status: Approved
Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal):

General Information

Project Name: Adopt NCCI's Loss Cost Status of Filing in Domicile: Not Filed
Project Number: CNI-WCP-07-R02 Domicile Status Comments:
Reference Organization: NCCI Reference Number: AR-2007-13
Reference Title: N/A Advisory Org. Circular: AR-2007-13
Filing Status Changed: 10/08/2007
State Status Changed: 10/05/2007 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

Enclosed for filing are revised manual pages WC-4 through WC-12, which we propose to use in our Workers Compensation and Employers Liability Insurance Policy Program. Please note the revised pages reflect NCCI's Arkansas Voluntary Loss Costs and Rating Values reference filing AR-2007-13 that is to be effective January 1, 2008 and has a rate effect of +2.7%. These are to be used with our currently filed 1.53 Loss Cost Multiplier. Also note that we wish to adopt these changes to be effective January 1, 2008.

Please review and advise if any further action is needed.

SERFF Tracking Number: CLBA-125313700 *State:* Arkansas
Filing Company: Columbia National Insurance Company *State Tracking Number:* AR-PC-07-026331
Company Tracking Number: CNI-WCP-07-R02
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation
Project Name/Number: Adopt NCCI's Loss Cost/CNI-WCP-07-R02

Company and Contact

Filing Contact Information

DeeDee Williams, Asst. Analyst dwilliams@colinsgrp.com
 2102 White Gate Drive (573) 474-6193 [Phone]
 Columbia, MO 65205 (800) 836-5713[FAX]

Filing Company Information

Columbia National Insurance Company CoCode: 19640 State of Domicile: Nebraska
 2102 White Gate Drive Group Code: 807 Company Type: Stock
 P O Box 618
 Columbia, MO 65205 Group Name: Columbia Insurance State ID Number: 03
 Group
 (573) 474-6193 ext. [Phone] FEIN Number: 47-0685688

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbia National Insurance Company	\$100.00	10/04/2007	15953003

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	10/08/2007	10/08/2007

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	10/05/2007	10/05/2007	DeeDee Williams	10/05/2007	10/05/2007

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Disposition

Disposition Date: 10/08/2007
 Effective Date (New): 01/01/2008
 Effective Date (Renewal):
 Status: Approved
 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:
Columbia National Insurance Company	2.700%	\$33,684	358	\$1,247,574	5.880%	0.000%	64.100%

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 Product Name: Workers Compensation
 Project Name/Number: Adopt NCCI's Loss Cost/CNI-WCP-07-R02

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	RF-WC	Approved	Yes
Supporting Document	RF-1	Approved	Yes
Rate	Revised manual pages	Approved	Yes

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TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation
Project Name/Number: Adopt NCCI's Loss Cost/CNI-WCP-07-R02

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 10/05/2007

Submitted Date 10/05/2007

Respond By Date

Dear DeeDee Williams,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: In the reference number and filing description you are referencing AR-2007-13. We have not approved an Item Filing with that number. You may be referring to a Circular Number. We do not accept Circular numbers but will only accept the Item Filing number since that is the "unique" number for the Item Filing. Circulars are received after the Item is approved and there are often multiple circulars that apply to the same filing. While the circular number may be the same as the item filing, it is often different.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 10/05/2007

Submitted Date 10/05/2007

Dear Carol Stiffler,

Comments:

Response 1

Comments: Dear Carol:

I would like to apologize for referencing the incorrect reference number. Please note that the correct reference number is NCCI Item Filing #AR-2007-10 and the NCCI Circular number is AR-2007-13. Please find attached a corrected RF-WC and RF-1 form.

<i>SERFF Tracking Number:</i>	<i>CLBA-125313700</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbia National Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026331</i>
<i>Company Tracking Number:</i>	<i>CNI-WCP-07-R02</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Adopt NCCI's Loss Cost/CNI-WCP-07-R02</i>		

Rate Information

Rate data applies to filing.

Filing Method:	File and Use
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	-5.400%
Effective Date of Last Rate Revision:	08/01/2007
Filing Method of Last Filing:	File and Use

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):
Columbia National Insurance Company	64.100%	2.700%	\$33,684	358	\$1,247,574	5.880%	0.000%

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Revised manual pages	WC-4 through WC-12	Replacement	WC-4 through WC-12.pdf

COMMERCIAL LINES MANUAL
WORKERS COMPENSATION POLICY PROGRAM

RATES

Class Codes	Rates	Min Prem
0005	5.22	750
0008	3.20	624
0016	6.72	750
0034	4.57	750
0035	2.66	546
0036	4.42	750
0037	4.79	750
0042	7.76	750
0050	5.91	750
0059 D	.32	207
0065 D	.06	169
0066 D	.06	169
0067 D	.06	169
0079	3.44	659
0083	9.04	750
0106	15.33	750
0113	5.13	750
0170	2.85	573
0251	5.77	750
0400	9.20	750
0401	13.42	750
0771 N	.34	209
0908 P	136.17	750
0913 P	364.14	750
0917	4.02	743
1005 *	10.69	750
1016 *	39.57	750
1164 E	7.83	750
1165 E	7.47	750
1320	3.15	617
1322	12.70	750
1430	5.72	750
1438	2.94	586
1452	2.02	453
1463	12.58	750
1472	3.83	715
1624 E	8.28	750
1642	4.15	750
1654	8.95	750
1655	4.99	750
1699	2.31	495
1701	3.84	717
1710 E	7.18	750
1741 E	1.91	437
1745 X	3.15	617
1747	2.63	542
1748	6.17	750
1803 D	5.91	750

