

SERFF Tracking Number: PERR-125249104 State: Arkansas
Filing Company: SUA Insurance Company State Tracking Number: AR-PC-07-025771
Company Tracking Number: SUA-WC-NCCI-AR-07-04-R
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: SUA-WC-NCCI-AR-07-04-R
Project Name/Number: SUA-WC-NCCI-AR-07-04-R/SUA-WC-NCCI-AR-07-04-R

Filing at a Glance

Company: SUA Insurance Company

Product Name: SUA-WC-NCCI-AR-07-04-R

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rate

SERFF Tr Num: PERR-125249104 State: Arkansas

SERFF Status: Closed

State Tr Num: AR-PC-07-025771

Co Tr Num: SUA-WC-NCCI-AR-07-04-R
State Status: 04-R

Co Status:

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

Authors: Laura Jennette, Addy
Anggelico

Disposition Date: 09/06/2007

Date Submitted: 08/09/2007

Disposition Status: Approved

Effective Date Requested (New): 09/01/2007

Effective Date (New): 08/15/2007

Effective Date Requested (Renewal): 09/01/2007

Effective Date (Renewal):

General Information

Project Name: SUA-WC-NCCI-AR-07-04-R

Status of Filing in Domicile: Not Filed

Project Number: SUA-WC-NCCI-AR-07-04-R

Domicile Status Comments:

Reference Organization: National Council on Compensation Insurance, Inc. Reference Number: AR-2007-01

Reference Title: Approved Voluntary Advisory Loss Cost and Rating Values

Advisory Org. Circular:

Filing Status Changed: 09/06/2007

State Status Changed: 08/10/2007

Deemer Date:

Corresponding Filing Tracking Number: N/A

Filing Description:

On behalf of SUA Insurance Company (the "Company"), we are submitting this filing to notify your Department that the Company would like to adopt the following reference filing with no modification:

Advisory Service Organization: National Council on Compensation Insurance, Inc.

Reference Filing Number: AR-2007-01

Reference Filing Description: Approved Voluntary Advisory Loss Costs and Rating Values

SERFF Tracking Number: PERR-125249104 State: Arkansas
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Please note that there is no expected rate impact as a result of this filing. Please also note that the Company is not proposing to revise their LCM or any other independent rating material at this time.

We respectfully request this filing to be effective on September 1, 2007.

Please do not hesitate to contact us if you have any questions or comments.

Company and Contact

Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Laura Jennette, State Filings Analyst doi@perrknight.com
 881 Alma Real Drive Suite 205 (310) 230-9339 [Phone]
 Pacific Palisades, CA 90272 () -[FAX]

Filing Company Information

SUA Insurance Company CoCode: 40134 State of Domicile: Illinois
 222 S. Riverside Plaza Group Code: -99 Company Type:
 Chicago, IL 60606 Group Name: State ID Number:
 (312) 277-1600 ext. [Phone] FEIN Number: 23-2182777

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-----------------------|--------|----------------|---------------|
| SUA Insurance Company | \$0.00 | 08/09/2007 | |

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 100880 | \$50.00 | 08/02/2007 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------------------|----------------|------------|----------------|
| Approved | Carol Stiffler | 09/06/2007 | 09/06/2007 |
| Approved | Carol Stiffler | 08/15/2007 | 08/15/2007 |
| Exempt from Review | Carol Stiffler | 08/15/2007 | 08/15/2007 |

Objection Letters and Response Letters

| Objection Letters | | | | Response Letters | | |
|---------------------------|----------------|------------|----------------|------------------|------------|----------------|
| Status | Created By | Created On | Date Submitted | Responded By | Created On | Date Submitted |
| Pending Industry Response | Carol Stiffler | 08/10/2007 | 08/10/2007 | Laura Jennette | 08/14/2007 | 08/14/2007 |

SERFF Tracking Number: PERR-125249104 State: Arkansas
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 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: SUA-WC-NCCI-AR-07-04-R
 Project Name/Number: SUA-WC-NCCI-AR-07-04-R/SUA-WC-NCCI-AR-07-04-R

Disposition

Disposition Date: 09/06/2007

Effective Date (New): 08/15/2007

Effective Date (Renewal):

- Effective Date (New) changed from 09/01/2007 to 12/01/2007 by Stiffler, Carol on 08/21/2007.

