

SERFF Tracking Number: ULCC-125284734 State: Arkansas
Filing Company: Ulico Casualty Company State Tracking Number: AR-PC-07-026039
Company Tracking Number: UCC-2007-AR-WC-03
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: AR Independent Forms Filing/UCC-2007-AR-WC-03

Filing at a Glance

Company: Ulico Casualty Company

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Form

SERFF Tr Num: ULCC-125284734 State: Arkansas

SERFF Status: Closed State Tr Num: AR-PC-07-026039

Co Tr Num: UCC-2007-AR-WC-03 State Status:

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

Author: Frank Liu Disposition Date: 09/17/2007

Date Submitted: 09/10/2007 Disposition Status: Approved

Effective Date Requested (New): 11/01/2007

Effective Date (New): 11/01/2007

Effective Date Requested (Renewal): 11/01/2007

Effective Date (Renewal):

General Information

Project Name: AR Independent Forms Filing

Project Number: UCC-2007-AR-WC-03

Status of Filing in Domicile: Not Filed

Domicile Status Comments: DE is our domicile state

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/17/2007

State Status Changed: 09/10/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Our company's name has been changed from "Ulico Casualty Company" to "ULLICO Casualty Company" in Arkansas, effective on November 17, 2006. We hereby file for your approval of our new information page, new policy jacket and new quote sheet updated with the new company name and new company logo.

We will use all the approved NCCI endorsements and forms in the State of Arkansas as NCCI filed on our behalf. We will use form ACORD 75 (2004/09) as our insurance binder and form ACORD 130 (2005/08) as our application form.

We propose an effective date of November 1, 2007.

SERFF Tracking Number: ULCC-125284734 State: Arkansas
Filing Company: Ulico Casualty Company State Tracking Number: AR-PC-07-026039
Company Tracking Number: UCC-2007-AR-WC-03
TOI: 16.0 Worked Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: AR Independent Forms Filing/UCC-2007-AR-WC-03

Enclosed are the final printed information page and its extension, policy jacket, quote sheet and the P&C Transmittal document to complete this filing.

Company and Contact

Filing Contact Information

David Christhilf, AVP, Actuary
1625 EYE STREET, NW
WASHINGTON, DC 20006

dchristhilf@ullico.com
(202) 682-6637 [Phone]
(202) 962-8892[FAX]

Filing Company Information

Ulico Casualty Company
1625 EYE STREET, NW
WASHINGTON, DC 20006
(202) 682-6637 ext. [Phone]

CoCode: 37893
Group Code: 781
Group Name:
FEIN Number: 13-2988846

State of Domicile: Delaware
Company Type: Property/Casualty
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

SERFF Tracking Number: ULCC-125284734 State: Arkansas
 Filing Company: Ulico Casualty Company State Tracking Number: AR-PC-07-026039
 Company Tracking Number: UCC-2007-AR-WC-03
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: AR Independent Forms Filing/UCC-2007-AR-WC-03

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/17/2007	09/17/2007

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	09/11/2007	09/11/2007	Frank Liu	09/17/2007	09/17/2007
Industry Response						

SERFF Tracking Number: *ULCC-125284734* *State:* *Arkansas*
Filing Company: *Ulico Casualty Company* *State Tracking Number:* *AR-PC-07-026039*
Company Tracking Number: *UCC-2007-AR-WC-03*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *Workers Compensation*
Project Name/Number: *AR Independent Forms Filing/UCC-2007-AR-WC-03*

Disposition

Disposition Date: 09/17/2007

Effective Date (New): 11/01/2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *ULCC-125284734* State: *Arkansas*
 Filing Company: *Ulico Casualty Company* State Tracking Number: *AR-PC-07-026039*
 Company Tracking Number: *UCC-2007-AR-WC-03*
 TOI: *16.0 Workers Compensation* Sub-TOI: *16.0004 Standard WC*
 Product Name: *Workers Compensation*
 Project Name/Number: *AR Independent Forms Filing/UCC-2007-AR-WC-03*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Form Filing Abstract	Approved	Yes
Supporting Document	Copy of Check	Approved	Yes
Form	Information Page and Its Extension	Approved	Yes
Form	Policy Jacket	Approved	Yes
Form	Quote Sheet	Approved	Yes