Class Codes	Rates	Min Prem
1852 D	2.42	511
1853	2.88	577
1860	1.65	400
1924	3.50	668
1925	2.89	579
2001	2.62	539
2002	3.63	686
2003	3.04	601
2014	5.74	750
2016	2.63	542
2021	3.64	688
2039	5.00	750
2041	4.30	750
2065	1.33	353
2070	5.48	750
2081	4.73	750
2089	2.95	588
2095	3.50	668
2105	2.71	553
2110	2.43	513
2111	2.20	479
2112	2.80	566
2114	3.37	648
2121	2.14	471
2130	3.15	617
2131	1.93	440
2143	2.39	506
2157	4.13	750
2172	2.34	499
2174	3.04	601
2211	5.72	750
2220	2.17	475
2286	1.61	393
2288	5.02	750
2300	2.34	499
2302	2.05	457
2305	2.71	553
2361	1.47	373
2362	1.97	446
2380	6.73	750
2386	1.32	351
2388	2.08	462
2402	2.51	524
2413	2.00	451
2416	2.08	462
2417	1.93	440
2501	1.64	397
2503	1.47	373

Class Codes	Rates	Min Prem
2534	2.60	537
2570	5.28	750
2585	2.91	582
2586	1.10	320
2587	2.36	502
2589	1.74	413
2600	5.28	750
2623	2.74	557
2651	2.43	513
2660	1.71	408
2670	2.56	530
2683	2.20	479
2688	3.15	617
2701	8.58	750
2702 X	29.47	750
2710	9.07	750
2714	5.46	750
2719 X	11.90	750
2731	3.99	739
2735	3.24	630
2759	8.09	750
2790	1.53	382
2802	7.05	750
2812	4.73	750
2835	1.81	422
2836	2.57	533
2841	4.48	750
2881	2.48	519
2883	4.70	750
2913	3.38	650
2915	4.19	750
2916	2.68	548
2923	2.22	482
2942	2.63	542
2960	3.29	637
3004	2.80	566
3018	3.37	648
3022	3.61	684
3027	3.27	635
3028	3.44	659
3030	4.54	750
3040	4.51	750
3041	3.90	726
3042	3.53	672
3064	5.05	750
3069	7.33	750
3076	3.01	597
3081 D	2.77	562

* Refer to the Footnotes Page for additional information on this class code.

COMMERCIAL LINES MANUAL
WORKERS COMPENSATION POLICY PROGRAM

RATES

Class Codes	Rates	Min Prem
3082 D	4.39	750
3085 D	3.24	630
3110	3.30	639
3111	3.29	637
3113	2.36	502
3114	2.78	564
3118	1.56	386
3119	1.18	331
3122	1.25	342
3126	2.14	471
3131	.98	302
3132	2.23	484
3145	2.08	462
3146	2.80	566
3169	2.88	577
3175 D	3.17	619
3179	2.59	535
3180	2.31	495
3188	1.55	384
3220	2.19	477
3223	3.53	672
3224	2.89	579
3227	1.93	440
3240	3.63	686
3241	3.21	626
3255	2.85	573
3257	2.92	584
3270	4.79	750
3300	4.01	741
3303	3.95	732
3307	3.87	721
3315	2.89	579
3334	2.75	559
3336	2.68	548
3365	10.57	750
3372	2.97	590
3373	3.70	697
3383	1.06	313
3385	.96	300
3400	2.82	568
3507	3.18	621
3515	2.57	533
3548	1.36	357
3559	2.36	502
3574	1.30	349
3581	1.32	351
3612	2.42	511
3620	6.64	750
3629	2.08	462

Class Codes	Rates	Min Prem
3632	3.37	648
3634	2.08	462
3635	1.94	442
3638	1.73	411
3642	1.01	306
3643	3.27	635
3647	3.52	670
3648	2.30	493
3681	1.53	382
3685	2.00	451
3719	3.70	697
3724	7.30	750
3726	3.90	726
3803	2.02	453
3807	1.74	413
3808	2.98	593
3821	4.59	750
3822	3.00	595
3824	5.26	750
3826	1.13	324
3827	1.30	349
3830	1.25	342
3851	3.12	613
3865	1.41	364
3881	4.15	750
4000	8.08	750
4021	4.90	750
4024 E	1.85	428
4034	7.51	750
4036	2.88	577
4038	2.31	495
4053	3.52	670
4061	4.71	750
4062	3.41	655
4101	2.16	473
4111	2.54	528
4112	1.04	311
4113	1.84	426
4114	2.63	542
4130	6.12	750
4131	2.95	588
4133	2.82	568
4150	1.42	366
4206	4.35	750
4207	1.25	342
4239	1.45	371
4240	3.20	624
4243	1.56	386
4244	2.57	533