Status: Approved

Comment: Changes effective date from 12/1/07 to 8/15/07 as requested by the company

| Company Name: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Premium: | Maximum % Change (where required): | Minimum % Change (where required): | Overall % Indicated Change: |
|-----------------------|------------------------|--|--|----------|------------------------------------|------------------------------------|-----------------------------|
| SUA Insurance Company | 0.000% | \$0 | 0 | \$0 | 0.000% | 0.000% | 0.000% |

SERFF Tracking Number: PERR-125249104 State: Arkansas
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 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: SUA-WC-NCCI-AR-07-04-R
 Project Name/Number: SUA-WC-NCCI-AR-07-04-R/SUA-WC-NCCI-AR-07-04-R

Disposition

Disposition Date: 08/15/2007

Effective Date (New): 12/01/2007

Effective Date (Renewal):

Status: Approved

Comment: This filing was accidentally closed with a status "Exempt from Review" when the true status is "Approved". I reopened the filing so I could change the status to "APPROVED".

| Company Name: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Premium: | Maximum % Change (where required): | Minimum % Change (where required): | Overall % Indicated Change: |
|-----------------------|------------------------|--|--|----------|------------------------------------|------------------------------------|-----------------------------|
| SUA Insurance Company | 0.000% | \$0 | 0 | \$0 | 0.000% | 0.000% | 0.000% |

SERFF Tracking Number: PERR-125249104 State: Arkansas
 Filing Company: SUA Insurance Company State Tracking Number: AR-PC-07-025771
 Company Tracking Number: SUA-WC-NCCI-AR-07-04-R
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: SUA-WC-NCCI-AR-07-04-R
 Project Name/Number: SUA-WC-NCCI-AR-07-04-R/SUA-WC-NCCI-AR-07-04-R

| 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 | Letter of Authorization | Approved | Yes |

SERFF Tracking Number: PERR-125249104 State: Arkansas
 Filing Company: SUA Insurance Company State Tracking Number: AR-PC-07-025771
 Company Tracking Number: SUA-WC-NCCI-AR-07-04-R
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: SUA-WC-NCCI-AR-07-04-R
 Project Name/Number: SUA-WC-NCCI-AR-07-04-R/SUA-WC-NCCI-AR-07-04-R

Disposition

Disposition Date: 08/15/2007
 Effective Date (New): 09/01/2007
 Effective Date (Renewal):
 Status: Exempt from Review
 Comment:

| Company Name: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Premium: | Maximum % Change (where required): | Minimum % Change (where required): | Overall % Indicated Change: |
|-----------------------|------------------------|--|--|----------|------------------------------------|------------------------------------|-----------------------------|
| SUA Insurance Company | 0.000% | \$0 | 0 | \$0 | 0.000% | 0.000% | 0.000% |

SERFF Tracking Number: PERR-125249104 State: Arkansas
 Filing Company: SUA Insurance Company State Tracking Number: AR-PC-07-025771
 Company Tracking Number: SUA-WC-NCCI-AR-07-04-R
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: SUA-WC-NCCI-AR-07-04-R
 Project Name/Number: SUA-WC-NCCI-AR-07-04-R/SUA-WC-NCCI-AR-07-04-R

| 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 | Letter of Authorization | Approved | Yes |

SERFF Tracking Number: PERR-125249104 State: Arkansas
Filing Company: SUA Insurance Company State Tracking Number: AR-PC-07-025771
Company Tracking Number: SUA-WC-NCCI-AR-07-04-R
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: SUA-WC-NCCI-AR-07-04-R
Project Name/Number: SUA-WC-NCCI-AR-07-04-R/SUA-WC-NCCI-AR-07-04-R

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/10/2007

Submitted Date 08/10/2007

Respond By Date

Dear Laura Jennette,

This will acknowledge receipt of the captioned filing.

