

SERFF Tracking Number: CNAB-125464913 State: Arkansas
First Filing Company: American Casualty Company of Reading PA, ... State Tracking Number: #? \$50
Company Tracking Number: 08-F3013
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: WC Amandatory Endorsements-Arkansas
Project Name/Number: WC Amandatory Endorsements-Arkansas/08-F3013

Filing at a Glance

Companies: American Casualty Company of Reading PA, National Fire Insurance Company of Hartford, Transportation Insurance Company, Valley Forge Insurance Company, Continental Casualty Company

Product Name: WC Amandatory Endorsements-Arkansas SERFF Tr Num: CNAB-125464913 State: Arkansas

TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #? \$50
Sub-TOI: 16.0004 Standard WC Co Tr Num: 08-F3013 State Status: Fees verified
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Author: Mercy Marasigan Disposition Date: 01/29/2008
Date Submitted: 01/29/2008 Disposition Status: Approved

Effective Date Requested (New): On Approval Effective Date (New): 01/29/2008
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

State Filing Description:

General Information

Project Name: WC Amandatory Endorsements-Arkansas
Project Number: 08-F3013

Status of Filing in Domicile: Not Filed
Domicile Status Comments: Not applicable in the state of domicile

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/29/2008

State Status Changed: 01/29/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are submitting 2 new endorsements for use with the Loss Reimbursement Program G-16833-D and G-20851-B. These endorsements were filed and approved in our previous filing for The Continental Insurance Company (ID#07-F3217).

This filing is being made to update the other 5 CNA companies, as shown in the cover letter.

SERFF Tracking Number: CNAB-125464913 State: Arkansas
 First Filing Company: American Casualty Company of Reading PA, ... State Tracking Number: #? \$50
 Company Tracking Number: 08-F3013
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: WC Amendatory Endorsements-Arkansas
 Project Name/Number: WC Amendatory Endorsements-Arkansas/08-F3013

We respectfully request the earliest written date permitted by your regulations.

Company and Contact

Filing Contact Information

Mercy A. Marasigan, State Filing Analyst mercedes.marasigan@cna.com
 333 S. Wabash (312) 822-6609 [Phone]
 Chicago, IL 60685 (312) 755-2394[FAX]

Filing Company Information

American Casualty Company of Reading PA	CoCode: 20427	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance	State ID Number:
Chicago, IL 60604	Companies	
(312) 822-4292 ext. [Phone]	FEIN Number: 23-0342560	

National Fire Insurance Company of Hartford	CoCode: 20478	State of Domicile: Illinois
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance	State ID Number:
Chicago, IL 60604	Companies	
(312) 822-4292 ext. [Phone]	FEIN Number: 06-0464510	

Transportation Insurance Company	CoCode: 20494	State of Domicile: Illinois
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance	State ID Number:
Chicago, IL 60604	Companies	
(312) 822-4292 ext. [Phone]	FEIN Number: 36-1877247	

Valley Forge Insurance Company	CoCode: 20508	State of Domicile: Pennsylvania
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<i>SERFF Tracking Number:</i>	CNAB-125464913	<i>State:</i>	Arkansas
<i>First Filing Company:</i>	American Casualty Company of Reading PA, ...	<i>State Tracking Number:</i>	#? \$50
<i>Company Tracking Number:</i>	08-F3013		
<i>TOI:</i>	16.0 Workers Compensation	<i>Sub-TOI:</i>	16.0004 Standard WC
<i>Product Name:</i>	WC Amandatory Endorsements-Arkansas		
<i>Project Name/Number:</i>	WC Amandatory Endorsements-Arkansas/08-F3013		
333 South Wabash	Group Code: 218	Company Type: Property and Casualty	
37th Floor			
Chicago, IL 60604	Group Name: CNA Insurance Companies	State ID Number:	
(312) 822-4292 ext. [Phone]	FEIN Number: 23-1620527		

Continental Casualty Company	CoCode: 20443	State of Domicile: Illinois	
333 South Wabash	Group Code: 218	Company Type: Property and Casualty	
Chicago , IL 60604	Group Name: CNA Insurance Companies	State ID Number:	
(312) 822-4292 ext. [Phone]	FEIN Number: 36-2114545		

