

Filing at a Glance

Companies: Harleysville Mutual Insurance Company, Harleysville Preferred Insurance Company
Product Name: WC SERFF Tr Num: HRLV-125252645 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: AR-PC-07-025719
Sub-TOI: 16.0004 Standard WC Co Tr Num: WCSR012407- State Status:
01/WCKLG080207-1
Filing Type: Rule Co Status: Submitted to State Reviewer(s): Betty Montesi, Carol
Stiffler, Brittany Yielding
Author: Carol Zwoyer Disposition Date: 08-08-2007
Date Submitted: 08-06-2007 Disposition Status: Approved
Effective Date Requested (New): 08-06-2007 Effective Date (New):
Effective Date Requested (Renewal): 08-06-2007 Effective Date (Renewal):

General Information

Project Name: WC Item B-1397 Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: NCCI Reference Number: B-1397, 02-AR-2007
Reference Title: Revisions to Basic Manual Classifications Advisory Org. Circular: IF-2007-04-03, AR-
2007-08
Filing Status Changed: 08-08-2007
State Status Changed: 08-07-2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
implementation of Item B-1287 and 02-AR-2007

Company and Contact

Filing Contact Information

Carol Zwoyer, Senior State Filing Analyst czwoyer@harleysvillegroup.com
355 Maple Avenue (215) 256-5735 [Phone]
Harleysville, PA 19438-2297 (215) 256-5678[FAX]

Filing Company Information

Harleysville Mutual Insurance Company	CoCode: 14168	State of Domicile: Pennsylvania
355 Maple Avenue	Group Code: 253	Company Type:
Harleysville, PA 19438	Group Name:	State ID Number:
(215) 256-5000 ext. [Phone]	FEIN Number: 23-0902325	

Harleysville Preferred Insurance Company	CoCode: 35696	State of Domicile: Pennsylvania
355 Maple Avenue	Group Code: 253	Company Type:

Harleysville, PA 19438
(215) 256-5000 ext. [Phone]

Group Name:
FEIN Number: 23-2384978

State ID Number:

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Mutual Insurance Company	\$25.00	08-06-2007	14971878
Harleysville Preferred Insurance Company	\$0.00	08-06-2007	

Correspondence Summary

Dispositions

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

Disposition

Disposition Date: 08-08-2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 08-08-2007 03:21 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
Supporting Document	cover letter	Approved	Yes

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	08-08-2007
Comments:			
Attachment:			
NAIC 2007.pdf			
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	08-08-2007
Bypass Reason:	not applicable		
Comments:			
Bypassed -Name:	NAIC loss cost data entry document	Review Status: Approved	08-08-2007
Bypass Reason:	not applicable		
Comments:			
Satisfied -Name:	cover letter	Review Status: Approved	08-08-2007
Comments:			
Attachment:			
cover letter.pdf			

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 border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 50%;">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					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Harleysville Mutual Insurance Company	PA	14168	23-0902325	
Harleysville Preferred Insurance Company	PA	35696	23-2384978	

5. Company Tracking Number	12525645
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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
	Carol Zwoyer 355 Maple Avenue Harleysville, PA 19438	Senior State Filing Analyst	800-523-6344 ext. 5735	215-256-5678	czwoyer@harleysvillegroup.com

7. Signature of authorized filer	
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8. Please print name of authorized filer	Carol Zwoyer
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Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Workers Compensation
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 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: 08/06/2007 Renewal: 08/06/2007

HARLEYSVILLE INSURANCE

355 Maple Avenue
Harleysville, PA 19438-2297
www.harleysvillegroup.com

August 3, 2007

Honorable Julie Bonafield Bowman
Commissioner of Insurance
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

NAIC # 14168-35696

Workers Compensation

Rule Filing

Item Filing Numbers: B-1397 and 02-AR-2007

Reference Filing Number: 125252645

Dear Honorable Bowman:

With this filing it is our intent to submit for your review and approval a revision to applicable to our Workers Compensation program.

Harleysville Mutual Insurance Company and Harleysville Preferred Insurance Company wishes to implement Item B-1397 – Revisions to Basic Manual Classifications and Rules and 02-AR-2007 – Revision to Basic Manual Classification Code 2719.

Rule of application: This change shall be applicable to all policies effective on or after August 6, 2007.

Your favorable consideration will be appreciated.

Very truly yours,

**Harleysville Mutual Insurance Company
Harleysville Preferred Insurance Company**



Carol Zwoyer, AAM, AIT
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(215) 256-5735

czwoyer@harleysvillegroup.com

CC: Scott Engle, Kevin Grafton, Lisa Berke