

SERFF Tracking Number: ARGN-125423265 State: Arkansas
First Filing Company: Argonaut-Midwest Insurance Company, ... State Tracking Number: EFT \$25
Company Tracking Number: JS08R-002
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: WC Adopt Item B-1405
Project Name/Number: WC Adopt Item B-1405/JS08R-002

Filing at a Glance

Companies: Argonaut-Midwest Insurance Company, Argonaut-Southwest Insurance Company, Argonaut Great Central Insurance Company, Argonaut Insurance Company

Product Name: WC Adopt Item B-1405 SERFF Tr Num: ARGN-125423265 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$25
Sub-TOI: 16.0004 Standard WC Co Tr Num: JS08R-002 State Status: Fees received
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Disposition Date: 01/10/2008
Authors: Allison Angstadt, Jamie Schimmelpfenning, Stefanie Westerdahl
Date Submitted: 01/09/2008 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):
State Filing Description:

General Information

Project Name: WC Adopt Item B-1405 Status of Filing in Domicile: Not Filed
Project Number: JS08R-002 Domicile Status Comments:
Reference Organization: NCCI Reference Number: Item B-1405
Reference Title: Advisory Org. Circular:
Filing Status Changed: 01/10/2008 Deemer Date:
State Status Changed: 01/09/2008
Corresponding Filing Tracking Number:
Filing Description:
Please accept this submission via SERFF on behalf of Argonaut Great Central Insurance Company, Argonaut Insurance Company, Argonaut-Midwest Insurance Company, and Argonaut-Southwest Insurance Company to adopt NCCI Countrywide Item B-1405 – Terrorism Risk Insurance Program Reauthorization Act of 2007.

We are requesting an effective date of January 1, 1008.

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Company and Contact

Filing Contact Information

Jamie Schimmelpfenning, Regulatory Analyst jschimmelpfenning@argonautgroup.com
 3625 N. Sheridan Road (877) 769-5953 [Phone]
 Peoria, IL 61633 (309) 688-4780[FAX]

Filing Company Information

Argonaut-Midwest Insurance Company	CoCode: 19828	State of Domicile: Illinois
225 West Washington Street	Group Code: 457	Company Type: Property/Casualty
6th Floor		
Chicago, IL 60606	Group Name:	State ID Number:
(312) 201-7600 ext. [Phone]	FEIN Number: 36-2489372	

Argonaut-Southwest Insurance Company	CoCode: 19844	State of Domicile: Louisiana
100 Marine Parkway, Suite 500	Group Code: 457	Company Type: Property/Casualty
Redwood City, CA 94065	Group Name:	State ID Number:
(650) 508-5409 ext. [Phone]	FEIN Number: 94-6064785	

Argonaut Great Central Insurance Company	CoCode: 19860	State of Domicile: Illinois
3625 N. Sheridan Road	Group Code: 457	Company Type: Commercial Lines
Peoria, IL 61633	Group Name:	State ID Number:
(877) 769-5953 ext. [Phone]	FEIN Number: 37-0301640	

Argonaut Insurance Company	CoCode: 19801	State of Domicile: Illinois
225 West Washington Street	Group Code: 457	Company Type: Property/Casualty
6th Floor		
Chicago, IL 60606	Group Name:	State ID Number:
(312) 201-7600 ext. [Phone]	FEIN Number: 94-1390273	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No

<i>SERFF Tracking Number:</i>	<i>ARGN-125423265</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Argonaut-Midwest Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>JS08R-002</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>WC Adopt Item B-1405</i>		
<i>Project Name/Number:</i>	<i>WC Adopt Item B-1405/JS08R-002</i>		
<i>Fee Explanation:</i>	<i>25.00 per item adoption.</i>		
<i>Per Company:</i>	<i>No</i>		

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/10/2008	01/10/2008

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Disposition

Disposition Date: 01/10/2008
Effective Date (New): 01/01/2008
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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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	Basic Manual Rating Definitions	Approved	Yes

SERFF Tracking Number: *ARGN-125423265* *State:* *Arkansas*
First Filing Company: *Argonaut-Midwest Insurance Company, ...* *State Tracking Number:* *EFT \$25*
Company Tracking Number: *JS08R-002*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *WC Adopt Item B-1405*
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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Basic Manual Rating Definitions	Rule 3-A-24-a	Replacement	

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 01/10/2008

Comments:

Please find attached NAIC transmittal.

