

Filing at a Glance

Company: Capital City Insurance Company, Inc.

Product Name: Workers Compensation	SERFF Tr Num: CAPT-125256314	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: AR-PC-07-025745
Sub-TOI: 16.0000 WC Sub-TOI Combinations	Co Tr Num: WC-07-2(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): On Approval		Effective Date (New): 08-10-2007
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal):

General Information

Project Name: WC Rule Filing	Status of Filing in Domicile: Authorized
Project Number: WC-07-2(AR)	Domicile Status Comments:
Reference Organization: NCCI, Inc.	Reference Number: Item B-1403
Reference Title: Revisions to Basic Manual & Retrospective Rating Plan	Advisory Org. Circular: CIF-2006-06
Manual/2006 Update to Hazard Groups & Retrospective Rating Plan Parameters	
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-1403 - Revisions to Basic Manual & Retrospective Rating Plan Manual/2006 Update to Hazard Groups & Retrospective Rating Plan Parameters as contained in NCCI Circular CIF-2006-06.

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	Group Name:	State ID Number:
(803) 731-7728 ext. 244[Phone]	FEIN Number: 57-0810811	

Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
42689	\$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): 08-10-2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 08-10-2007 04:08 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 02.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-1403.		
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-1403.		
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-07-2(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: Upon Approval Renewal: Upon Approval

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-1403 - Revisions to Basic Manual & Retrospective Rating Plan Manual/2006 Update to Hazard Groups & Retrospective Rating Plan Parameters
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-07-2(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-1403 - Revisions to Basic Manual & Retrospective Rating Plan Manual/2006 Update to Hazard Groups & Retrospective Rating Plan Parameters as contained in NCCI Circular CIF-2006-06.

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 #: 42689
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.)**