

SERFF Tracking Number: HNVR-125415064 State: Arkansas
First Filing Company: Hanover American Insurance Company, ... State Tracking Number: #? \$25
Company Tracking Number: WC-AR-08002-01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation
Project Name/Number: Adoption of NCCI Rule Revision: B-1405/WC-AR-08002-01

Filing at a Glance

Companies: Hanover American Insurance Company, Massachusetts Bay Insurance Company, The Hanover Insurance Company

Product Name: Workers Compensation SERFF Tr Num: HNVR-125415064 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #? \$25
Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: WC-AR-08002-01 State Status: Fees verified
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Author: David Bibo Disposition Date: 01/09/2008
Date Submitted: 01/07/2008 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Adoption of NCCI Rule Revision: B-1405 Status of Filing in Domicile:
Project Number: WC-AR-08002-01 Domicile Status Comments:
Reference Organization: NCCI Reference Number: B-1405
Reference Title: Revision of Rule 3-A-24-a as a result of the Terrorism Advisory Org. Circular: CIF-2007-09
Risk Insurance Program Reauthorization Act of 2007
Filing Status Changed: 01/09/2008
State Status Changed: 01/09/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Effective upon approval for new and renewal policies, our companies wish to adopt the NCCI Rule as found in NCCI Item Filing Number B-1405.

Company and Contact

Filing Contact Information

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David Bibo, Pricing Analyst dbibo@hanover.com
 440 Lincoln Street (508) 855-8264 [Phone]
 Worcester, MA 01653 (508) 855-2268[FAX]

Filing Company Information

Hanover American Insurance Company	CoCode: 36064	State of Domicile: New Hampshire
440 Lincoln Street	Group Code: 88	Company Type: Property & Casualty
Worcester, MA 01653	Group Name: The Hanover Ins Group	State ID Number:
(508) 855-1000 ext. [Phone]	FEIN Number: 04-3063898	

Massachusetts Bay Insurance Company	CoCode: 22306	State of Domicile: New Hampshire
440 Lincoln Street	Group Code: 88	Company Type: Property & Casualty
Worcester, MA 01653	Group Name: The Hanover Ins Group	State ID Number:
(508) 855-1000 ext. [Phone]	FEIN Number: 04-2217600	

The Hanover Insurance Company	CoCode: 22292	State of Domicile: New Hampshire
440 Lincoln Street	Group Code: 88	Company Type: Property & Casualty
Worcester, MA 01653	Group Name: The Hanover Ins Group	State ID Number:
(508) 855-1000 ext. [Phone]	FEIN Number: 13-5129825	

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Filing Fees

Fee Required? *Yes*
Fee Amount: *\$25.00*
Retaliatory? *No*
Fee Explanation: *ISO Rule adoption*
Per Company: *No*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hanover American Insurance Company	\$0.00	01/07/2008	
Massachusetts Bay Insurance Company	\$0.00	01/07/2008	
The Hanover Insurance Company	\$0.00	01/07/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0021658252	\$25.00	01/07/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/09/2008	01/09/2008

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Disposition

Disposition Date: 01/09/2008
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

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 01/09/2008

Comments:

P&C Transmittal Form is attached

Attachment:

PC TD-1 03 07.pdf

Bypassed -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 01/09/2008

Bypass Reason: n/a

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 01/09/2008

Bypass Reason: n/a

Comments:

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: 50%; 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 #
The Hanover Insurance Group	0088

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Hanover Insurance Company	NH	22292	13-5129825	
Massachusetts Bay Insurance Company	NH	22306	04-2217600	
Hanover American Insurance Company	NH	36064	04-3063898	

5. Company Tracking Number	WC-AR-08002-01
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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 M. Bibo 440 Lincoln St. Worcester, Ma. 01653	Pricing Analyst	508-855-8264	508-855-2268	dbibo@hanover.com

7. Signature of authorized filer	<i>David M. Bibo</i>
8. Please print name of authorized filer	David M. Bibo

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

9. Type of Insurance (TOI)	Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	WC Sub-TOI Combinations
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Workers Compensation
13. Filing Type	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: upon approval Renewal: upon approval
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI, Inc.
17. Reference Organization # & Title	Item Filing No. B-1405
18. Company's Date of Filing	01/07/2008
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 #

WC-AR-08002-01

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

Effective upon approval for new and renewal policies, our companies wish to adopt the NCCI Rule as found in NCCI Item Filing Number B-1405.

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 #: 0021658252

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.)**