SERFF Tracking Number: ULCC-125284734 State: Arkansas
Filing Company: Ulico Casualty Company State Tracking Number: AR-PC-07-026039
Company Tracking Number: UCC-2007-AR-WC-03
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: AR Independent Forms Filing/UCC-2007-AR-WC-03

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 09/11/2007

Submitted Date 09/11/2007

Respond By Date

Dear David Christhilf,

This will acknowledge receipt of the captioned filing.

This filing doesn't show that a filing fee has been sent. The required filing fee is \$50. If you send it by check, please include a copy of the transmittal or the info under the General Information tab so the check can be credited to the proper filing.

If you will send notification that the check is being sent, I can approve the filing contingent on receiving the filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 09/17/2007

Submitted Date 09/17/2007

Dear Carol Stiffler,

Comments:

Response 1

Comments: Dear Reviewer,

The filing fee of \$50.00 was sent out to you today. The check information is:

Check Number:14001177,

Check Date: 09-13-2007

Check Amount: \$50.00

SERFF Tracking Number: ULCC-125284734 State: Arkansas
Filing Company: Ulico Casualty Company State Tracking Number: AR-PC-07-026039
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TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
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A copy of the check is attached here.

Thank you and I am looking forward to your approval.

Sincerely yours

Frank Liu

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Copy of Check

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Frank Liu

SERFF Tracking Number: ULCC-125284734 State: Arkansas
 Filing Company: Ulico Casualty Company State Tracking Number: AR-PC-07-026039
 Company Tracking Number: UCC-2007-AR-WC-03
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: AR Independent Forms Filing/UCC-2007-AR-WC-03

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Information Page and Its Extension 1A	WC00000		Declaration	Replaced s/Schedule	Replaced Form #:0.00 Previous Filing #:		InfoPage.pdf
Approved	Policy Jacket	PJ	08/07	Policy/Cove	Replaced rage Form	Replaced Form #:0.00 Previous Filing #:		PJ0807.pdf
Approved	Quote Sheet			Other	Replaced	Replaced Form #:0.00 Previous Filing #:		NEWQuoteSheet.pdf

COMPANY

POLICY NUMBER

PRIOR POLICY NUMBER

NCCI Company No. 22055

1. INSURED AND MAILING ADDRESS

Entity
FEIN
Board File Number
Group
Reference

OTHER WORKPLACES NOT SHOWN ABOVE: See Extension of Information Page.

2. The policy period is from: 12:01 A.M. to 12:01 A.M. at the Insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers' Compensation Law of the states listed here:

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our Liability under Part Two are:

Bodily Injury by Accident \$	Each Accident
Bodily Injury by Disease \$	Each Employee
Bodily Injury by Disease \$	Policy Limit

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

D. This policy includes these endorsements and schedules:

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plan. All information required below is subject to verification and change by audit: See Extension of Information Page.

Minimum Premium
Interim Adjustment of Premium Shall Be Made
Interim Payment of Premium Shall Be Made

Total Estimated Cost
Deposit Premium

PRODUCER

Countersigned by: _____
Authorized Representative

Date:

SERVICING OFFICE

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

EXTENSION OF INFORMATION PAGE

St	Loc	Code No.	Classifications	Premium Basis: Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
		9898	Experience Rating Modification Factor*			
		9887	Schedule Rating Credit*			
		0063	Premium Discount*			
		0900	Expense Constant			
		9740	Foreign Terrorism			
		9741	DTEC			

*Note:These will apply in accordance with Manual rules.



(A Stock Company)
Administrative Office: 1625 Eye Street, NW
Washington, DC 20006

In Witness whereof, ULLICO Casualty Company has caused this policy to be signed by its President and Assistant Vice President and Actuary, but the same shall not be binding upon the Company unless countersigned by an Authorized Representative of the Company.