Attachment:

NAIC Transmittal_01_09_08_Rule.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 01/10/2008

Bypass Reason: n/a

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 01/10/2008

Bypass Reason: n/a

Comments:

Satisfied -Name: cover letter **Review Status:** Approved 01/10/2008

Comments:

Attachment:

JS08F-002.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 style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></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 #
Argonaut Group, Inc.	0457

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Argonaut Great Central Insurance Company	IL	19860	37-0301640	
Argonaut Insurance Company	IL	19801	94-1390273	
Argonaut-Midwest Insurance Company	IL	19828	36-2489372	
Argonaut-Southwest Insurance Company	LA	19844	94-6064785	

5. Company Tracking Number	JS08R-002
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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
	Jamie Schimmelpfenning 3625 N. Sheridan Rd. Peoria, IL 61633-0001	Regulatory Analyst	877-769-5953 x2395	309-688-4780	jschimmelpfenning@argonautgroup.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Jamie A. Schimmelpfenning		

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

9. Type of Insurance (TOI)	16 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]	
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: 01/01/08 Renewal: 01/01/08
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	Item B-1405
18. Company's Date of Filing	01/09/08
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 #	JS08R-002
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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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Please accept this submission via SERFF on behalf of Argonaut Great Central Insurance Company, Argonaut Insurance Company, Argonaut-Midwest Insurance Company, and Argonaut-Southwest Insurance Company to adopt NCCI Countrywide Item B-1405 – Terrorism Risk Insurance Program Reauthorization Act of 2007.

We are requesting an effective date of January 1, 1008.

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 #: VIA EFT
Amount: 25.00

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.)**

PC TD-1 pg 2 of 2

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 #	JS08R-002
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	JS08F-001
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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 (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)
Argonaut Great Central Ins. Co.		0	n/a				
Argonaut Insurance Co.		0	n/a				
Argonaut-Midwest Ins. Co.		0	n/a				
Argonaut-Southwest Ins. Co.		0	n/a				

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	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	n/a	
5b	Overall percentage rate impact for this filing	n/a	
5c	Effect of Rate Filing – Written premium change for this program	n/a	
5d	Effect of Rate Filing – Number of policyholders affected	n/a	

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	NCCI's Basic Manual Rule Page, Rule 3-A-24-a	<input type="checkbox"/> New <input checked="" 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	

PC RRFS-1

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January 9, 2008

Arkansas Insurance Department
1200 W. Third Street
Little Rock, AR 72201-1904

Re: Argonaut Great Central Insurance Company, #19860-457
Argonaut Insurance Company, #19801-457
Argonaut-Midwest Insurance Company, #19828-457
Argonaut-Southwest Insurance Company, #19844-457
Workers' Compensation Adoption of Item B-1405
Our Filing No. JS08R-002

Dear Sir or Madam:

Please accept this submission via SERFF on behalf of Argonaut Great Central Insurance Company, Argonaut Insurance Company, Argonaut-Midwest Insurance Company, and Argonaut-Southwest Insurance Company to adopt NCCI Countrywide Item P-1405 – Terrorism Risk Insurance Program Reauthorization Act of 2007.

We are requesting an effective date of January 1, 1008.

If you do need additional information, please don't hesitate to contact me. Our check in the amount of \$25.00 will be sent via EFT. Thank you in advance for your cooperation regarding this matter.

Sincerely yours,

Jamie A. Schimmelpfenning
Regulatory Analyst
877-769-5953 ext. 2395
jschimmelpfenning@argonautgroup.com