Please provide the Loss Cost Multiplier that was approved previously so I can update my database.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 08/14/2007

Submitted Date 08/14/2007

Dear Carol Stiffler,

Comments:

Response 1

Comments: Thank you for your letter dated August 10, and continued consideration of this filing.

Please note that the Company's approved LCM of 1.550 was approved on March 5, 2007 under State Tracking Number AR-PC-07-023304.

Should you have any additional questions or comments, please do not hesitate to contact us.

Changed Items:

No Supporting Documents changed.

SERFF Tracking Number: *PERR-125249104* *State:* *Arkansas*
Filing Company: *SUA Insurance Company* *State Tracking Number:* *AR-PC-07-025771*
Company Tracking Number: *SUA-WC-NCCI-AR-07-04-R*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *SUA-WC-NCCI-AR-07-04-R*
Project Name/Number: *SUA-WC-NCCI-AR-07-04-R/SUA-WC-NCCI-AR-07-04-R*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Addy Anggelico, Laura Jennette

SERFF Tracking Number: PERR-125249104 State: Arkansas
 Filing Company: SUA Insurance Company State Tracking Number: AR-PC-07-025771
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 Project Name/Number: SUA-WC-NCCI-AR-07-04-R/SUA-WC-NCCI-AR-07-04-R

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision: 07/01/2007
Filing Method of Last Filing: Prior Approval

Company Rate Information

| Company Name: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Premium: | Maximum % Change (where required): | Minimum % Change (where required): |
|-----------------------|-----------------------------|------------------------|--|--|----------|------------------------------------|------------------------------------|
| SUA Insurance Company | 0.000% | 0.000% | \$0 | 0 | \$0 | 0.000% | 0.000% |

SERFF Tracking Number: PERR-125249104 State: Arkansas
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 Project Name/Number: SUA-WC-NCCI-AR-07-04-R/SUA-WC-NCCI-AR-07-04-R

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 08/15/2007

Comments:

Attachments:

PCTD 03-07.pdf
 RRFS 03-07.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 08/15/2007

Bypass Reason: Not Applicable

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 08/15/2007

Bypass Reason: Not Applicable

Comments:

Satisfied -Name: Letter of Authorization **Review Status:** Approved 08/15/2007

Comments:

Attachment:

20070125 Authorization 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: | | | | |
| | New Business | | | | |
| | Renewal Business | | | | |
| | f. State Filing #: | | | | |
| | g. SERFF Filing #: | | | | |
| | h. Subject Codes | | | | |
| 3. Group Name | Group NAIC # | | | | |
| N/A | N/A | | | | |
| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # | |
| SUA Insurance Company | IL | 40134 | 23-2182777 | | |
| | | | | | |
| | | | | | |
| 5. Company Tracking Number | SUA-WC-NCCI-AR-07-04-R | | | | |
| Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number] | | | | | |
| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
| | Laura Jennette Perr & Knight 881 Alma Real Drive Suite 205 Pacific Palisades, CA 90272 | State Filings Analyst | (888) 201-5123 x109 | (310) 230-8529 | doi@perrknight.com |
| 7. | Signature of authorized filer | | <i>Laura Jennette</i> | | |
| 8. | Please print name of authorized filer | | Laura Jennette | | |
| Filing information (see General Instructions for descriptions of these fields) | | | | | |
| 9. | Type of Insurance (TOI) | 16.0 Workers Compensation | | | |
| 10. | Sub-Type of Insurance (Sub-TOI) | 16.0004 Standard WC | | | |
| 11. | State Specific Product code(s) (if applicable)[See State Specific Requirements] | N/A | | | |
| 12. | Company Program Title (Marketing title) | N/A | | | |
| 13. | Filing Type | <input checked="" type="checkbox"/> Rate/Loss Cost <input 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: September 1, 2007 Renewal: September 1, 2007 | | | |
| 15. | Reference Filing? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 16. | Reference Organization (if applicable) | National Council on Compensation Insurance (NCCI) | | | |
| 17. | Reference Organization # & Title | AR-2007-01 | | | |
| 18. | Company's Date of Filing | August 9, 2007 | | | |
| 19. | Status of filing in domicile | <input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved | | | |

Property & Casualty Transmittal Document—

| | | |
|------------|--|------------------------|
| 20. | This filing transmittal is part of Company Tracking # | SUA-WC-NCCI-AR-07-04-R |
|------------|--|------------------------|

| | |
|------------|--|
| 21. | Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
|------------|--|

On behalf of SUA Insurance Company (the "Company"), we are submitting this filing to notify your Department that the Company would like to adopt the following reference filings with no modification:

| | |
|--------------------------------|---|
| Advisory Service Organization: | National Council on Compensation Insurance, Inc. |
| Reference Filing Number: | AR-2007-01 |
| Reference Filing Description: | Approved Voluntary Advisory Loss Cost and Rating Values |

Please note that there is no expected rate impact as a result of this filing.

We respectfully request this filing to be effective on **September 1, 2007**.

Please do not hesitate to contact us if you have any questions or comments.

| | |
|------------|---|
| 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 #: 100880

Amount: \$ 50.00

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

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

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

| | | |
|-----------|--|-------------------------------|
| 1. | This filing transmittal is part of Company Tracking # | SUA-WC-NCCI-AR-07-04-R |
|-----------|--|-------------------------------|

| | | |
|-----------|---|------------|
| 2. | This filing corresponds to form filing number (Company tracking number of form filing, if applicable) | N/A |
|-----------|---|------------|

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

| | | |
|-----------|--|----------------|
| 3. | Filing Method (Prior Approval, File & Use, Flex Band, etc.) | Prior Approval |
|-----------|--|----------------|

| | |
|------------|---|
| 4a. | Rate Change by Company (As Proposed) |
|------------|---|

| Company Name | Overall % Indicated Change | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change (where required) | Minimum % Change (where required) |
|-----------------------|----------------------------|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| SUA Insurance Comapny | 0.00% | 0.00% | 0 | 0 | 0 | 0.00% | 0.00% |

| | |
|------------|--|
| 4b. | Rate Change by Company (As Accepted) For State Use Only |
|------------|--|

| Company Name | Overall % Indicated Change (when applicable) | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change (where required) | Minimum % Change (where required) |
|--------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| | | | | | | | |
| | | | | | | | |

Overall Rate Information (Complete for Multiple Company Filings only)

| | | COMPANY USE | STATE USE |
|------------|--|-------------|-----------|
| 5a. | Overall percentage rate indication (when applicable) | 0.00% | |
| 5b. | Overall percentage rate impact for this filing | 0.00% | |
| 5c. | Effect of Rate Filing – Written premium change for this program | 0 | |
| 5d. | Effect of Rate Filing – Number of policyholders affected | N/A | |

| | | |
|-----------|---|-------|
| 6. | Overall percentage of last rate revision | 0.00% |
|-----------|---|-------|

| | | |
|-----------|---|--------------|
| 7. | Effective Date of last rate revision | July 1, 2007 |
|-----------|---|--------------|

| | | |
|-----------|---|----------------|
| 8. | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | Prior Approval |
|-----------|---|----------------|

| 9. | Rule # or Page # Submitted for Review | Replacement or Withdrawn? | Previous state filing number, if required by state |
|-----------|--|--|---|
| 01 | N/A | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 02 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 03 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |



January 25, 2007

**Re: RE: SUA Insurance Company
NAIC Company Code 40134**

To Whom It May Concern:

Perr & Knight Inc. is hereby authorized to submit rate, rule, and form filings on behalf of SUA Insurance Company. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed in be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr & Knight, Inc. at the following address:

Perr & Knight, Inc.
881 Alma Real Drive, Suite 205
Pacific Palisades, CA 90272
Tel: (310) 230-9339
Fax: (310) 230-1061

Please contact me at (312) 277-1651 if you have any questions regarding this authorization.

Sincerely,

A handwritten signature in black ink, appearing to read 'G. Michael Gooding', is written over the typed name.

G. Michael Gooding, CPCU, AIAF, ARC
Senior Counsel

MG/lp