

<i>SERFF Tracking Number:</i>	<i>CNAB-125477191</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#221777 \$25</i>
<i>Company Tracking Number:</i>	<i>08-F3040</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>Adoption of NCCI Filing #P-1405</i>		
<i>Project Name/Number:</i>	<i>Adoption of NCCI Filing #P-1405/08-F3040</i>		

## Filing at a Glance

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

Product Name: Adoption of NCCI Filing #P-1405      SERFF Tr Num: CNAB-125477191      State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: #221777 \$25

Sub-TOI: 16.0004 Standard WC

Co Tr Num: 08-F3040

State Status: Fees verified and received

Filing Type: Form

Co Status:

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

Author: Mercy Marasigan

Disposition Date: 02/11/2008

Date Submitted: 02/07/2008

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: Adoption of NCCI Filing #P-1405

Status of Filing in Domicile: Not Filed

Project Number: 08-F3040

Domicile Status Comments: Awaiting for the NCCI announcement.

Reference Organization: NCCI

Reference Number: P-1405

Reference Title: Circular

Advisory Org. Circular: CIF-2007-10

Filing Status Changed: 02/11/2008

State Status Changed: 02/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

CNA is proposing to adopt the NCCI revision to WC 00 01 13 and WC 00 04 21 for use with the Workers Compensation and Employers

Liability Program.

<i>SERFF Tracking Number:</i>	<i>CNAB-125477191</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#221777 \$25</i>
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<i>Project Name/Number:</i>	<i>Adoption of NCCI Filing #P-1405/08-F3040</i>		

This revision was announced in the NCCI Circular CIF-2007-10. The revision was made as a result of the Terrorism Risk Insurance Program Authorization Act of 2007.

We respectfully request a written date of January 1, 2008 for this filing.

## 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

Continental Insurance Company	CoCode: 35289	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: 13-5010440	
	-----	

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		



*SERFF Tracking Number:* CNAB-125477191      *State:* Arkansas  
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*Product Name:* Adoption of NCCI Filing #P-1405  
*Project Name/Number:* Adoption of NCCI Filing #P-1405/08-F3040

## Filing Fees

Fee Required?      Yes  
 Fee Amount:      \$25.00  
 Retaliatory?      No  
 Fee Explanation:      \$25.00 per group for adoption  
 Per Company:      No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Insurance Company	\$0.00	02/07/2008	
American Casualty Company of Reading PA	\$0.00	02/07/2008	
National Fire Insurance Company of Hartford	\$0.00	02/07/2008	
Transportation Insurance Company	\$0.00	02/07/2008	
Valley Forge Insurance Company	\$0.00	02/07/2008	
Continental Casualty Company	\$0.00	02/07/2008	

SERFF Tracking Number: CNAB-125477191 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	02/11/2008	02/11/2008

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Project Name/Number: Adoption of NCCI Filing #P-1405/08-F3040

## Disposition

Disposition Date: 02/11/2008  
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

SERFF Tracking Number: CNAB-125477191 State: Arkansas  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Cover Letter	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>CNAB-125477191</i>	<i>State:</i>	<i>Arkansas</i>
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## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: CNAB-125477191 State: Arkansas  
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Company Tracking Number: 08-F3040  
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Product Name: Adoption of NCCI Filing #P-1405  
Project Name/Number: Adoption of NCCI Filing #P-1405/08-F3040

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 02/11/2008

**Comments:**

Transmittal Document attached

**Attachment:**

AR08-F3040 P & C Trans. Document.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 02/11/2008

**Comments:**

Cover Letter attached

**Attachment:**

AR08-F3040 Cover Letter.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> <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>h. Subject Codes</td><td></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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<b>4. Company Name(s)</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Domicile</th> <th style="width: 10%;">NAIC #</th> <th style="width: 15%;">FEIN #</th> <th style="width: 25%;">State #</th> </tr> </thead> <tbody> <tr><td>Continental Casualty Company</td><td>IL</td><td>20443</td><td>36-2114545</td></tr> <tr><td>National Fire Insurance Company of Hartford</td><td>IL</td><td>20478</td><td>06-0464510</td></tr> <tr><td>American Casualty Company of Reading, Pa</td><td>PA</td><td>20427</td><td>23-0342560</td></tr> <tr><td>Transportation Insurance Company</td><td>IL</td><td>20494</td><td>36-1877247</td></tr> <tr><td>Valley Forge Insurance Company</td><td>PA</td><td>20508</td><td>23-1620527</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	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								
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<b>Contact Info of Filer(s) or Corporate Officer(s)</b> [include toll-free number]																																	
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<b>9. Type of Insurance (TOI)</b>	16.0000																																
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0004																																
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]																																	
<b>12. Company Program Title</b> (Marketing title)	Workers Compensation																																
<b>13. Filing Type</b>	<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)																																
<b>14. Effective Date(s) Requested</b>	New: Earliest permitted      Renewal: Earliest perm																																
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																
<b>16. Reference Organization</b> (if applicable)	NCCI																																
<b>17. Reference Organization # &amp; Title</b>	NCCI Circular CIF-2007-10																																
<b>18. Company's Date of Filing</b>	2/7/08																																
<b>19. Status of filing in domicile</b>	<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-F3040

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

The above named companies are proposing to adopt the captioned NCCI form revisions for use with the Workers Compensation and Employers Liability Program.

This revision was announced in the NCCI Circular CIF-2007-10. The revision was made as a result of the Terrorism Risk Insurance Program Reauthorization Act of 2007.

We respectfully request a written date of January 1, 2008.

**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 #:** 0000221777

**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.)**



CNA Plaza Chicago IL 60685-0001

**February 6, 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.: Compliance/Property & Casualty

Re: Workers Compensation & Employers Liability Program (ID#08-F3040)  
Adoption of NCCI Filing Number P-1405  
Revision of WC 00 01 13 and WC 00 04 21  
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  
THE CONTINENTAL INSURANCE COMPANY 218-35289

Dear Commissioner:

The above named companies are proposing to adopt the captioned NCCI form revisions for use with the Workers Compensation and Employers Liability Program.

This revision was announced in the NCCI Circular CIF-2007-10. The revision was made as a result of the Terrorism Risk Insurance Program Reauthorization Act of 2007.

We respectfully request a written date of January 1, 2008.

Very truly yours,

*Mercy A. Marasigan*