Class Codes	Rates	Min Prem
4250	1.62	395
4251	1.81	422
4263	2.60	537
4273	1.77	417
4279	1.93	440
4282	2.37	504
4283	2.56	530
4299	1.64	397
4304	3.03	599
4307	2.94	586
4351	1.19	333
4352	1.12	322
4360	.87	286
4361	1.47	373
4362	1.18	331
4410	3.20	624
4420	3.79	710
4431	1.61	393
4432	1.73	411
4439	2.03	455
4452	3.73	701
4459	2.30	493
4470	2.48	519
4484	2.56	530
4493	3.08	606
4511	.75	269
4557	1.99	448
4558	2.05	457
4561	2.08	462
4568	2.92	584
4581	1.84	426
4583	5.00	750
4611	1.03	309
4635	4.19	750
4653	1.47	373
4665	7.45	750
4670	4.79	750
4683	5.08	750
4686	1.25	342
4692	.40	218
4693	.95	298
4703	2.52	526
4717	2.65	544
4720	4.33	750
4740	1.64	397
4741	1.96	444
4751	2.08	462
4771 N	1.94	442
4777	1.93	440

* Refer to the Footnotes Page for additional information on this class code.

COMMERCIAL LINES MANUAL
WORKERS COMPENSATION POLICY PROGRAM

RATES

Class Codes	Rates	Min Prem
4825	.83	280
4828	1.56	386
4829	1.70	406
4902	1.87	431
4923	1.24	340
5020	6.29	750
5022	6.87	750
5037	19.17	750
5040	22.40	750
5057	17.64	750
5059	25.32	750
5069	24.34	750
5102	4.68	750
5146	5.54	750
5160	4.93	750
5183	3.56	677
5188	5.94	750
5190	3.47	664
5191 X	1.94	442
5192	4.38	750
5213	8.42	750
5215	4.41	750
5221	4.48	750
5222	11.03	750
5223	6.03	750
5348	4.21	750
5402	5.52	750
5403	11.25	750
5437	5.16	750
5443	4.10	750
5445	5.22	750
5462	6.79	750
5472	5.62	750
5473	5.72	750
5474	7.96	750
5478	4.88	750
5479	11.40	750
5480	11.14	750
5491	2.39	506
5506	4.88	750
5507	6.38	750
5508 D	8.11	750
5535	7.33	750
5537	6.12	750
5551	15.97	750
5606	2.16	473
5610	7.57	750
5645	12.65	750
5651	10.25	750

Class Codes	Rates	Min Prem
5703	110.25	750
5705	5.55	750
5951	.41	220
6003	11.40	750
6005	7.51	750
6017	4.74	750
6018	2.42	511
6045	3.24	630
6204	10.59	750
6206	8.15	750
6213	12.62	750
6214	3.04	601
6216	5.75	750
6217	5.37	750
6229	4.50	750
6233	8.26	750
6235	12.50	750
6236	14.27	750
6237	3.92	728
6251 D	8.51	750
6252 D	7.71	750
6260 D	5.84	750
6306	6.04	750
6319	6.04	750
6325	5.62	750
6400	7.54	750
6504	2.63	542
6702 M*	8.03	750
6703 M*	14.14	750
6704 M*	8.92	750
6801 F	15.42	750
6811	6.17	750
6824 F	26.65	750
6826 F	12.90	750
6834	4.61	750
6836	10.10	750
6843 F	17.72	750
6845 F	20.85	750
6854	5.81	750
6872 F	24.08	750
6874 F	42.78	750
6882	6.66	750
6884	14.61	750
7016 M	6.04	750
7024 M	6.72	750
7038 M	7.18	750
7046 M	31.61	750
7047 M	10.65	750
7050 M	12.64	750

Class Codes	Rates	Min Prem
7090 M	7.97	750
7098 M	35.13	750
7099 M	55.68	750
7133	3.84	717
7151 M	4.67	750
7152 M	8.22	750
7153 M	5.19	750
7222	10.95	750
7228 X	8.58	750
7229 X	8.54	750
7230	4.18	750
7231	9.23	750
7232	15.70	750
7309 F	29.68	750
7313 F	6.84	750
7317 F	10.95	750
7327 F	23.88	750
7333 M	8.14	750
7335 M	9.04	750
7337 M	14.34	750
7350 F	25.93	750
7360	6.47	750
7370	5.60	750
7380 X	4.54	750
7382	3.08	606
7390	3.89	723
7394 M	16.33	750
7395 M	18.13	750
7398 M	28.73	750
7403 X	3.12	613
7405 N	1.65	400
7420 X*	23.82	750
7421	2.48	519
7422	2.74	557
7423 X	3.12	613
7425	3.86	719
7431 N	2.14	471
7445 N	.89	289
7453 N	1.15	326
7502	3.24	630
7515	1.19	333
7520	3.32	641
7538	10.62	750
7539	6.75	750
7540	4.48	750
7580	2.26	488
7590	4.82	750
7600	3.27	635
7601	13.13	750

* Refer to the Footnotes Page for additional information on this class code.

