

SERFF Tracking Number: SAFC-125335477 State: Arkansas
First Filing Company: American Economy Insurance Company, ... State Tracking Number: AR-PC-07-026568
Company Tracking Number: 07-0174
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: WC 07-0174
Project Name/Number: /

Filing at a Glance

Companies: American Economy Insurance Company, American States Insurance Company, First National Insurance Company of America, General Insurance Company of America, SAFECO Insurance Company of America

Product Name: WC 07-0174 SERFF Tr Num: SAFC-125335477 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: AR-PC-07-026568
Sub-TOI: 16.0004 Standard WC Co Tr Num: 07-0174 State Status:
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Author: Elizabeth Miller Disposition Date: 10/29/2007
Date Submitted: 10/26/2007 Disposition Status: Approved
Effective Date Requested (New): 11/26/2007 Effective Date (New): 11/26/2007
Effective Date Requested (Renewal): 11/26/2007 Effective Date (Renewal):

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Domicile Status Comments: Authorized in Indiana; not filed in Washington
Reference Organization: NCCI Reference Number: Item E-1400
Reference Title: Exclusion of Catastrophe Losses from Experience Rating Advisory Org. Circular:
Filing Status Changed: 10/29/2007
State Status Changed: 10/29/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
This filing is to inform you that we propose to adopt NCCI-approved Item E-1400 – Exclusion of Catastrophe Losses from Experience Rating.

Company and Contact

Filing Contact Information

Elizabeth Miller, Filing Coordinator elimil@safeco.com

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Safeco Plaza (206) 545-3022 [Phone]
 Seattle, WA 98185 ()-[FAX]

Filing Company Information

American Economy Insurance Company	CoCode: 19690	State of Domicile: Indiana
4333 Brooklyn Ave NE	Group Code: 163	Company Type:
Seattle, WA 98105-9903	Group Name:	State ID Number:
(206) 545-5000 ext. [Phone]	FEIN Number: 35-1044900	

American States Insurance Company	CoCode: 19704	State of Domicile: Indiana
4333 Brooklyn Ave NE	Group Code: 163	Company Type:
Seattle, WA 98105-9903	Group Name:	State ID Number:
(206) 545-5000 ext. [Phone]	FEIN Number: 35-0145400	

First National Insurance Company of America	CoCode: 24724	State of Domicile: Washington
4333 Brooklyn Ave NE	Group Code: 163	Company Type:
Seattle, WA 98105-9903	Group Name:	State ID Number:
(206) 545-5000 ext. [Phone]	FEIN Number: 91-0742144	

General Insurance Company of America	CoCode: 24732	State of Domicile: Washington
4333 Brooklyn Ave NE	Group Code: 163	Company Type:
Seattle, WA 98105-9903	Group Name:	State ID Number:
(206) 545-5000 ext. [Phone]	FEIN Number: 91-0231910	

SAFECO Insurance Company of America	CoCode: 24740	State of Domicile: Washington
4333 Brooklyn Ave NE	Group Code: 163	Company Type:
Seattle, WA 98105-9903	Group Name:	State ID Number:
(206) 545-5000 ext. [Phone]	FEIN Number: 91-0742148	

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Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: \$25 per submission to adopt advisory organization item filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Economy Insurance Company	\$25.00	10/26/2007	16344869
American States Insurance Company	\$0.00	10/26/2007	
First National Insurance Company of America	\$0.00	10/26/2007	
General Insurance Company of America	\$0.00	10/26/2007	
SAFECO Insurance Company of America	\$0.00	10/26/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	10/29/2007	10/29/2007

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Disposition

Disposition Date: 10/29/2007
Effective Date (New): 11/26/2007
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	No
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	No
Supporting Document	NAIC loss cost data entry document	Approved	No

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status: Approved	10/29/2007
Comments:			
Attachment:	AR PCTD.pdf		
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	10/29/2007
Bypass Reason:	N/A		
Comments:			
Bypassed -Name:	NAIC loss cost data entry document	Review Status: Approved	10/29/2007
Bypass Reason:	N/A		
Comments:			

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 #
Safeco Group	163

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Economy Insurance Company	IN	19690	35-1044900	
American States Insurance Company	IN	19704	35-0145400	
First National Insurance Company of America	WA	24724	91-0742144	
General Insurance Company of America	WA	24732	91-0231910	
Safeco Insurance Company of America	WA	24740	91-0742148	

5. Company Tracking Number	07-0174
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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
	Elizabeth A Miller Safeco Plaza, Suite 2800 Seattle WA 98185-0001	Sr. Commercial Lines Filing Coordinator	206-473-5430	206-473-6723	elimil@safeco.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Elizabeth A. Miller

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

9.	Type of Insurance (TOI)	16.0
10.	Sub-Type of Insurance (Sub-TOI)	16.0004
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 checked="" 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: 11-26-07 Renewal: 11-26-07
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI
17.	Reference Organization # & Title	CIF-2006-09 Item E-1400 Exclusion of Catastrophe Losses from Experience Rating
18.	Company's Date of Filing	10-26-07
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved Washington In Indiana

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	07-0174
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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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This filing is to inform you that we propose to adopt NCCI-approved Item E-1400 – Exclusion of Catastrophe Losses from Experience Rating.

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 – EFT Amount: \$25.00</p> <p>\$25.00 per submission to adopt advisory organization item filing</p> <p>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.)