SERFF Tracking Number: CNAB-125464913 State: Arkansas
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Company Tracking Number: 08-F3013
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: WC Amandatory Endorsements-Arkansas
Project Name/Number: WC Amandatory Endorsements-Arkansas/08-F3013

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/29/2008	01/29/2008

SERFF Tracking Number: CNAB-125464913 State: Arkansas
First Filing Company: American Casualty Company of Reading PA, ... State Tracking Number: #? \$50
Company Tracking Number: 08-F3013
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: WC Amendatory Endorsements-Arkansas
Project Name/Number: WC Amandatory Endorsements-Arkansas/08-F3013

Disposition

Disposition Date: 01/29/2008
Effective Date (New): 01/29/2008
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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 Project Name/Number: WC Amandatory Endorsements-Arkansas/08-F3013

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Amendatory End-Arkansas	Approved	Yes
Form	Amendatory End-Arkansas	Approved	Yes

SERFF Tracking Number: CNAB-125464913 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendatory End-Arkansas	G-300553-A	01-2008	Endorsement/Amendment/Conditions	New	0.00	G-300553-A Amendatory End - Arkansas.pdf
Approved	Amendatory End-Arkansas	G-300554-A	01-2008	Endorsement/Amendment/Conditions	New	0.00	G-300554-A Amendatory End - Arkansas.pdf

**WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY LOSS REIMBURSEMENT
PLUS ALLOCATED EXPENSES PROGRAM**

AMENDATORY ENDORSEMENT – ARKANSAS

This endorsement amends the Workers' Compensation and Employers' Liability Loss Reimbursement Plus Allocated Expenses Program attached to this policy. This endorsement applies only to Arkansas Workers' Compensation and Employers' Liability Insurance.

Item IV., Part Six – Conditions D. – Cancellation, is replaced by the following:

For the purpose of cancellation by us, your failure to pay or reimburse us when due, any amount within the applicable loss reimbursement amount, any "allocated loss adjustment expenses", taxes, fees, assessments or other charges will be deemed as your failure to pay premium when due and allows us to cancel this policy for non-payment of premium. In either event, cancellation will be effected in accordance with the cancellation provision of this policy or amendment thereto by any state cancellation provision endorsement.

If cancellation is effected, collected and unearned premium will be returned to the first insured named in Item 1 of the Policy Information Page, in accordance with our manuals of rules, rates and rating plans governing cancellation, less any uncollected amounts within the loss reimbursement amount, any "allocated loss adjustment expenses", taxes, fees, assessments or other charges you owe us.

In the event of cancellation for any reason, our obligation to pay claims incurred prior to the cancellation date shall not be affected.

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY LOSS REIMBURSEMENT PROGRAM

AMENDATORY ENDORSEMENT – ARKANSAS

This endorsement amends the Workers' Compensation and Employers' Liability Loss Reimbursement Program attached to this policy. This endorsement applies only to Arkansas Workers' Compensation and Employers' Liability Insurance.

Item IV., Part Six – Conditions D. – Cancellation, is replaced by the following:

For the purpose of cancellation by us, your failure to pay or reimburse us when due, any amount within the applicable loss reimbursement amount, any "allocated loss adjustment expenses", taxes, fees, assessments or other charges will be deemed as your failure to pay premium when due and allows us to cancel this policy for non-payment of premium. In either event, cancellation will be effected in accordance with the cancellation provision of this policy or amendment thereto by any state cancellation provision endorsement.

If cancellation is effected, collected and unearned premium will be returned to the first insured named in Item 1 of the Policy Information Page, in accordance with our manuals of rules, rates and rating plans governing cancellation, less any uncollected amounts within the loss reimbursement amount, any "allocated loss adjustment expenses", taxes, fees, assessments or other charges you owe us.

In the event of cancellation for any reason, our obligation to pay claims incurred prior to the cancellation date shall not be affected.

