

SERFF Tracking Number: SCTT-125358325 State: Arkansas
First Filing Company: National Casualty Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AL AR03911F01
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Interline Filing
Project Name/Number: 3911 Interline Filing/AL AR03911F01

Filing at a Glance

Companies: National Casualty Company, Scottsdale Indemnity Company

Product Name: Interline Filing SERFF Tr Num: SCTT-125358325 State: Arkansas
TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: AL AR03911F01 State Status: Fees received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Author: Kristin Abbott Disposition Date: 11/15/2007
Date Submitted: 11/13/2007 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New): 11/15/2007
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):
11/15/2007

General Information

Project Name: 3911 Interline Filing Status of Filing in Domicile: Pending
Project Number: AL AR03911F01 Domicile Status Comments:
Reference Organization: n/a Reference Number: n/a
Reference Title: n/a Advisory Org. Circular: n/a
Filing Status Changed: 11/15/2007
State Status Changed: 11/14/2007 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

National Casualty Company and Scottsdale Indemnity Company are submitting a revised form that is utilized on an interline basis. We request an effective date concurrent with your Department's approval.

Please find enclosed UT(I)-COVPG (9-07) Cover Page which is intended for use as the first page of our policies. The form will replace the (11-06) edition and has been revised to reflect the signature of the change in our new Secretary.

Company and Contact

Filing Contact Information

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Kristin Abbott, Filings Analyst II abbottk@scottsdaleins.com
PO Box 4110 (800) 423-7675 [Phone]
Scottsdale, AZ 85261 ()-[FAX]

Filing Company Information

National Casualty Company CoCode: 11991 State of Domicile: Wisconsin
PO Box 4110 Group Code: 140 Company Type:
Scottsdale, AZ 85261 Group Name: State ID Number:
(800) 423-7675 ext. [Phone] FEIN Number: 38-0865250

Scottsdale Indemnity Company CoCode: 15580 State of Domicile: Ohio
PO Box 4110 Group Code: 140 Company Type:
Scottsdale, AZ 85261 Group Name: State ID Number:
(800) 423-7675 ext. [Phone] FEIN Number: 31-1117969

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Form Filing - \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Casualty Company	\$50.00	11/13/2007	16628140
Scottsdale Indemnity Company	\$0.00	11/13/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/15/2007	11/15/2007

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Disposition

Disposition Date: 11/15/2007
Effective Date (New): 11/15/2007
Effective Date (Renewal): 11/15/2007
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	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Cover Page	Approved	Yes
Form	Cover Page	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Cover Page	UT-COVPG	9-07	Other	Replaced	Replaced Form #:0.00 11-06 Previous Filing #:		UT-COVPG (9-07).pdf
Approved	Cover Page	UTI-COVPG	9-07	Other	Replaced	Replaced Form #:0.00 11-06 Previous Filing #:		UTI-COVPG (9-07).pdf

National Casualty Company

Home Office:

Madison, Wisconsin

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

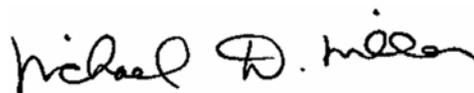
1-800-423-7675

A STOCK COMPANY

In Witness Whereof, the Company has caused this policy to be executed and attested.



Secretary



President

The information contained herein replaces any similar information contained elsewhere in the policy.

Scottsdale Indemnity Company

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY

In Witness Whereof, the Company has caused this policy to be executed and attested.



Secretary



President

The information contained herein replaces any similar information contained elsewhere in the policy.

<i>SERFF Tracking Number:</i>	<i>SCTT-125358325</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>National Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AL AR03911F01</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Interline Filing</i>		
<i>Project Name/Number:</i>	<i>3911 Interline Filing/AL AR03911F01</i>		

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 11/15/2007

Comments:

Attachment:

AL 3911fpctd.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 11/15/2007

Comments:

Attachment:

AL 3911fcvrltr.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

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 #
Nationwide	140

4. Company Name(s)	Domicile	NAIC #	FEIN #
Scottsdale Indemnity Company	OH	15580	31-1117969
National Casualty Company	WI	11991	38-0865250

5. Company Tracking Number	AL 03911F01
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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
	Kristin Abbott PO Box 4110 Scottsdale, AZ 85261-4110	State Filings Analyst II	800 423-7675 x3140	480-368-5820	abbottk@scottsdaleins.com

7. Signature of authorized filer	<i>Kristin Abbott</i>
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8. Please print name of authorized filer	Kristin Abbott
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Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Interline Form Filing
10. Sub-Type of Insurance (Sub-TOI)	Interline
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Interline
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: Upon Approval
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	November 13, 2007
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 #	AL 03911F01
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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National Casualty Company and Scottsdale Indemnity Company are submitting a revised form that is utilized on an interline basis. We request an effective date concurrent with your Department's approval.

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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]
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Check #: N/A
Amount: N/A

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.)**

NATIONAL CASUALTY COMPANY

8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Reply to:

Post Office Box 4110
Scottsdale, AZ 85261-4110

Telephone

800 423-7675 x3140

November 13, 2007

Re: National Casualty Company; Scottsdale Indemnity Company
NAIC # 140-11991; 140-15580
FEIN No.: 38-0865250; 31-1117969
Interline – Form Filing
Company File No.: AL 03911F

Dear Commissioner:

National Casualty Company and Scottsdale Indemnity Company are submitting a revised form that is utilized on an interline basis. We request an effective date concurrent with your Department's approval.

Please find enclosed UT(I)-COVPG (9-07) Cover Page which is intended for use as the first page of our policies. The form will replace the (11-06) edition and has been revised to reflect the signature of the change in our new Secretary.

We hope you will be in a position to grant favorable consideration to this filing submission, however, should you need further information, please feel free to contact me on the toll free number or e-mail address listed below.

Sincerely,



Kristin Abbott
State Filings Analyst II
abbottk@scottsdaleins.com
(800) 423-7675 x3140
Encl.