

SERFF Tracking Number:	TRVD-125267320	State:	Arkansas
First Filing Company:	Farmington Casualty Company, ...	State Tracking Number:	AR-PC-07-025862
Company Tracking Number:	2007-08-0025		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	NCCI Adoption/2007-08-0025		

## Filing at a Glance

Companies: Farmington Casualty Company, NIPPONKOA Insurance Company Ltd.,(U.S.Branch), The Charter Oak Fire Insurance Company, The Phoenix Insurance Company, The Standard Fire Insurance Company, The Travelers Indemnity Company, The Travelers Indemnity Company of America, The Travelers Indemnity Company Of Connecticut, Travelers Casualty and Surety Company, Travelers Casualty Insurance Company of America, Travelers Property Casualty Company of America

Product Name: Workers Compensation	SERFF Tr Num: TRVD-125267320	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: AR-PC-07-025862
Sub-TOI: 16.0004 Standard WC	Co Tr Num: 2007-08-0025	State Status:
Filing Type: Rate	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Authors: Carrie Acuna, Carol Letendre	Disposition Date: 08/22/2007
	Date Submitted: 08/21/2007	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

Project Name: NCCI Adoption	Status of Filing in Domicile: Authorized
Project Number: 2007-08-0025	Domicile Status Comments: N/A
Reference Organization: NCCI	Reference Number: CIF2007-07
Reference Title: NCCI	Advisory Org. Circular: N/A
Filing Status Changed: 08/22/2007	
State Status Changed: 08/22/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

With this filing, we are adopting NCCI Item B-1387 and all amendments associated with it. Please refer to NCCI Circular CIF-2007-07. For further information, please see the enclosed Explanatory Memorandum and Rate Pages.

We plan to implement these changes with respect to policies effective on or after October 1, 2007 to coincide with the effective date of the NCCI filing. Your approval of this filing will be appreciated. Should you have any questions regarding this submission, please feel free to contact me at your convenience. Please stamp and return the extra copy

<i>SERFF Tracking Number:</i>	<i>TRVD-125267320</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Farmington Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025862</i>
<i>Company Tracking Number:</i>	<i>2007-08-0025</i>		
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<i>Project Name/Number:</i>	<i>NCCI Adoption/2007-08-0025</i>		

of this letter for our records.

## Company and Contact

### Filing Contact Information

Carol Letendre, Senior Regulatory Analyst	CLETENDR@travelers.com
385 Washington Street	(651) 310-7110 [Phone]
St. Paul, MN 55102	(651) 310-4361[FAX]

### Filing Company Information

Farmington Casualty Company	CoCode: 41483	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-5660 ext. [Phone]	FEIN Number: 06-1067463	
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NIPPONKOA Insurance Company Ltd.,(U.S.Branch)	CoCode: 27073	State of Domicile: New York
One Tower Square	Group Code: 2558	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 98-0032627	
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The Charter Oak Fire Insurance Company	CoCode: 25615	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0291290	
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The Phoenix Insurance Company	CoCode: 25623	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0303275	
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The Standard Fire Insurance Company	CoCode: 19070	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-5660 ext. [Phone]	FEIN Number: 06-6033509	
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation: Flat fee for adoptions.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Travelers Casualty and Surety Company	\$0.00	08/21/2007	
Travelers Casualty Insurance Company of America	\$0.00	08/21/2007	
The Standard Fire Insurance Company	\$0.00	08/21/2007	
The Charter Oak Fire Insurance Company	\$0.00	08/21/2007	
The Phoenix Insurance Company	\$0.00	08/21/2007	
The Travelers Indemnity Company	\$25.00	08/21/2007	15213725
The Travelers Indemnity Company of America	\$0.00	08/21/2007	
Travelers Property Casualty Company of America	\$0.00	08/21/2007	
The Travelers Indemnity Company Of Connecticut	\$0.00	08/21/2007	
NIPPONKOA Insurance Company Ltd.,(U.S.Branch)	\$0.00	08/21/2007	
Farmington Casualty Company	\$0.00	08/21/2007	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08/22/2007	08/22/2007

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Project Name/Number: NCCI Adoption/2007-08-0025

## Disposition

Disposition Date: 08/22/2007  
Effective Date (New): 10/01/2007  
Effective Date (Renewal):  
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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 Product Name: Workers Compensation  
 Project Name/Number: NCCI Adoption/2007-08-0025