Dan Aronowitz

President

David Smith

Assistant Vice President and Actuary

Workers' Compensation Insurance Quote



1625 Eye St. NW
Washington DC 20006

Phone: (202) 682-7978
Fax: (202) 962-8853

TO:
ATTN:
FROM:
CLIENT:

EMAIL:
DATE:

Effective Date of Coverage

Employers' Liability Limits:

**Estimated Annual
Remuneration:**

**Experience Modification /
Merit Rating Applicable:**

Endorsements Provided:

*** Estimated Annual Premium:**

Quote Expiration Date:

Notes:

* The quote provided is not a binding agreement with Ullico Casualty. Premium is subject to change due to pending rate adjustments by the State Compensation bureaus. Final premium will be determined by an annual premium audit.

SERFF Tracking Number: *ULCC-125284734* *State:* *Arkansas*
Filing Company: *Ulico Casualty Company* *State Tracking Number:* *AR-PC-07-026039*
Company Tracking Number: *UCC-2007-AR-WC-03*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *Workers Compensation*
Project Name/Number: *AR Independendent Forms Filing/UCC-2007-AR-WC-03*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ULCC-125284734 State: Arkansas
Filing Company: Ulico Casualty Company State Tracking Number: AR-PC-07-026039
Company Tracking Number: UCC-2007-AR-WC-03
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: AR Independent Forms Filing/UCC-2007-AR-WC-03

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 09/17/2007

Comments:

Attachment:

P&C Transmittal Document.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 09/17/2007

Comments:

Attachment:

Cover Letter 3.pdf

Satisfied -Name: Form Filing Abstract **Review Status:** Approved 09/17/2007

Comments:

Attachment:

AR F-1Signed.pdf

Satisfied -Name: Copy of Check **Review Status:** Approved 09/17/2007

Comments:

Attachment:

AR Check.pdf

Property & Casualty Transmittal Document

<p>1. Reserved for Insurance Dept. Use Only</p>	<p>2. Insurance Department Use only</p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">New Business</td> <td style="width: 50px;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #			
Union Labor Group	781			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Ullico Casualty Company	Delaware	781-37893	13-2988846	

5. Company Tracking Number	UCC-2007-AR-WC-03
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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
	David A. Christhilf 1625 Eye Street, NW Washington, DC 20006	AVP & Actuary	(202)682-6637	(202)962-8892	dchristhilf@ullico.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		David A. Christhilf		

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

9. Type of Insurance (TOI)	Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	Standard Workers Compensation
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 type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: 11/01/2007 Renewal: 11/01/2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	09/10/2007
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 #	UCC-2007-AR-WC-03
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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's name has been changed from "Ulico Casualty Company" to "ULLICO Casualty Company" in Arkansas, effective on November 17, 2006. We hereby file for your approval of our new information page, new policy jacket and new quote sheet updated with the new company name and new company logo.

We will use all the approved NCCI endorsements and forms in the State of Arkansas as NCCI filed on our behalf. We will use form ACORD 75 (2004/09) as our insurance binder and form ACORD 130 (2005/08) as our application form.

We propose an effective date of November 1, 2007.

Enclosed are the final printed information page and its extension, policy jacket, quote sheet and the P&C Transmittal document to complete this filing.