COMMERCIAL LINES MANUAL
WORKERS COMPENSATION POLICY PROGRAM

RATES

Class Codes	Rates	Min Prem
7605	3.67	692
7610	.52	235
7611	6.50	750
7612	18.10	750
7613	5.20	750
7705	3.03	599
7710	7.31	750
7711	7.31	750
7720 X	3.03	599
7855	6.61	750
8001	2.69	550
8002	3.53	672
8006	2.48	519
8008	1.29	346
8010	2.37	504
8013	.55	240
8015	.77	271
8017	1.32	351
8018 X*	2.95	588
8021	1.90	435
8031	3.44	659
8032	1.77	417
8033	2.16	473
8039	1.61	393
8044	3.53	672
8045	.50	233
8046	3.14	615
8047	1.35	355
8058	3.17	619
8072	.72	264
8102	2.92	584
8103	5.16	750
8105	5.22	750
8106	4.87	750
8107	4.48	750
8111	3.49	666
8116	5.05	750
8203	6.82	750
8204	6.89	750
8209	3.38	650
8215	6.06	750
8227	4.80	750
8232	7.11	750
8233	5.37	750
8235	4.50	750
8263	10.10	750
8264	4.48	750
8265	10.63	750
8279	11.49	750

Class Codes	Rates	Min Prem
8288	7.45	750
8291	2.71	553
8292	3.29	637
8293	9.09	750
8295 X	6.59	750
8304	7.86	750
8350	5.75	750
8380	3.89	723
8381	1.55	384
8385	2.97	590
8392	3.83	715
8393	1.81	422
8500	5.58	750
8601	.77	271
8606	3.96	735
8709 F	9.03	750
8719	1.97	446
8720	1.32	351
8721	.44	224
8726 F	10.73	750
8734 M	.77	271
8737 M	.69	260
8738 M	1.21	335
8742 X	.57	242
8745	5.16	750
8748	.46	227
8755	.32	207
8799	1.07	315
8800	1.07	315
8803	.09	173
8805 M	.37	213
8810	.28	200
8814 M	.34	209
8815 M	.60	247
8820	.24	195
8824	3.14	615
8825	2.60	537
8826	2.49	522
8829	2.97	590
8831	3.29	637
8832	.31	204
8833 X*	1.24	340
8835	2.39	506
8842	1.30	349
8864	1.30	349
8868	.44	224
8869	.83	280
8871	.28	200
8901	.32	207

Class Codes	Rates	Min Prem
9012	1.85	428
9014	2.59	535
9015 X	3.06	604
9016	5.48	750
9019	3.69	695
9033	2.00	451
9040 *	3.87	721
9052	1.94	442
9058	1.90	435
9059	3.26	633
9060	1.99	448
9061	1.51	380
9063	1.21	335
9077 F	4.39	750
9082	1.82	424
9083	1.62	395
9084	2.25	486
9089	1.45	371
9093	1.62	395
9101	3.38	650
9102	3.32	641
9154	2.71	553
9156	1.55	384
9170	2.59	535
9178	27.65	750
9179	48.26	750
9180	4.79	750
9182	2.95	588
9186	60.14	750
9220	4.18	750
9402	5.81	750
9403	7.15	750
9410	2.17	475
9501	5.34	750
9505	3.92	728
9516	3.12	613
9519	2.72	555
9521	5.84	750
9522	1.70	406
9534	8.28	750
9554	9.56	750
9586	.81	278
9600	1.79	420
9620	1.35	355

* Refer to the Footnotes Page for additional information on this class code.

COMMERCIAL LINES MANUAL
WORKERS COMPENSATION POLICY PROGRAM
FOOTNOTES

D Rate for classification already includes the specific disease loading shown in the table below. See Basic Manual Rule 3-A-7.

E Rate for classification already includes the specific disease loading shown in the table below.

Asb=Asbestos	Specific Disease	S=Silica
Code No.	Loadings	Disease Symbol
0059D	0.32	S
0065D	0.06	S
0066D	0.06	S
0067D	0.06	S
1164E	0.09	S
1165E	0.05	S
1624E	0.05	S
1710E	0.06	S
1741E	0.26	S
1803D	0.26	S
1852D	0.05	Asb
3081D	0.05	S
3082D	0.06	S
3085D	0.06	S
3175D	0.03	S
4024E	0.02	S
5508D	0.03	S
6251D	0.06	S
6252D	0.05	S
6260D	0.03	S

F Rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Rate contains a provision for federal assessment.

M Rate provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for the USL& HW assessment is included for those classifications under Program II USL Act.

N This code is part of a ratable / non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class	Non-Ratable	Class	Non-Ratable
<u>Code</u>	<u>Element Code</u>	<u>Code</u>	<u>Element Code</u>
4771	0771	7405	7445
7431	7453		

P Classification is computed on a per capita basis.

X Refer to special classification phraseology in these pages which is applicable in this state.

COMMERCIAL LINES MANUAL
WORKERS COMPENSATION POLICY PROGRAM
FOOTNOTES

* Class Codes with Specific Footnotes

- 1005 Rate includes a non-ratable disease element of \$4.36. (For coverage written separately for federal benefits only, \$3.29. For coverage written separately for state benefits only, \$1.07).
- 1016 Rate includes a non-ratable disease element of \$17.44. (For coverage written separately for federal benefits only, \$13.14. For coverage written separately for state benefits only, \$4.3). It also includes a catastrophe loading of \$0.15. Refer to the Manual of Underground Coal Mine Rules, Classifications, and Rates for the rules applicable to the use of this classification code.
- 6702 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection code rate and elr each x 1.215.
- 6703 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate x 2.14 and elr x 1.982.
- 6704 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate and elr each x 1.35.
- 7409 Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005. The ELR on the rate page should be applied to policies with effective dates on or after January 1, 2005 (\$600 payroll limitation). An ELR of 11.36 should be applied to policies with effective dates prior to January 1, 2005 (\$300 payroll limitation).
- 7420 Payroll is subject to a maximum of \$600 per week per employee effective July 1, 2006. The ELR on the rate page should be applied to policies with effective dates on or after July 1, 2006 (\$600 payroll limitation). An ELR of 4.16 should be applied to policies with effective dates prior to July 1, 2006. (uncapped payroll).
- 8018 See Arkansas Special Classification for Warehousing-groceries exclusively.
- 8833 The ex-medical rate for this classification is \$0.66. A charge of \$0.15 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- 9040 The ex-medical rate for this classification is \$1.90. A charge of \$0.15 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