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 & Memorandum	Approved	Yes
Rate	Workers Compensation and Employers Liability Arkansas	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>TRVD-125267320</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>NCCI Adoption/2007-08-0025</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVD-125267320 State: Arkansas  
 First Filing Company: Farmington Casualty Company, ... State Tracking Number: AR-PC-07-025862  
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 Product Name: Workers Compensation  
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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Workers Compensation and Employers Liability Arkansas	Pages 1-9	New	AR ItemFiling 1387 Ratepages_1007.pdf

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

**Arkansas**

Effective 10/01/2007

Class Code	Rate	Minimum Premium	Ex-Med Ratio	Hazard Group
8842	1.18	418		C
8864	1.18	418		C

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

**Arkansas**

Effective 10/01/2007

Class Code	Rate	Minimum Premium	Ex-Med Ratio	Hazard Group
8842	0.94	374		C
8864	0.94	374		C

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

**Arkansas**

Effective 10/01/2007

Class Code	Rate	Minimum Premium	Ex-Med Ratio	Hazard Group
8842	1.06	396		C
8864	1.06	396		C

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

**Arkansas**

Effective 10/01/2007

Class Code	Rate	Minimum Premium	Ex-Med Ratio	Hazard Group
8842	1.30	440		C
8864	1.30	440		C

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

**Arkansas**

Effective 10/01/2007

Class Code	Rate	Minimum Premium	Ex-Med Ratio	Hazard Group
8842	1.53	483		C
8864	1.53	483		C

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

**Arkansas**

Effective 10/01/2007

Class Code	Rate	Minimum Premium	Ex-Med Ratio	Hazard Group
8842	1.71	516		C
8864	1.71	516		C

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

**Arkansas**

Effective 10/01/2007

Class Code	Rate	Minimum Premium	Ex-Med Ratio	Hazard Group
8842	1.42	463		C
8864	1.42	463		C

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

**Arkansas**

Effective 10/01/2007

Class Code	Rate	Minimum Premium	Ex-Med Ratio	Hazard Group
8842	0.83	354		C
8864	0.83	354		C

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

**Arkansas**

Effective 10/01/2007

Class Code	Rate	Minimum Premium	Ex-Med Ratio	Hazard Group
8842	0.71	331		C
8864	0.71	331		C

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 08/22/2007

**Comments:**

**Attachment:**

AR NAIC Transmittal Doc.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 08/22/2007

**Bypass Reason:** N/A

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document **Review Status:** Approved 08/22/2007

**Bypass Reason:** N/A

**Comments:**

**Satisfied -Name:** Cover Letter & Memorandum **Review Status:** Approved 08/22/2007

**Comments:**

**Attachments:**

AR Filing tr.pdf

AR Item 1387 Memo.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>
	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

<b>3. Group Name</b>	<b>Group NAIC #</b>
Travelers	3548
NIPPONKOA Insurance Company, Limited	2558

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Farmington Casualty Company	CT	41483	06-1067463	
NIPPONKOA Insurance Company, Limited	NY	27073	98-0032627	
The Charter Oak Fire Insurance Company	CT	25615	06-0291290	
The Phoenix Insurance Company	CT	25623	06-0303275	
The Standard Fire Insurance Company	CT	19070	06-6033509	
The Travelers Indemnity Company	CT	25658	06-0566050	
The Travelers Indemnity Company of America	CT	25666	58-6020487	
The Travelers Indemnity Company of Connecticut	CT	25682	06-0336212	
Travelers Casualty And Surety Company	CT	19038	06-6033504	
Travelers Casualty And Surety Company of America	CT	19046	03-0876835	
Travelers Property Casualty Company of America	CT	25674	36-2719165	

<b>5. Company Tracking Number</b>	2007-08-0025
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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 Letendre 385 Washington St. St. Paul MN 55102	Senior Regulatory Analyst	651-310-7110 800-328-2189 Ext. 07110	651-310-4361	<a href="mailto:Cletendr@travelers.com">Cletendr@travelers.com</a>

7. Signature of authorized filer	<i>Carol Letendre</i>
8. Please print name of authorized filer	Carol Letendre

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

9. Type of Insurance (TOI)	16.0000
10. Sub-Type of Insurance (Sub-TOI)	16.0004
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Workers Compensation and Employers Liability
13. Filing Type	<input checked="" 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: October 1, 2007      Renewal: October 1, 2007
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI