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 #:
Amount: N/A
Check Date:

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.)**

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	UCC-2007-AR-WC-03
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2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Information Page and its Extension	WC000001A	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Policy Jacket	PJ(08/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Quote Sheet		<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



September 10, 2007

Julie Benefield Bowman
Commissioner of Insurance
Arkansas Department of Insurance
Property & Casualty division
1200 West Third Street
Little Rock, AR 72201-1904

Ullico Insurance Group
1625 Eye Street, N.W.
Washington, D.C. 20006
202.682.0900 tel
202.962.8853 fax

A ULLICD Inc. Company
www.ullico.com

*Not all companies are
licensed in all states*

**Re: *Ullico Casualty Company
Workers' Compensation Form Filing***
Our File No.: UCC-2007-AR-WC-03
NAIC No.: 781-37893
***Forms: WC000001A (Information Page and its Extension)
PJ (Policy Jacket), Quote Sheet***
SERFF Filing No.: ULCC-125284734
Effective Date: November 1, 2007

Dear Director:

Our company's name has been changed from "Ullico Casualty Company" to "ULLICO Casualty Company" in Arkansas, effective on November 17, 2006. We hereby file for your approval of our new information page, new policy jacket and new quote sheet updated with the new company name and new company logo.

We will use all the approved NCCI endorsements and forms in the State of Arkansas as NCCI filed on our behalf. We will use form ACORD 75 (2004/09) as our insurance binder and form ACORD 130 (2005/08) as our application form.

We propose an effective date of November 1, 2007.

Enclosed are the final printed information page and its extension, policy jacket, quote sheet and the P&C Transmittal document to complete this filing.

Please contact the undersigned at (202) 682 6637 if you have any questions.

Sincerely

David A. Christhilf
Assistant Vice President and Actuary
Ullico Casualty Company

Enclosures

FORM F-1

ARKANSAS INSURANCE DEPARTMENT

FORM FILING ABSTRACT

ALL QUESTIONS MUST BE ANSWERED

Companies filing for a group may use a consolidated abstract if all forms are identical.

- 1. Date Filed 09/10/2007
- 2. Company Names(s) ULLICO Casualty Company
- Group Name Union Labor Group NAIC No. 37893 Group No. 0781
- 3. (a) Annual Statement Line of Business Number (Page 14) 3137.00
 (b) Class of Business Workers Compensation
 (c) Coverages Affected Workers Compensation
- 4. (a) Name of Advisory Organization, if any NCCI
 (b) Affiliation with Advisory Organization: Member () Subscriber ()
- 5. Is this a reference filing? Yes () No () If yes, please provide the following:
 (a) Name of Advisory Organization (or Affiliated Company)

 (b) Date of Filing _____
 (c) Filing Designation Number or Description _____

PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

- 6. Has the form(s) been approved for use in your domiciliary state and/or other states? Yes. No filing required in domicile
- 7. Is the form filed in response to or due to legislation? If so, specify legislation.
No
- 8. Is the form filed in response to or due to recent court decisions? If so, give citation. No

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.


Signature

AVP and Actuary

Title

(202) 682 6637

Telephone Number

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
WC000001A	11/01/2007	WC000001A	Information Page and Its Extension
WC000000A	11/01/2007	PJ(Ed.08/07)	Policy Jacket
Quote Sheet	11/01/2007		Quote Sheet

ULLICO Casualty Company

8403 Colesville Rd.
Silver Spring, MD 20910
(202) 682-0900

 Security features included. Details on back.

70-2302

719

0014001177

09-13-2007

****50.00**

VOID AFTER 180 DAYS

Fifty And NO/100 Dollars

ARKANSAS DEPT OF INSURANCE

TO THE ORDER OF
1200 WEST THIRD STREET
LITTLE ROCK AR 72201-1904

Mark S. [Signature]
Damon [Signature]

Two signatures required for amounts over \$25,000.00

LaSalle Bank N.A.

Chicago, Illinois 60603

⑈ 14001177 ⑈ ⑆ 071923022⑆ 5590098991 ⑈

DETACH LOWER PORTION AT PERFORATION AND RETAIN FOR YOUR RECORDS

REFERENCE NUMBER

UCC-2007-AR-WC-

DATE

09-13-2007

CHECK NUMBER

0014001177

UCC-2007-AR-WC-03

50.00

50.00

TOTALS

50.00

50.00

ULLICO Casualty Company

8403 Colesville Rd.
Silver Spring, MD 20910
(202) 682-0900

CHECK AMOUNT

\$ 50.00