COMMERCIAL LINES MANUAL
WORKERS COMPENSATION POLICY PROGRAM

ADVISORY MISCELLANEOUS VALUES

Advisory Loss Elimination Ratios - The following percentages are applicable by deductible amount and hazard group on a per claim basis*:

Total Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	13.4%	10.9%	9.4%	7.9%	6.6%	4.6%	3.5%
\$1,500	16.3%	13.4%	11.6%	9.8%	8.3%	5.9%	4.5%
\$2,000	18.6%	15.3%	13.3%	11.4%	9.7%	7.0%	5.4%
\$2,500	20.6%	17.1%	14.9%	12.8%	10.9%	7.9%	6.1%
\$3,000	22.4%	18.6%	16.3%	14.0%	12.0%	8.8%	6.8%
\$3,500	24.0%	20.0%	17.6%	15.2%	13.0%	9.7%	7.5%
\$4,000	25.5%	21.3%	18.8%	16.3%	14.0%	10.5%	8.1%
\$4,500	26.9%	22.5%	19.9%	17.3%	14.9%	11.3%	8.7%
\$5,000	28.2%	23.7%	21.0%	18.3%	15.8%	12.0%	9.3%

Medical Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	13.0%	10.6%	9.1%	7.6%	6.4%	4.4%	3.4%
\$1,500	15.5%	12.7%	11.0%	9.3%	7.8%	5.5%	4.2%
\$2,000	17.5%	14.4%	12.5%	10.6%	9.0%	6.4%	4.9%
\$2,500	19.2%	15.8%	13.8%	11.7%	10.0%	7.2%	5.5%
\$3,000	20.6%	17.1%	14.9%	12.7%	10.8%	7.9%	6.1%
\$3,500	21.9%	18.2%	15.9%	13.6%	11.6%	8.5%	6.6%
\$4,000	23.0%	19.2%	16.8%	14.5%	12.4%	9.1%	7.1%
\$4,500	24.0%	20.1%	17.6%	15.2%	13.1%	9.7%	7.5%
\$5,000	25.0%	21.0%	18.4%	15.9%	13.7%	10.2%	7.9%

Indemnity Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	2.9%	2.4%	2.2%	2.0%	1.8%	1.5%	1.1%
\$1,500	4.0%	3.3%	3.0%	2.8%	2.5%	2.1%	1.6%
\$2,000	5.0%	4.1%	3.8%	3.5%	3.1%	2.7%	2.0%
\$2,500	5.8%	4.9%	4.5%	4.2%	3.7%	3.2%	2.4%
\$3,000	6.6%	5.6%	5.2%	4.8%	4.3%	3.6%	2.8%
\$3,500	7.4%	6.2%	5.8%	5.4%	4.8%	4.1%	3.1%
\$4,000	8.0%	6.8%	6.3%	5.9%	5.2%	4.5%	3.5%
\$4,500	8.7%	7.4%	6.8%	6.4%	5.7%	4.8%	3.8%
\$5,000	9.3%	7.9%	7.3%	6.8%	6.1%	5.2%	4.1%

COMMERCIAL LINES MANUAL
WORKERS COMPENSATION POLICY PROGRAM

ADVISORY MISCELLANEOUS VALUES

Advisory Loss Elimination Ratios (continued) - The following percentages are applicable by deductible amount and hazard group on a per claim basis*:

Total Losses				
Deductible Amount	HAZARD GROUP			
	1	2	3	4
\$1,000	11.3%	8.9%	5.6%	3.5%
\$1,500	13.7%	11.0%	7.0%	4.5%
\$2,000	15.8%	12.7%	8.3%	5.4%
\$2,500	17.5%	14.2%	9.4%	6.1%
\$3,000	19.1%	15.6%	10.4%	6.8%
\$3,500	20.5%	16.8%	11.3%	7.5%
\$4,000	21.8%	18.0%	12.2%	8.1%
\$4,500	23.1%	19.1%	13.0%	8.7%
\$5,000	24.2%	20.1%	13.8%	9.3%

Medical Losses				
Deductible Amount	HAZARD GROUP			
	1	2	3	4
\$1,000	10.9%	8.6%	5.3%	3.4%
\$1,500	13.1%	10.4%	6.6%	4.2%
\$2,000	14.8%	11.9%	7.6%	4.9%
\$2,500	16.3%	13.1%	8.5%	5.5%
\$3,000	17.5%	14.2%	9.3%	6.1%
\$3,500	18.7%	15.2%	10.0%	6.6%
\$4,000	19.7%	16.0%	10.7%	7.1%
\$4,500	20.6%	16.9%	11.3%	7.5%
\$5,000	21.5%	17.6%	11.9%	7.9%