<b>17. Reference Organization # &amp; Title</b>	NCCI Circular CIF2007-07
<b>18. Company's Date of Filing</b>	August 21, 2007
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

### Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	2007-08-0025
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
<p>With this filing, we are adopting NCCI B-1387 and all amendments associated with it. Please refer to NCCI Circular CIF-2007-07. For further, information, please see the enclosed Explanatory Memorandum and Rate Pages.</p>

<b>22. Filing Fees</b> (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]
<p>ARKANSAS  <b>Check #:</b> N/A - EFT  <b>Amount:</b> 25.00</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>

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



August 21, 2007

Commissioner Julie Benafield Bowman  
Commissioner of Insurance  
State of Arkansas  
1200 West Third Street  
3<sup>rd</sup> and Cross  
Little Rock, Arkansas 72201-1904

**Carol Letendre**  
Senior Regulatory Analyst  
Regulatory Affairs, Business Insurance  
Toll Free: (800) 328-2189 Ext. 07110  
Direct: (651) 310-7110; Fax: (651) 310-4361  
385 Washington Street, 9275-NB14L  
St. Paul, MN 55102  
[Cletendr@travelers.com](mailto:Cletendr@travelers.com)

<b>FARMINGTON CASUALTY COMPANY</b>	<b>3548-41483</b>
<b>NIPPONKOA INSURANCE COMPANY, LIMITED</b>	<b>2558-27073</b>
<b>THE CHARTER OAK FIRE INSURANCE COMPANY</b>	<b>3548-25615</b>
<b>THE PHOENIX INSURANCE COMPANY</b>	<b>3548-25623</b>
<b>THE STANDARD FIRE INSURANCE COMPANY</b>	<b>3548-19070</b>
<b>THE TRAVELERS INDEMNITY COMPANY</b>	<b>3548-25658</b>
<b>THE TRAVELERS INDEMNITY COMPANY OF AMERICA</b>	<b>3548-25666</b>
<b>THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT</b>	<b>3548-25682</b>
<b>TRAVELERS CASUALTY AND SURETY COMPANY</b>	<b>3548-19038</b>
<b>TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA</b>	<b>3548-19046</b>
<b>TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA</b>	<b>3548-25674</b>

Workers Compensation

NCCI Adoption

Item B-1387- Revisions of Basic Manual Classification - Amendment

**Our Company Filing Number: 2007-08-0025**

Dear Commissioner:

In compliance with the insurance laws and regulations of your state, we respectfully submit a revision to our Workers Compensation Program.

With this filing, we are adopting NCCI Item B-1387 and all amendments associated with it. Please refer to NCCI Circular CIF-2007-07. For further information, please see the enclosed Explanatory Memorandum and Rate Pages.

We plan to implement these changes with respect to policies effective on or after **October 1, 2007** to coincide with the effective date of the NCCI filing. Your approval of this filing will be appreciated. Should you have any questions regarding this submission, please feel free to contact me at your convenience. Please stamp and return the extra copy of this letter for our records.

Sincerely,

Carol Letendre  
Senior Regulatory Analyst  
CL/ca  
Enclosures

bcc: Robin Lemke

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**Workers Compensation and Employers Liability  
Explanatory Memorandum  
Arkansas**

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**APPLICANT(S)**

Travelers Indemnity Company  
Travelers Property Casualty Company of America  
Charter Oak Fire Insurance Company  
Travelers Indemnity Company of America  
Travelers Indemnity Company of Connecticut  
Phoenix Insurance Company  
NIPPONKOA Insurance Company  
Travelers Casualty & Surety Company  
Travelers Casualty Insurance Company of America  
The Standard Fire Insurance Company  
Farmington Casualty Company

**EFFECTIVE DATE**

Applicable to all new and renewal policies effective on or after October 1, 2007.

**BUREAU REFERENCE FILING**

With this filing, we are adopting NCCI Item B-1387 and all amendments associated with it. The original filing was from NCCI circular CIF-2004-03; subsequent circulars include AR-2005-05, FYI-CW-2007-03, and CIF-2007-07.

**RATES AND MINIMUM PREMIUMS**

The pages enclosed include the rates and minimum premiums for the classification codes affected by Item B – 1387. Individual company rates and minimum premiums are calculated using the referenced rating values as well as the company loss cost multipliers and minimum premium parameters approved effective July 1, 2007.