

SERFF Tracking Number: UNKP-125443026 State: Arkansas
First Filing Company: Security National Insurance Company, ... State Tracking Number: EFT \$225
Company Tracking Number: AR-WC-0801-02-034
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: /AR-WC-0801-02-034

Filing at a Glance

Companies: Security National Insurance Company, Trinity Universal Insurance Company, Trinity Universal Insurance Company of Kansas

Product Name: Workers Compensation SERFF Tr Num: UNKP-125443026 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$225
Sub-TOI: 16.0004 Standard WC Co Tr Num: AR-WC-0801-02-034 State Status: Fees received
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Authors: Denise Freund, Andrea Light Disposition Date: 01/28/2008
Date Submitted: 01/22/2008 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: Status of Filing in Domicile:
Project Number: AR-WC-0801-02-034 Domicile Status Comments:
Reference Organization: NCCI Reference Number: B 1405
Reference Title: TRIPRA Advisory Org. Circular: IF-2008-01-01
Filing Status Changed: 01/28/2008
State Status Changed: 01/22/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Filing to adopt NCCI Rule - B 1405- Terrorism Risk Insurance Program Reauthorization Act of 2007

Company and Contact

Filing Contact Information

Freund Denise, State Filings Analyst dfreund@unitrin.com

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12790 Merit Drive (800) 777-2249 [Phone]
Dallas, TX 75251 (214) 360-8060[FAX]

Filing Company Information

Security National Insurance Company CoCode: 19879 State of Domicile: Texas
12790 Merit Drive Group Code: 215 Company Type: Prop & Cas
Dallas, TX 75251 Group Name: Unitrin Prop & Cas State ID Number:
(800) 777-2249 ext. 8194[Phone] FEIN Number: 75-6020448

Trinity Universal Insurance Company CoCode: 19887 State of Domicile: Texas
12790 Merit Drive Group Code: 215 Company Type: Prop & Cas
Dallas, TX 75251 Group Name: Unitrin Prop & Cas State ID Number:
(800) 777-2249 ext. 8194[Phone] FEIN Number: 75-0620550

Trinity Universal Insurance Company of Kansas CoCode: 15954 State of Domicile: Kansas
12790 Merit Drive Group Code: 215 Company Type: Prop & Cas
Dallas, TX 75251 Group Name: Unitrin Prop & Cas State ID Number:
(800) 777-2249 ext. 8194[Phone] FEIN Number: 75-1413993

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Security National Insurance Company	\$225.00	01/22/2008	17608062
Trinity Universal Insurance Company	\$0.00	01/22/2008	
Trinity Universal Insurance Company of Kansas	\$0.00	01/22/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/28/2008	01/28/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	01/28/2008	01/28/2008	Denise Freund	01/28/2008	01/28/2008
Pending Industry Response	Carol Stiffler	01/23/2008	01/23/2008	Denise Freund	01/24/2008	01/24/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing fees	Note To Filer	Carol Stiffler	01/24/2008	01/24/2008

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Disposition

Disposition Date: 01/28/2008
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	Company Letter	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/28/2008

Submitted Date 01/28/2008

Respond By Date

Dear Freund Denise,

This will acknowledge receipt of the captioned filing.

Adoption of a NCCI Item Filing that is not a loss cost filing or an independent form filing, the is \$25. It doesn't matter how many companies or how many items are included.

So your filing fee is \$25, not \$225. I can approve this filing and we can work out the money after the closing.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 01/28/2008

Submitted Date 01/28/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: Thanks! I will make a note of this for future filings.

Denise

Changed Items:

No Supporting Documents changed.

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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Andrea Light, Denise Freund

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/23/2008

Submitted Date 01/23/2008

Respond By Date

Dear Freund Denise,

This will acknowledge receipt of the captioned filing.

The filing fee tab shows that an EFT was submitted in the amount of \$225. The actual fee due was \$25. Did you actually submit \$225 or is this an error?

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 01/24/2008

Submitted Date 01/24/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: We submitted \$225 --- \$75 per company. Is this not correct?

Denise

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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No Rate/Rule Schedule items changed.

Sincerely,
Andrea Light, Denise Freund

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Note To Filer

Created By:

Carol Stiffler on 01/24/2008 09:50 AM

Subject:

Filing fees

Comments:

If you are adopting a Item Filing with no changes to it, the filing fee is \$25. It doesn't matter if there are multiple companies, the fee is still \$25.

In fact if you wanted to adopt multiple Item Filings, then the fee still would be \$25.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 01/28/2008

Comments:

Attachments:

SERFF F777_03_07.pdf

SERFF F779_03_07.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 01/28/2008

Bypass Reason: NA

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 01/28/2008

Bypass Reason: NA

Comments:

Satisfied -Name: Company Letter **Review Status:** Approved 01/28/2008

Comments:

Attachment:

SERFF Letter_NCCI_Rules.pdf

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	January 22, 2008
19. Status of filing in domicile	<input 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 #	AR-WC-0801-02-034
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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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Filing to adopt NCCI Rules for 2007 Terrorism

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: \$75.00

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.)**

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 #	AR-WC-0801-02-034
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	NA
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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)

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)		
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5b.	Overall percentage rate impact for this filing		
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5c.	Effect of Rate Filing – Written premium change for this program		
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5d.	Effect of Rate Filing – Number of policyholders affected		
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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
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01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
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02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
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03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
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UNITRIN
BUSINESS INSURANCE

January 22, 2008

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

Attn: Property and Casualty Division

RE: Workers Compensation – NCCI Rule Revision
NCCI Referenced Item – B 1405 Terrorism Risk Insurance Program Reauthorization
Act of 2007
Trinity Universal Insurance Co. –NAIC #19887, FEIN #75-0620550
Security National Insurance Co. –NAIC #19879, FEIN #75-6020448
Trinity Universal Ins. Co. of Kansas –NAIC #15954, FEIN #75-1413993
Company Filing Number: AR-WC-0801-02-034

Dear Sir:

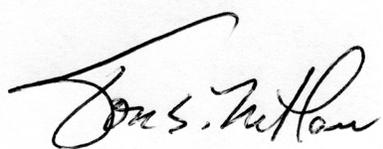
For all policies effective on or after January 1, 2008, we wish to adopt the rule as presented by NCCI in the above Referenced Document.

This item is a revision to National Rule 3-A-2-4-a located in NCCI's Basic Manual.

Filing forms as required by your Department are also attached.

Should you have any further questions or wish to discuss the matter further, please feel free to contact Andrea Light at (800) 777-2249 ext. 8254, alight@unitrin.com or by mail.

Sincerely,



Jon Zetlau
Bureau & Forms Compliance Manager