Indemnity Losses				
Deductible Amount	HAZARD GROUP			
	1	2	3	4
\$1,000	2.4%	2.1%	1.6%	1.1%
\$1,500	3.4%	3.0%	2.3%	1.6%
\$2,000	4.2%	3.7%	2.9%	2.0%
\$2,500	5.0%	4.4%	3.4%	2.4%
\$3,000	5.7%	5.0%	3.9%	2.8%
\$3,500	6.4%	5.6%	4.4%	3.1%
\$4,000	7.0%	6.2%	4.8%	3.5%
\$4,500	7.5%	6.7%	5.2%	3.8%
\$5,000	8.1%	7.2%	5.6%	4.1%

*The values shown for Hazard Groups 1 through 4 are for the reference of those carriers that have filed for the use of these hazard groups in accordance with Item B-1403.

Basis of premium applicable in accordance with the Basic Manual footnote instructions for Code:

7370--"Taxicab Co.":

Employee operated vehicle	\$46,220.00
Leased or rented vehicle	\$30,813.00

7420--"Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew":

Maximum payroll per week per employee	\$600.00
---------------------------------------	----------

COMMERCIAL LINES MANUAL
WORKERS COMPENSATION POLICY PROGRAM

ADVISORY MISCELLANEOUS VALUES

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents (Rate)	\$0.02
Foreign Terrorism (Rate)	\$0.03
Maximum Payroll applicable in accordance with Basic Manual Rule 2-E-1 -- "Executive Officers" and the Basic Manual footnote instructions for Code 9178 -- "Athletic Sports or Park: Noncontact Sports," Code 9179 -- "Athletic Sports or Park: Contact Sports," and Code 9186 -- "Carnival--Traveling"	\$2,400.00
Minimum Payroll applicable in accordance with Basic Manual Rule 2-E-1 -- "Executive Officers"	\$300.00
Per Passenger Seat Surcharge - In accordance with the Basic Manual footnote instructions for Code 7421, the surcharge is	
Maximum surcharge per aircraft	\$1,000.00
Per passenger seat	\$100.00
Premium Determination for Partners and Sole Proprietors and Members of Limited Liability Companies in accordance with Basic Manual Rule 2-E-3	\$30,800.00
United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with Basic Manual Rule 3-A-4	90%

(Multiply a Non-F classification rate by a factor of 1.90 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and the adjustment for differences in loss-based expenses (1.139).)

Experience Rating Eligibility

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the Experience Rating Plan Manual should be referenced for the latest approved eligibility amounts by state.

SERFF Tracking Number: CLBA-125313700 State: Arkansas
Filing Company: Columbia National Insurance Company State Tracking Number: AR-PC-07-026331
Company Tracking Number: CNI-WCP-07-R02
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation
Project Name/Number: Adopt NCCI's Loss Cost/CNI-WCP-07-R02

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/08/2007

Comments:

Attachment:

Transmittal Document.pdf

Satisfied -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 10/08/2007

Comments:

Attachments:

RF-WC.pdf
5 Year Exhibit.pdf

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Approved 10/08/2007

Comments:

Attachment:

RF-1.pdf

Satisfied -Name: RF-WC **Review Status:** Approved 10/08/2007

Comments:

Attachment:

RF-WC.pdf

Satisfied -Name: RF-1 **Review Status:** Approved 10/08/2007

Comments:

Attachment:

RF-1.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	<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 #

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.)

PC TD-1 pg 2 of 2

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 % 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 % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate impact for this filing		
5b.	Effect of Rate Filing – Written premium change for this program		
5c.	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	
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	

ARKANSAS INSURANCE DEPARTMENT

Form RF-WC
Rev. 11/95

**WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS REFERENCE FILING ADOPTION FORM**

DATE 10/4/2007

Page 1 of 2

1. Insurer Name Columbia National Insurance Co.

Address 2102 White Gate Dr.
Columbia, MO 65205

Person Responsible for Filing DeeDee Williams

Title Asst. Analyst, Research & Development Telephone No. 800-877-3579 ext. 1261

2. Insurer NAIC No. 19640 Group No. 807

3. Advisory Organization NCCI

4. Advisory Organization Reference Filing No. AR-2007-13

5. 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.

6. A. Proposed Rate Level Change	<u>2.7 %</u>	Effective Date	<u>1/1/2008</u>
B. Proposed Premium Level Change	<u>2.7 %</u>	Effective Date	<u>1/1/2008</u>

7. A. Prior Rate Level Change	<u>-5.4 %</u>	Effective Date	<u>8/1/2007</u>
B. Prior Premium Level Change	<u>-5.4 %</u>	Effective Date	<u>8/1/2007</u>

8. Attach "Summary of Supporting Information Form" (RF-WC Page 2)
(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. Check one of the following:

(X) 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.

() 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.

**WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER**

Insurer Name: Columbia National Insurance Company Date: 10/4/2007
NAIC No. 19640 Group No. 807

1. Does this filing apply to all classes contained in item 4 of the Reference Filing Adoption Form?
(X) Yes () No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justifi

2. 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)
(X) With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) 11.6% deviation due to underwri
B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.116

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost)Ratio. (Attach exhibit det: insurer expense data, impact of premium discount plans, and/or other supporting information.)
PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions
A.	Total Production Expense	<u>10.4%</u>
B.	General Expense	<u>10.1%</u>
C.	Taxes, Licenses & Fees	<u>5.7%</u>
D.	Underwriting Profit & Contingencies* (5% Profit less	<u>1.3%</u>
E.	Other (explain) 3.7% Invest Income)	<u>0.0%</u>
F.	TOTAL	<u>27.5%</u>

*Explain how investment income is taken into account.

4. A. Expected Loss and Loss Adjustment Expense Ratio:
ELR = 100% - 3F = 72.5%
B. ELR in Decimal Form = 0.725

5. Overall Impact of Expense Constant and Minimum Premiums
(A 2.3% impact would be expressed as 1.023.) 1.060

6. Overall Impact of Size-of-Risk Discounts plus Expense Graduation
Recognition in Retrospective Rating: 0.963
(An 8.67% average discount would be expressed as 0.914.)

7. Company Formula Loss Cost Multiplier:
(2B/[(6-3F) x 5]) = 1.530

8. Company Selected Loss Cost Multiplier= 1.530
Explain any differences between 7 and 8:

9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. () Yes

10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. ()

ARKANSAS/COUNTRYWIDE 5 YEAR EXPERIENCE & EXPENSE EXHIBIT

EXPERIENCE FOR ALL COMPANIES - Workers Compensation Policy Program

(Statistics should be identical to Page 14 of the Annual Statement, Insurance Expense Exhibit)

Arkansas	2002		2003		2004		2005		2006		TOTAL ALL YEARS	
	AMOUNT	%										
1. Direct Premiums Earned	713,870	100.0%	794,612	100.0%	1,048,211	100.0%	1,147,937	100.0%	1,206,793	100.0%	4,911,423	100.0%
2. Direct Losses Incurred	685,748	96.1%	413,197	52.0%	1,062,658	101.4%	5,285,758	460.5%	-2,064,462	-171.1%	5,382,899	109.6%
3. Direct Allocated LAE Incurred	27,489	3.9%	70,727	8.9%	21,433	2.0%	44,249	3.9%	52,113	4.3%	216,011	4.4%
4. Direct Unallocated LAE Incurred (Adjusting and Other Expenses Inc)	101,372	14.2%	38,027	4.8%	96,751	9.2%	50,504	4.4%	-42,112	-3.5%	244,542	5.0%
5. Direct Loss & Loss Expenses Incurred (2, 3 & 4)	814,609	114.1%	521,951	65.7%	1,180,842	112.7%	5,380,511	468.7%	-2,054,461	-170.2%	5,843,452	119.0%
6. Direct Premiums Written	808,529	100.0%	909,613	100.0%	1,137,781	100.0%	1,067,559	100.0%	1,247,574	100.0%	5,171,056	100.0%
7. Direct Commissions & Brokerage	78,781	9.7%	90,169	9.9%	121,952	10.7%	114,915	10.8%	130,400	10.5%	536,217	10.4%
8. Other Acquisition, Field Supervision & Collection Expenses Paid	55,546	6.9%	69,405	7.6%	78,220	6.9%	68,595	6.4%	84,997	6.8%	356,763	6.9%
9. General Expenses Paid	26,357	3.3%	34,145	3.8%	38,261	3.4%	34,371	3.2%	42,816	3.4%	175,952	3.4%
10. Taxes, Licenses & Fees Paid	46,692	5.8%	51,875	5.7%	65,324	5.7%	59,816	5.6%	72,637	5.8%	296,344	5.7%
11. Total Expenses Paid (7,8,9,10)	207,376	25.6%	245,594	27.0%	303,757	26.7%	277,697	26.0%	330,851	26.5%	1,365,276	26.4%
COUNTRYWIDE												
1. Direct Premiums Earned	13,126,729	100.0%	14,232,192	100.0%	15,735,951	100.0%	16,364,264	100.0%	17,155,767	100.0%	76,614,903	100.0%
2. Direct Losses Incurred	18,611,858	141.8%	10,741,861	75.5%	13,008,984	82.7%	13,965,509	85.3%	2,402,296	14.0%	58,730,508	76.7%
3. Direct Allocated LAE Incurred	421,286	3.2%	1,287,299	9.0%	-181,138	-1.2%	438,912	2.7%	769,033	4.5%	2,735,392	3.6%
4. Direct Unallocated LAE Incurred (Adjusting and Other Expenses Inc)	1,677,000	12.8%	682,000	4.8%	1,606,000	10.2%	713,000	4.4%	-688,000	-4.0%	3,990,000	5.2%
5. Direct Loss & Loss Expenses Incurred (2, 3 & 4)	20,710,144	157.8%	12,711,160	89.3%	14,433,846	91.7%	15,117,421	92.4%	2,483,329	14.5%	65,455,900	85.4%
6. Direct Premiums Written	13,980,422	100.0%	14,496,762	100.0%	16,264,138	100.0%	16,590,347	100.0%	17,465,154	100.0%	78,796,823	100.0%
7. Direct Commissions & Brokerage	1,205,377	8.6%	1,293,123	8.9%	1,589,934	9.8%	1,626,706	9.8%	1,686,250	9.7%	7,401,390	9.4%
8. Other Acquisition, Field Supervision & Collection Expenses Paid	920,000	6.6%	1,068,000	7.4%	1,095,000	6.7%	1,035,000	6.2%	1,205,000	6.9%	5,323,000	6.8%
9. General Expenses Paid	436,000	3.1%	525,000	3.6%	535,000	3.3%	519,000	3.1%	607,000	3.5%	2,622,000	3.3%
10. Taxes, Licenses & Fees Paid	343,002	2.5%	399,917	2.8%	424,781	2.6%	390,913	2.4%	379,854	2.2%	1,938,467	2.5%
11. Total Expenses Paid (6,7,8,9)	2,904,379	20.8%	3,286,040	22.7%	3,644,715	22.4%	3,571,619	21.5%	3,878,104	22.2%	17,284,857	21.9%
Notes: % of Lines 2, 3, 4 & 5 to Line 1 % of Lines 7, 8, 9, 10 & 11 to Line 6												