SERFF Tracking Number: CNAB-125464913 *State:* Arkansas
First Filing Company: American Casualty Company of Reading PA, ... *State Tracking Number:* #? \$50
Company Tracking Number: 08-F3013
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: WC Amandatory Endorsements-Arkansas
Project Name/Number: WC Amandatory Endorsements-Arkansas/08-F3013

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CNAB-125464913 State: Arkansas
First Filing Company: American Casualty Company of Reading PA, ... State Tracking Number: #? \$50
Company Tracking Number: 08-F3013
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: WC Amandatory Endorsements-Arkansas
Project Name/Number: WC Amandatory Endorsements-Arkansas/08-F3013

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Approved 01/29/2008

Comments:
P & C Transmittal Document & Schedule attached

Attachment:
AR08-F3013 P & C Trans. Doc-Sched.pdf

Satisfied -Name: Cover Letter
Review Status: Approved 01/29/2008

Comments:
Cover Letter attached

Attachment:
AR08-F3013 Cover Letter.pdf

Property & Casualty Transmittal Document

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

3. Group Name	Group NAIC #
CNA	218

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Continental Casualty Company	IL	20443	36-2114545	
National Fire Insurance Company of Hartford	IL	20478	06-0464510	
American Casualty Company of Reading, Pa	PA	20427	23-0342560	
Transportation Insurance Company	IL	20494	36-1877247	
Valley Forge Insurance Company	PA	20508	23-1620527	

5. Company Tracking Number	08-F3013
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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
	Mercy A. Marasigan	State Filing Analyst	(312) 822-6609	(312) 755-2394	mercedes.marasigan@cna.com
	333 S. Wabash Ave. Chicago, IL 60604				
7.	Signature of authorized filer		<i>Mercy A. Marasigan</i>		
8.	Please print name of authorized filer		Mercy A. Marasigan		

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]	
12. Company Program Title (Marketing title)	Workers Compensation
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: Earliest permitted Renewal: Earliest perm
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	1/29/08
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 #	08-F3013
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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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The above named companies submit the captioned endorsements for use with the Workers Compensation And Employers Liability Program.

These new forms amends the Loss Reimbursements program endorsements G-16833-D and G-20851-B and were previously filed and approved for The Continental Insurance Company in response to your e-mail dated January 7, 2008 (CNA Filing ID # 07-F3217).

Considering that the Loss Reimbursement Program endorsements are also approved for the above referenced companies (ID#00-F3227), we are filing the captioned endorsements for update.

We respectfully request the earliest effective date permitted by your regulations.

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 #: 0000218709 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.)**

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 #	08-F3013			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
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	Amendatory Endorsement- Arkansas	G-300553-A (Ed. 1/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Amendatory Endorsement- Arkansas	G-300554-A (Ed. 1/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input 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		



CNA Plaza Chicago IL 60685-0001

January 28, 2008

Mercy A. Marasigan

State Filing Analyst
Commercial Lines/37S

Telephone 312-822-6609

Facsimile 312-755-2394

mercedes.marasigan@cna.com

Honorable Julie Benafiled Bowman
Insurance Commissioner
1200 West Third Street
Little Rock, AR 72201 - 1904

Attn.: Ms. Carol Stiffler
Certified Rates and Forms Analyst

Re: Workers Compensation & Employers Liability Program (ID#08-F3014)
G-300553-A Amendatory Endorsement – Arkansas
G-300554-A Amendatory Endorsement- Arkansas
CONTINENTAL CASUALTY COMPANY 218-20443
NATIONAL FIRE INSURANCE COMPANY OF HARTFORD 218-20478
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA 218-20427
TRANSPORTATION INSURANCE COMPANY 218-20494
VALLEY FORGE INSURANCE COMPANY 218-20508

Dear Ms. Stiffler:

The above named companies submit the captioned endorsements for use with the Workers Compensation And Employers Liability Program.

These new forms amends the Loss Reimbursements program endorsements G-16833-D and G-20851-B and were previously filed and approved for The Continental Insurance Company in response to your e-mail dated January 7, 2008 (CNA Filing ID # 07-F3217).

Considering that the Loss Reimbursement Program endorsements are also approved for the above referenced companies (ID#00-F3227), we are filing the captioned endorsements for update.

We respectfully request the earliest effective date permitted by your regulations.

Very truly yours,

Mercy A. Marasigan