

SERFF Tracking Number: PERR-125306041 State: Arkansas
Filing Company: SUA Insurance Company State Tracking Number: AR-PC-07-026239
Company Tracking Number: SUA-WC-NCCI-AR-07-06-R
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: SUA-WC-NCCI-AR-07-06-R
Project Name/Number: SUA-WC-NCCI-AR-07-06-R/SUA-WC-NCCI-AR-07-06-R

Filing at a Glance

Company: SUA Insurance Company

Product Name: SUA-WC-NCCI-AR-07-06-R

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rate

SERFF Tr Num: PERR-125306041 State: Arkansas

SERFF Status: Closed State Tr Num: AR-PC-07-026239

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

Co Status:

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

Authors: Laura Jennette, Addy
Anggelico

Disposition Date: 09/28/2007

Date Submitted: 09/26/2007

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (Renewal):

General Information

Project Name: SUA-WC-NCCI-AR-07-06-R

Status of Filing in Domicile: Not Filed

Project Number: SUA-WC-NCCI-AR-07-06-R

Domicile Status Comments:

Reference Organization: National Council on Compensation Insurance
(NCCI)

Reference Number: Items B-1404 and AR-
2007-10

Reference Title:

Advisory Org. Circular: IF-2007-07-04 and AR-
2007-13

Filing Status Changed: 09/28/2007

State Status Changed: 09/27/2007

Deemer Date:

Corresponding Filing Tracking Number: N/A

Filing Description:

On behalf of SUA Insurance Company ("the Company"), we are submitting this filing to adopt the following NCCI reference filings without modification:

Rate Service Organization: National Council on Compensation Insurance (NCCI)

Reference Filing Number: Item B-1404

Reference Filing Description: Basic Manual Revision to Appendix E--Table of Classifications by Hazard Group

SERFF Tracking Number: PERR-125306041 State: Arkansas
Filing Company: SUA Insurance Company State Tracking Number: AR-PC-07-026239
Company Tracking Number: SUA-WC-NCCI-AR-07-06-R
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: SUA-WC-NCCI-AR-07-06-R
Project Name/Number: SUA-WC-NCCI-AR-07-06-R/SUA-WC-NCCI-AR-07-06-R

Approval Circular: IF-2007-07-04

Reference Filing Number: Item AR-2007-10

Reference Filing Description: Approved Voluntary Advisory Loss Costs and Rating Values and Assigned Risk Rates and Rating Values to Be Effective January 1, 2008

Approval Circular: AR-2007-13

Please note that there is no expected rate impact as a result of this filing, as the Company has no written premium in Arkansas. 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 January 1, 2008.

We trust you will find this submission acceptable, and as such look forward to your approval.

Please do not hesitate to contact us with 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

SERFF Tracking Number: PERR-125306041 State: Arkansas
Filing Company: SUA Insurance Company State Tracking Number: AR-PC-07-026239
Company Tracking Number: SUA-WC-NCCI-AR-07-06-R
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: SUA-WC-NCCI-AR-07-06-R
Project Name/Number: SUA-WC-NCCI-AR-07-06-R/SUA-WC-NCCI-AR-07-06-R

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: \$100.00 per rate/rule filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
SUA Insurance Company	\$0.00	09/26/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
101185	\$100.00	09/25/2007

SERFF Tracking Number: PERR-125306041 State: Arkansas
Filing Company: SUA Insurance Company State Tracking Number: AR-PC-07-026239
Company Tracking Number: SUA-WC-NCCI-AR-07-06-R
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: SUA-WC-NCCI-AR-07-06-R
Project Name/Number: SUA-WC-NCCI-AR-07-06-R/SUA-WC-NCCI-AR-07-06-R

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/28/2007	09/28/2007

SERFF Tracking Number: PERR-125306041 State: Arkansas
 Filing Company: SUA Insurance Company State Tracking Number: AR-PC-07-026239
 Company Tracking Number: SUA-WC-NCCI-AR-07-06-R
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: SUA-WC-NCCI-AR-07-06-R
 Project Name/Number: SUA-WC-NCCI-AR-07-06-R/SUA-WC-NCCI-AR-07-06-R

Disposition

Disposition Date: 09/28/2007
 Effective Date (New): 01/01/2008
 Effective Date (Renewal):
 Status: Approved
 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-125306041 *State:* Arkansas
Filing Company: SUA Insurance Company *State Tracking Number:* AR-PC-07-026239
Company Tracking Number: SUA-WC-NCCI-AR-07-06-R
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: SUA-WC-NCCI-AR-07-06-R
Project Name/Number: SUA-WC-NCCI-AR-07-06-R/SUA-WC-NCCI-AR-07-06-R

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty		Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation		Yes
Supporting Document	NAIC loss cost data entry document		Yes
Supporting Document	Letter of Authorization		Yes

SERFF Tracking Number: PERR-125306041
 Filing Company: SUA Insurance Company
 Company Tracking Number: SUA-WC-NCCI-AR-07-06-R
 TOI: 16.0 Workers Compensation
 Product Name: SUA-WC-NCCI-AR-07-06-R
 Project Name/Number: SUA-WC-NCCI-AR-07-06-R/SUA-WC-NCCI-AR-07-06-R

State: Arkansas
 State Tracking Number: AR-PC-07-026239
 Sub-TOI: 16.0004 Standard WC

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: 08/15/2007
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-125306041 State: Arkansas
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Company Tracking Number: SUA-WC-NCCI-AR-07-06-R
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Product Name: SUA-WC-NCCI-AR-07-06-R
Project Name/Number: SUA-WC-NCCI-AR-07-06-R/SUA-WC-NCCI-AR-07-06-R

Supporting Document Schedules

Review Status:
Satisfied -Name: Uniform Transmittal Document-Property & Casualty 09/26/2007

Comments:

Attachments:

RRFS 03-07.pdf

PCTD 03-07.pdf

Review Status:
Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation 09/26/2007

Bypass Reason: N/A

Comments:

Review Status:
Bypassed -Name: NAIC loss cost data entry document 09/26/2007

Bypass Reason: N/A

Comments:

Review Status:
Satisfied -Name: Letter of Authorization 09/26/2007

Comments:

Attachment:

20070125 Authorization Letter.pdf

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-07-06-R
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a.	Rate Change by Company (As Proposed)
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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
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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%
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7.	Effective Date of last rate revision	8/15/2007
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01		<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	

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-07-06-R
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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
	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	
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 type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" 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: January 1, 2008 Renewal: January 1, 2008
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	Items B-1404 and AR-2007-10
18. Company's Date of Filing	September 26, 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-07-06-R
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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]

On behalf of SUA Insurance Company ("the Company"), we are submitting this filing to adopt the following NCCI reference filings without modification:

Rate Service Organization: National Council on Compensation Insurance (NCCI)

Reference Filing Number: Item B-1404

Reference Filing Description: Basic Manual Revision to Appendix E--Table of Classifications by Hazard Group

Approval Circular: IF-2007-07-04

Reference Filing Number: Item AR-2007-10

Reference Filing Description: Approved Voluntary Advisory Loss Costs and Rating Values and Assigned Risk Rates and Rating Values to Be Effective January 1, 2008

Approval Circular: AR-2007-13

Please note that there is no expected rate impact as a result of this filing, as the Company has no written premium in Arkansas. 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 January 1, 2008.

We trust you will find this submission acceptable, and as such look forward to your approval.

Please do not hesitate to contact us with 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]
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Check #: 101185

Amount: \$100.00

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.)**



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