

SERFF Tracking Number: CNAB-125485083 State: Arkansas
First Filing Company: Continental Insurance Company, ... State Tracking Number: #? \$25
Company Tracking Number: 08-L3046
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Adoption of NCCI Filing B-1387-A
Project Name/Number: Adoption of NCCI Filing B-1387-A/08-L3046

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-1387-SERFF Tr Num: CNAB-125485083 State: Arkansas

A

TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: #? \$25
Sub-TOI: 16.0004 Standard WC	Co Tr Num: 08-L3046	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): 10/01/2007		Effective Date (New): 02/13/2008
Effective Date Requested (Renewal): 10/01/2007		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Adoption of NCCI Filing B-1387-A	Status of Filing in Domicile: Not Filed
Project Number: 08-L3046	Domicile Status Comments: Not Applicable
Reference Organization: NCCI	Reference Number: B-1387-A
Reference Title: Filing Number	Advisory Org. Circular: Clf-2007-07
Filing Status Changed: 02/13/2008	
State Status Changed: 02/13/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Adoption of NCCI filing B-1387-A Charitable Welfare Organization and Group Homes	

Company and Contact

Filing Contact Information

SERFF Tracking Number: CNAB-125485083 State: Arkansas
 First Filing Company: Continental Insurance Company, ... State Tracking Number: #? \$25
 Company Tracking Number: 08-L3046
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Adoption of NCCI Filing B-1387-A
 Project Name/Number: Adoption of NCCI Filing B-1387-A/08-L3046

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

SERFF Tracking Number: CNAB-125485083 State: Arkansas
First Filing Company: Continental Insurance Company, ... State Tracking Number: #? \$25
Company Tracking Number: 08-L3046
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Adoption of NCCI Filing B-1387-A
Project Name/Number: Adoption of NCCI Filing B-1387-A/08-L3046

Valley Forge Insurance Company
333 South Wabash

CoCode: 20508
Group Code: 218

State of Domicile: Pennsylvania
Company Type: Property and
Casualty

37th Floor
Chicago, IL 60604

Group Name: CNA Insurance
Companies
FEIN Number: 23-1620527

State ID Number:

(312) 822-4292 ext. [Phone]

Continental Casualty Company
333 South Wabash

CoCode: 20443
Group Code: 218

State of Domicile: Illinois
Company Type: Property and
Casualty

Chicago , IL 60604

Group Name: CNA Insurance
Companies

State ID Number:

(312) 822-4292 ext. [Phone]

FEIN Number: 36-2114545

SERFF Tracking Number: CNAB-125485083 *State:* Arkansas
First Filing Company: Continental Insurance Company, ... *State Tracking Number:* #? \$25
Company Tracking Number: 08-L3046
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Adoption of NCCI Filing B-1387-A
Project Name/Number: Adoption of NCCI Filing B-1387-A/08-L3046

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-125485083 State: Arkansas
First Filing Company: Continental Insurance Company, ... State Tracking Number: #? \$25
Company Tracking Number: 08-L3046
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Adoption of NCCI Filing B-1387-A
Project Name/Number: Adoption of NCCI Filing B-1387-A/08-L3046

Correspondence Summary

Dispositions

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

SERFF Tracking Number: CNAB-125485083 State: Arkansas
First Filing Company: Continental Insurance Company, ... State Tracking Number: #? \$25
Company Tracking Number: 08-L3046
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Adoption of NCCI Filing B-1387-A
Project Name/Number: Adoption of NCCI Filing B-1387-A/08-L3046

Disposition

Disposition Date: 02/13/2008

Effective Date (New): 02/13/2008

Effective Date (Renewal):

Status: Approved

Comment:

In Arkansas, all workers' compensation filings are prior approval and cannot be approved retroactively. This filing is being approved effective the date it was reviewed.

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-125485083 *State:* Arkansas
First Filing Company: Continental Insurance Company, ... *State Tracking Number:* #? \$25
Company Tracking Number: 08-L3046
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Adoption of NCCI Filing B-1387-A
Project Name/Number: Adoption of NCCI Filing B-1387-A/08-L3046

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty		No
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation		No
Supporting Document	NAIC loss cost data entry document		No

<i>SERFF Tracking Number:</i>	<i>CNAB-125485083</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-L3046</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-1387-A</i>		
<i>Project Name/Number:</i>	<i>Adoption of NCCI Filing B-1387-A/08-L3046</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CNAB-125485083 State: Arkansas
First Filing Company: Continental Insurance Company, ... State Tracking Number: #? \$25
Company Tracking Number: 08-L3046
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Adoption of NCCI Filing B-1387-A
Project Name/Number: Adoption of NCCI Filing B-1387-A/08-L3046

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** 02/13/2008

Comments:
Transmittal Document & Schedule attached

Attachment:
AR08-L3046 P & C Trans. Doc-Sched.pdf

Satisfied -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** 02/13/2008

Comments:
N/A

Satisfied -Name: NAIC loss cost data entry document **Review Status:** 02/13/2008

Comments:
N/A

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:	
	<input type="checkbox"/> New Business	
	<input type="checkbox"/> 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-L3046
-----------------------------------	-----------------

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 CIF-2007-07
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-L3046

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 AR-2007-09 (Filing # B-1387-A). The revision refers to the Charitable Welfare Organizations & Group Homes.

We respectfully request a written date of October 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 #: 000022021
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-L3046**

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

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

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	