

Filing at a Glance

Company: Capital City Insurance Company, Inc.

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0000 WC Sub-TOI Combinations

Filing Type: Rule

SERFF Tr Num: CAPT-125256157 State: Arkansas

SERFF Status: Closed

Co Tr Num: WC-07-5(AR)

Co Status:

Author: Tammy Raines

Date Submitted: 08-08-2007

State Tr Num: AR-PC-07-025748

State Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Disposition Date: 08-10-2007

Disposition Status: Approved

Effective Date Requested (New): 01-01-2008

Effective Date Requested (Renewal): 01-01-2008

Effective Date (New): 01-01-2008

Effective Date (Renewal):

General Information

Project Name: WC Rule Filing

Project Number: WC-07-5(AR)

Reference Organization: NCCI, Inc.

Reference Title: Basic Manual Revision to Appendix E - Table of Classifications by Hazard Group

Filing Status Changed: 08-10-2007

State Status Changed: 08-09-2007

Corresponding Filing Tracking Number:

Filing Description:

Our company proposes adopting Item B-1404 - Basic Manual Revision to Appendix E - Table of Classifications by Hazard Group as contained in NCCI Circular CIF-2007-06 dated July 19, 2007.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number: Item B-1404

Advisory Org. Circular: CIF-2007-06

Deemer Date:

We are requesting that this filing be approved for use on all new and renewal policies effective on or after January 1, 2008.

Company and Contact

Filing Contact Information

Tammy Raines, Filing Analyst

P.O. Box 212157

Columbia, SC 29221-2157

traines@capcityins.com

(803) 731-7728 [Phone]

(803) 731-2167[FAX]

Filing Company Information

Capital City Insurance Company, Inc.

P.O. Box 212157

CoCode: 30589

Group Code:

State of Domicile: South Carolina

Company Type: Property & Casualty

Columbia, SC 29221-2157
(803) 731-7728 ext. 244[Phone]

Group Name:
FEIN Number: 57-0810811

State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
42692	\$25.00	08-08-2007

Correspondence Summary

Dispositions

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

Disposition

Disposition Date: 08-10-2007

Effective Date (New): 01-01-2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 08-10-2007 04:07 PM

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

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	08-10-2007
Comments:			
Attachment:			
AR PCTD 05.pdf			
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	08-10-2007
Bypass Reason:	This item does not apply. We are adopting the rule filing for Item B-1404.		
Comments:			
Bypassed -Name:	NAIC loss cost data entry document	Review Status: Approved	08-10-2007
Bypass Reason:	This item does not apply. We are adopting the rule filing for Item B-1404.		
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 #
NA	NA

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Capital City Insurance Company, Inc.	SC	00030589	57-0810811	

5. Company Tracking Number	WC-07-5(AR)
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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
Tammy D. Raines P.O. Box 212157 Columbia, SC 29221-2157	Filing Analyst	803-731-7728, ext. 244	803-731-2167	traines@capcityins.com

7. Signature of authorized filer	<i>Tammy D. Raines</i>
8. Please print name of authorized filer	Tammy D. Raines

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

9. Type of Insurance (TOI)	16.0
10. Sub-Type of Insurance (Sub-TOI)	16.0000
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Workers Compensation
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: 01/01/2008 Renewal: 01/01/2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI, Inc.
17.	Reference Organization # & Title	Item B-1404 - Basic Manual Revision to Appendix E - Table of Classifications by Hazard Group
18.	Company's Date of Filing	08/09/2007
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking # WC-07-5(AR)
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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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Our company proposes adopting Item B-1404 - Basic Manual Revision to Appendix E - Table of Classifications by Hazard Group as contained in NCCI Circular CIF-2007-06 dated July 19, 2007.

We are requesting that this filing be approved for use on all new and renewal policies effective on or after January 1, 2008

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 #: 42692
Amount: \$25.00

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

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