

SERFF Tracking Number: HCAS-125369326 State: Arkansas  
First Filing Company: American Fire and Casualty Company, ... State Tracking Number: EFT \$100  
Company Tracking Number: CL20070163  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: AR WC Adopt AR-2007-09  
Project Name/Number: AR WC Adopt AR-2007-09/CL20070163

## Filing at a Glance

Companies: American Fire and Casualty Company, Ohio Security Insurance Company, The Ohio Casualty Insurance Company, West American Insurance Company

Product Name: AR WC Adopt AR-2007-09 SERFF Tr Num: HCAS-125369326 State: Arkansas  
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$100  
Sub-TOI: 16.0004 Standard WC Co Tr Num: CL20070163 State Status: Fees verified and received  
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding  
Author: Jennifer Swift Disposition Date: 11/28/2007  
Date Submitted: 11/27/2007 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: AR WC Adopt AR-2007-09 Status of Filing in Domicile: Not Filed  
Project Number: CL20070163 Domicile Status Comments:  
Reference Organization: NCCI Reference Number: 02-AR-2007  
Reference Title: Revision to Basic Manual Classification Code 2719-- Logging or Tree Removal--Certified Mechanized Harvesting Exclusively Advisory Org. Circular: AR-2007-09  
Logging or Tree Removal--Certified Mechanized Harvesting Exclusively  
Filing Status Changed: 11/28/2007  
State Status Changed: 11/28/2007 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
WORKERS' COMPENSATION: NCCI ITEM 02-AR-2007 REVISION TO BASIC MANUAL CLASSIFICATION CODE  
2719--LOGGING OR TREE REMOVAL--CERTIFIED MECHANIZED HARVESTING EXCLUSIVELY AR-2007-09  
OUR FILE NO.: CL20070163  
EFFECTIVE JANUARY 1, 2008

In accordance with the laws of the state of Arkansas, we are filing NCCI Item 02-AR-2007 Revision To Basic Manual Classification Code 2719--Logging Or Tree Removal--Certified Mechanized Harvesting Exclusively AR-2007-09

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approved for use in Arkansas.

We are filing this to apply to new and renewal policies effective on and after January 1, 2008.

To the best of my knowledge, information and belief, this filing is in compliance in all respects with the provisions of the insurance statutes, laws and regulations of your state.

## Company and Contact

### Filing Contact Information

Jennifer Swift, Product Staff Underwriter Jennifer.Swift@ocas.com  
 9450 Seward Road (800) 843-6446 [Phone]  
 Fairfield, OH 45014-5456 (513) 603-3121[FAX]

### Filing Company Information

American Fire and Casualty Company	CoCode: 24066	State of Domicile: Ohio
9450 Seward Road	Group Code: 111	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 59-0141790	
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Ohio Security Insurance Company	CoCode: 24082	State of Domicile: Ohio
9450 Seward Road	Group Code: 111	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 31-0541777	
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The Ohio Casualty Insurance Company	CoCode: 24074	State of Domicile: Ohio
9450 Seward Road	Group Code: 111	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 31-0396250	
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West American Insurance Company	CoCode: 44393	State of Domicile: Indiana
9450 Seward Road	Group Code: 111	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 31-0624491	
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation: \$25 x 4 cos = \$100  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Fire and Casualty Company	\$0.00	11/27/2007	
The Ohio Casualty Insurance Company	\$100.00	11/27/2007	16825530
Ohio Security Insurance Company	\$0.00	11/27/2007	
West American Insurance Company	\$0.00	11/27/2007	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	11/28/2007	11/28/2007

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## Disposition

Disposition Date: 11/28/2007  
Effective Date (New): 01/01/2008  
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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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty		Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation		Yes
<b>Supporting Document</b>	NAIC loss cost data entry document		Yes

<i>SERFF Tracking Number:</i>	<i>HCAS-125369326</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Fire and Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty 11/27/2007

#### Comments:

We have completed and submitted page one and two as there are no manual pages affected by this reference filing.

#### Attachment:

CW NAIC PC Transmittal Form0307.pdf

### Review Status:

**Bypassed -Name:** NAIC Loss Cost Filing Document for Workers' Compensation 11/27/2007

**Bypass Reason:** This is not a filing to change our company loss costs multipliers.

#### Comments:

### Review Status:

**Bypassed -Name:** NAIC loss cost data entry document 11/27/2007

**Bypass Reason:** This is not a filing to change our company loss costs multipliers.

#### Comments:

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</b>	
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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**Check #:**  
**Amount:**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

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