

SERFF Tracking Number: CNAB-125484977 State: Arkansas
 First Filing Company: Continental Insurance Company, ... State Tracking Number: #? \$25
 Company Tracking Number: 08-L3045
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Adoption of NCCI filing 02-AR-2007
 Project Name/Number: Adoption of NCCI Filing 02-AR-2007/08-L3045

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 02-AR-2007 SERFF Tr Num: CNAB-125484977 State: Arkansas

TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: #? \$25
Sub-TOI: 16.0004 Standard WC	Co Tr Num: 08-L3045	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 02-AR-2007
 Project Number: 08-L3045
 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: 02-AR-2007
 Advisory Org. Circular: AR-2007-09

Deemer Date:

Filing Description:

Adoption of NCCI Filing 02-AR-2007 Revision to the BAsic Manual Classification code 2719 - Logging or Tree Removal- Certified
 Mechanized Harvesting Exclusively

<i>SERFF Tracking Number:</i>	<i>CNAB-125484977</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$25</i>
<i>Company Tracking Number:</i>	<i>08-L3045</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 02-AR-2007</i>		
<i>Project Name/Number:</i>	<i>Adoption of NCCI Filing 02-AR-2007/08-L3045</i>		

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	FEIN Number: 06-0464510	
(312) 822-4292 ext. [Phone]	-----	

Transportation Insurance Company	CoCode: 20494	State of Domicile: Illinois
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor

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Chicago, IL 60604 (312) 822-4292 ext. [Phone]	Group Name: CNA Insurance Companies FEIN Number: 36-1877247 -----	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:

SERFF Tracking Number: CNAB-125484977 *State:* Arkansas
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Company Tracking Number: 08-L3045
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
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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	

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Correspondence Summary

Dispositions

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

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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

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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	Cover letter	Approved	Yes

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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 02/13/2008

Comments:

Transmittal Document & Schedule attached

Attachment:

AR08-L3045 P & C Trans. 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-L3045 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: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="width: 50%; 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 #
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-L3045
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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
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 AR-2007-09
18. Company's Date of Filing	2/13/08
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-L3045
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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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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 AR-2007-09 (Filing #02-AR-2007). The revision refers to the Basic Manual Code 2719-Logging or Tree Removal-Certified Mechanized Harvesting Exclusively.

We respectfully request a written date of July 1, 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 #: 000022022 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-L3045
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
<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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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	<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 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-L3045)
Adoption of NCCI Filing Number 02-AR-2007
Revision to The Basic Manual Classification Code 2719-Logging or Tree
Removal-Certified Mechanized Harvesting Exclusively
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 revision for use with the Workers Compensation and Employers Liability Program.

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

We respectfully request a written date of July 1, 2007.

Very truly yours,

Mercy A. Marasigan