

<i>SERFF Tracking Number:</i>	<i>CNAB-125477250</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#221776 \$25</i>
<i>Company Tracking Number:</i>	<i>08-L3040</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 #B-1405</i>		
<i>Project Name/Number:</i>	<i>Adoption of NCCI Filing #B-1405/08-L3040</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 #B-1405 SERFF Tr Num: CNAB-125477250 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: #221776 \$25

Sub-TOI: 16.0004 Standard WC

Co Tr Num: 08-L3040

State Status: Fees verified and received

Filing Type: Rule

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 #B-1405

Status of Filing in Domicile: Not Filed

Project Number: 08-L3040

Domicile Status Comments: No filing required for rule

Reference Organization: NCCI

Reference Number: B-1405

Reference Title: Filing Number

Advisory Org. Circular: CIF-2007-09

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 Rule 3-A-24-a for use with the Workers Compensation and Employers Liability Program.

This revision was announced in the NCCI Circular CIF-2007-09. The revision was made as a result of the Terrorism

<i>SERFF Tracking Number:</i>	<i>CNAB-125477250</i>	<i>State:</i>	<i>Arkansas</i>
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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 Companies	State ID Number:
Chicago, IL 60604	FEIN Number: 13-5010440	
(312) 822-4292 ext. [Phone]	-----	

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 Companies	State ID Number:
Chicago, IL 60604	FEIN Number: 23-0342560	
(312) 822-4292 ext. [Phone]	-----	

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 Companies	State ID Number:
Chicago, IL 60604		

SERFF Tracking Number: CNAB-125477250 State: Arkansas
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 Product Name: Adoption of NCCI Filing #B-1405
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(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
 Chicago, IL 60604 Group Name: CNA Insurance State ID Number:
 Companies

(312) 822-4292 ext. [Phone] FEIN Number: 36-1877247

 Valley Forge Insurance Company CoCode: 20508 State of Domicile: Pennsylvania
 333 South Wabash Group Code: 218 Company Type: Property and
 Casualty
 37th Floor
 Chicago, IL 60604 Group Name: CNA Insurance State ID Number:
 Companies

(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 State ID Number:
 Companies

(312) 822-4292 ext. [Phone] FEIN Number: 36-2114545

SERFF Tracking Number: CNAB-125477250 *State:* Arkansas
First Filing Company: Continental Insurance Company, ... *State Tracking Number:* #221776 \$25
Company Tracking Number: 08-L3040
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Adoption of NCCI Filing #B-1405
Project Name/Number: Adoption of NCCI Filing #B-1405/08-L3040

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	

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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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Product Name: Adoption of NCCI Filing #B-1405
Project Name/Number: Adoption of NCCI Filing #B-1405/08-L3040

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

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 Product Name: Adoption of NCCI Filing #B-1405
 Project Name/Number: Adoption of NCCI Filing #B-1405/08-L3040

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

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Rate Information

Rate data does NOT apply to filing.

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Product Name: Adoption of NCCI Filing #B-1405
Project Name/Number: Adoption of NCCI Filing #B-1405/08-L3040

Supporting Document Schedules

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

Comments:

P & C Transmittal Document & Schedule attached

Attachment:

AR08-L3040 P & C Trans. Doc-Sched.pdf

Satisfied -Name: NAIC Loss Cost Filing Document for Workers' Compensation
Review Status: Approved 02/11/2008

Comments:

N/A

Satisfied -Name: NAIC loss cost data entry document
Review Status: Approved 02/11/2008

Comments:

N/A

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

Comments:

Cover Letter attached

Attachment:

AR08-L3040 Cover Letter.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:			
		New Business			
		Renewal Business			
		f. State Filing #:			
		g. SERFF Filing #:			
		h. Subject Codes			
3. Group Name		CNA			Group NAIC #
					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-L3040			
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 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: Earliest permitted Renewal: Earliest perm				
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
16. Reference Organization (if applicable)	NCCI				
17. Reference Organization # & Title	NCCI Circular CIF-2007-10				
18. Company's Date of Filing	2/7/08				
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-L3040

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 Rule revisions for use with the Workers Compensation and Employers Liability Program.

This revision was announced in the NCCI Circular CIF-2007-09. 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 #: 0000221778

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.)

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 #	08-L3040
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	08-F3040
<input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input checked="" type="checkbox"/> Rate Neutral (0%)		

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	FILE & USE
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Rate Change by Company (As Proposed)							
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)
N/A	N/A						

Rate Change by Company (As Accepted) For State Use Only							
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)	0%	
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	N/A	
7.	Effective Date of last rate revision	N/A	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A	

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	NCCI	<input type="checkbox"/> New <input 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	



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-L3040)
Adoption of NCCI Filing Number B-1405
Revision of Rule 3-A-24-a
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 rule revisions for use with the Workers Compensation and Employers Liability Program.

This revision was announced in the NCCI Circular CIF-2007-09. 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