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

1.	This filing transmittal is part of Company Tracking #	CNI-WCP-07-R02
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	NCCI AR-2007-13
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Company Name		Company NAIC Number	
3.	A. Columbia National Insurance Company	B.	19640

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. 16.0 Workers Compensation	B.	16.0 WC Sub-TOI Combinations

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
Workers Compensation	+64.1%	+2.7%	72.5%	1.116	1.53	1.060	1.53
TOTAL OVERALL EFFECT	+64.1%	+2.7%					

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
2002	360	-4.5%	10/1/01	714	686	96.1%	141.8%
2003	368	1.8%	10/1/02	795	413	52.0%	75.5%
2004	393	6.0%/0.5%	10/1/03	1,048	1,063	101.4%	82.7%
2005	365	-0.2%	1/04-10/04	1,148	5,286	460.5%	85.3%
2006	358	-0.5% -5.4%	8/06-8/07	1,207	-2,064	-171.1%	14.0%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	10.4%
B. General Expense	10.1%
C. Taxes, Licenses & Fees	5.7%
D. Underwriting Profit & Contingencies	1.3%
E. Other (explain)	
F. TOTAL	27.5%

8. Y Apply Loss Cost Factors to Future filings? (Y or N)

9. 5.88% Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): _____

10. N/A Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

ARKANSAS INSURANCE DEPARTMENT

Form RF-WC
Rev. 11/95

**WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS REFERENCE FILING ADOPTION FORM**

DATE 10/4/2007

Page 1 of 2

1. Insurer Name Columbia National Insurance Co.

Address 2102 White Gate Dr.
Columbia, MO 65205

Person Responsible for Filing DeeDee Williams

Title Asst. Analyst, Research & Development Telephone No. 800-877-3579 ext. 1261

2. Insurer NAIC No. 19640 Group No. 807

3. Advisory Organization NCCI

4. Advisory Organization Reference Filing No. AR-2007-10

5. 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.

6. A. Proposed Rate Level Change	<u>2.7 %</u>	Effective Date	<u>1/1/2008</u>
B. Proposed Premium Level Change	<u>2.7 %</u>	Effective Date	<u>1/1/2008</u>

7. A. Prior Rate Level Change	<u>-5.4 %</u>	Effective Date	<u>8/1/2007</u>
B. Prior Premium Level Change	<u>-5.4 %</u>	Effective Date	<u>8/1/2007</u>

8. Attach "Summary of Supporting Information Form" (RF-WC Page 2)
(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. Check one of the following:

(X) 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.

() 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.

**WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER**

Insurer Name: Columbia National Insurance Company Date: 10/4/2007
 NAIC No. 19640 Group No. 807

1. Does this filing apply to all classes contained in item 4 of the Reference Filing Adoption Form?
 (X) Yes () No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justifi

2. 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)
 (X) With the following modification(s). (Cite the nature and percent modification, and attach
 supporting data and/or rationale for the modification.) 11.6% deviation due to underwri
 B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.116

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost)Ratio. (Attach exhibit det:
 insurer expense data, impact of premium discount plans, and/or other supporting information.)
 PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions
A.	Total Production Expense	<u>10.4%</u>
B.	General Expense	<u>10.1%</u>
C.	Taxes, Licenses & Fees	<u>5.7%</u>
D.	Underwriting Profit & Contingencies* (5% Profit less	<u>1.3%</u>
E.	Other (explain) 3.7% Invest Income)	<u>0.0%</u>
F.	TOTAL	<u>27.5%</u>

*Explain how investment income is taken into account.

4. A. Expected Loss and Loss Adjustment Expense Ratio:
 ELR = 100% - 3F = 72.5%
 B. ELR in Decimal Form = 0.725

5. Overall Impact of Expense Constant and Minimum Premiums
 (A 2.3% impact would be expressed as 1.023.) 1.060

6. Overall Impact of Size-of-Risk Discounts plus Expense Graduation
 Recognition in Retrospective Rating: 0.963
 (An 8.67% average discount would be expressed as 0.914.)

7. Company Formula Loss Cost Multiplier:
 (2B/[(6-3F) x 5]) = 1.530

8. Company Selected Loss Cost Multiplier= 1.530
 Explain any differences between 7 and 8:

9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. () Yes

10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. ()

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

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