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 E-1400	SERFF Tr Num: CNAB-125484846	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: #? $25
Sub-TOI: 16.0004 Standard WC	Co Tr Num: 08-L3049	State Status: Fees verified
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: Mercy Marasigan	Disposition Date: 02/13/2008
	Date Submitted: 02/13/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 02/13/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Adoption of NCCi Filing E-1400
Project Number: 08-L3049
Reference Organization: NCCi
Reference Title: Filing Number
Filing Status Changed: 02/13/2008
State Status Changed: 02/13/2008
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Not Filed
Domicile Status Comments: Not Applicable
Reference Number: E-1400
Advisory Org. Circular: CIF-2006-09

Deemer Date:

Filing Description:

Adoption of NCCi Filing E-1400

Company and Contact

Filing Contact Information

Mercy A. Marasigan, State Filing Analyst mercedes.marasigan@cna.com

333 S. Wabash
Chicago, IL 60685

(312) 822-6609 [Phone]
(312) 755-2394[FAX]

Filing Company Information

Continental Insurance Company
333 South Wabash

37th Floor
Chicago, IL 60604

(312) 822-4292 ext. [Phone]

CoCode: 35289
Group Code: 218

Group Name: CNA Insurance Companies
FEIN Number: 13-5010440

State of Domicile: Pennsylvania
Company Type: Property and Casualty

State ID Number:

American Casualty Company of Reading PA
333 South Wabash

37th Floor
Chicago, IL 60604

(312) 822-4292 ext. [Phone]

CoCode: 20427
Group Code: 218

Group Name: CNA Insurance Companies
FEIN Number: 23-0342560

State of Domicile: Pennsylvania
Company Type: Property and Casualty

State ID Number:

National Fire Insurance Company of Hartford
333 South Wabash

37th Floor
Chicago, IL 60604

(312) 822-4292 ext. [Phone]

CoCode: 20478
Group Code: 218

Group Name: CNA Insurance Companies
FEIN Number: 06-0464510

State of Domicile: Illinois
Company Type: Property and Casualty

State ID Number:

Transportation Insurance Company
333 South Wabash

37th Floor
Chicago, IL 60604

(312) 822-4292 ext. [Phone]

CoCode: 20494
Group Code: 218

Group Name: CNA Insurance Companies
FEIN Number: 36-1877247

State of Domicile: Illinois
Company Type: Property and Casualty

State ID Number:

Valley Forge Insurance Company 333 South Wabash 37th Floor Chicago, IL 60604 (312) 822-4292 ext. [Phone]	CoCode: 20508 Group Code: 218 Group Name: CNA Insurance Companies FEIN Number: 23-1620527 ---------	State of Domicile: Pennsylvania Company Type: Property and Casualty State ID Number:
Continental Casualty Company 333 South Wabash Chicago , IL 60604 (312) 822-4292 ext. [Phone]	CoCode: 20443 Group Code: 218 Group Name: CNA Insurance Companies FEIN Number: 36-2114545 ---------	State of Domicile: Illinois Company Type: Property and Casualty State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$25.00
Retaliatory?	No
Fee Explanation:	$25.00 per group (Adoption filing)
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Insurance Company	$0.00	02/13/2008	
American Casualty Company of Reading PA	$0.00	02/13/2008	
National Fire Insurance Company of Hartford	$0.00	02/13/2008	
Transportation Insurance Company	$0.00	02/13/2008	
Valley Forge Insurance Company	$0.00	02/13/2008	
Continental Casualty Company	$0.00	02/13/2008	

SERFF Tracking Number:	*CNAB-125484846*	*State:*	*Arkansas*
First Filing Company:	*Continental Insurance Company, ...*	*State Tracking Number:*	*#? $25*
Company Tracking Number:	*08-L3049*		
TOI:	*16.0 Workers Compensation*	*Sub-TOI:*	*16.0004 Standard WC*
Product Name:	*Adoption of NCCI Filing E-1400*		
Project Name/Number:	*Adoption of NCCi Filing E-1400/08-L3049*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	02/13/2008	02/13/2008

Disposition

Disposition Date: 02/13/2008
Effective Date (New): 02/13/2008
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-125484846*	*State:*	*Arkansas*
First Filing Company:	*Continental Insurance Company, ...*	*State Tracking Number:*	*#? $25*
Company Tracking Number:	*08-L3049*		
TOI:	*16.0 Workers Compensation*	*Sub-TOI:*	*16.0004 Standard WC*
Product Name:	*Adoption of NCCI Filing E-1400*		
Project Name/Number:	*Adoption of NCCi Filing E-1400/08-L3049*		

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

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Review Status: Approved 02/13/2008

Comments:
Transmittl document & Schedule attached

Attachment:
AR08-L3049 P & C Transmittal Doc-Sched.pdf

Satisfied -Name: NAIC Loss Cost Filing Document for Workers' Compensation

Review Status: Approved 02/13/2008

Comments:
N/A

Satisfied -Name: NAIC loss cost data entry document

Review Status: Approved 02/13/2008

Comments:
N/A

Satisfied -Name: Cover letter

Review Status: Approved 02/13/2008

Comments:
Cover letter attached

Attachment:
AR08-L3049 Cover Letter.pdf

Effective March 1, 2007

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	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-L3049

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	*Mercy A. Marasigan*
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**	☐ Rate/Loss Cost ☒ Rules ☐ Rates/Rules ☐ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)
14.	**Effective Date(s) Requested**	New: Earliest permitted Renewal: Earliest perm
15.	**Reference Filing?**	☒ Yes ☐ No
16.	**Reference Organization** (if applicable)	NCCI
17.	**Reference Organization # & Title**	NCCI CIF-2006-09
18.	**Company's Date of Filing**	2/13/08
19.	**Status of filing in domicile**	☒ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved

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Property & Casualty Transmittal Document—

20.	**This filing transmittal is part of Company Tracking #**	08-L3049

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 revision for use with the Workers Compensation and Employers Liability Program.

This revision was announced in the NCCI Circular CIF-2006-09 (Filing # ~~B~~ E-1400). The revision refers to the Exclusion of Catastrophe from Experience Rating.

Effective Date: For experience rating modifications with rating effective dates of May 27, 2002 to June 12, 2007.

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 #: 000022026
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.)**

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Effective March 1, 2007

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-L3049**
2.	**This filing corresponds to form filing number** (Company tracking number of form filing, if applicable)	**N/A**

☐ Rate Increase ☐ Rate Decrease ☒ Rate Neutral (0%)

3.	**Filing Method (Prior Approval, File & Use, Flex Band, etc.)**	**FILE & USE**

4a. 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						

4b. 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	☐ New ☐ Replacement ☐ Withdrawn	
02		☐ New ☐ Replacement ☐ Withdrawn	
03		☐ New ☐ Replacement ☐ Withdrawn	

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CNA

CNA Plaza Chicago IL 60685–0001

February 13, 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-L3049)
Adoption of NCCI Filing Number E-1400
Exclusion of Catastrophe Loses from Experience Rating
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-2006-09.

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

Very truly yours,

Mercy A. Marasigan