

Filing at a Glance

Company: Capital City Insurance Company, Inc.

| | | |
|--|------------------------------|---|
| Product Name: Workers Compensation | SERFF Tr Num: CAPT-125256243 | State: Arkansas |
| TOI: 16.0 Workers Compensation | SERFF Status: Closed | State Tr Num: AR-PC-07-025747 |
| Sub-TOI: 16.0000 WC Sub-TOI Combinations | Co Tr Num: WC-07-4(AR) | State Status: |
| Filing Type: Rule | Co Status: | Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding |
| | Author: Tammy Raines | Disposition Date: 08-10-2007 |
| | Date Submitted: 08-08-2007 | Disposition Status: Approved |
| Effective Date Requested (New): 10-01-2007 | | Effective Date (New): 10-01-2007 |
| Effective Date Requested (Renewal): 10-01-2007 | | Effective Date (Renewal): |

General Information

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| Project Name: WC Rule Filing | Status of Filing in Domicile: Authorized |
| Project Number: WC-07-4(AR) | Domicile Status Comments: |
| Reference Organization: NCCI, Inc. | Reference Number: Item B-1387-A |
| Reference Title: Revisions of Basic Manual Classifications - Amendment | Advisory Org. Circular: CIF-2007-07 |
| Filing Status Changed: 08-10-2007 | |
| State Status Changed: 08-09-2007 | Deemer Date: |
| Corresponding Filing Tracking Number: | |
| Filing Description: | |
| Our company proposes adopting Item B-1387-A - Revisions of Basic Manual Classifications - Amendment as contained in NCCI Circular CIF-2007-07 dated July 26, 2007. | |

We are requesting that this filing be approved for use on all new and renewal policies effective on or after October 1, 2007.

Company and Contact

Filing Contact Information

| | |
|------------------------------|------------------------|
| Tammy Raines, Filing Analyst | traines@capcityins.com |
| P.O. Box 212157 | (803) 731-7728 [Phone] |
| Columbia, SC 29221-2157 | (803) 731-2167[FAX] |

Filing Company Information

| | | |
|--------------------------------------|---------------|-----------------------------------|
| Capital City Insurance Company, Inc. | CoCode: 30589 | State of Domicile: South Carolina |
| P.O. Box 212157 | Group Code: | 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 |
|--------------|--------------|------------|
| 42691 | \$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): 10-01-2007

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 04.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-1387-A.

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-1387-A.

Comments:

Property & Casualty Transmittal Document

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|---|---|--------------|--|------------------|--|
| 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 | |
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|-----------------------------------|-------------|
| 5. Company Tracking Number | WC-07-4(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: 10/01/2007 Renewal: 10/01/2007 |

Property & Casualty Transmittal Document---

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|------------|---|---|
| 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-1387-A – Revisions of Basic Manual Classifications - Amendment |
| 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 |

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| 20. | This filing transmittal is part of Company Tracking # | WC-07-4(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-1387-A - Revisions of Basic Manual Classifications - Amendment as contained in NCCI Circular CIF-2007-07 dated July 26, 2007.

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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] |
|------------|---|

Check #: 42691
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.)**