

SERFF Tracking Number: CNAB-125485105 State: Arkansas  
First Filing Company: Continental Insurance Company, ... State Tracking Number: #? \$25  
Company Tracking Number: 08-L3048  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Adoption of NCCI Filing B-1404  
Project Name/Number: Adoption of NCCI Filing B-1404/08-L3048

## 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-1404 SERFF Tr Num: CNAB-125485105 State: Arkansas  
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #? \$25  
Sub-TOI: 16.0004 Standard WC Co Tr Num: 08-L3048 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): 01/01/2008 Effective Date (New): 02/13/2008  
Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Adoption of NCCI Filing B-1404 Status of Filing in Domicile: Not Filed  
Project Number: 08-L3048 Domicile Status Comments: Not applicable  
Reference Organization: NCCI Reference Number: B-1404  
Reference Title: Filing Number Advisory Org. Circular: Clf-2007-06  
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-1404 - Basic Mnaula Revision to Appendix e-Table of Claasifications by hazard Group

## Company and Contact

### Filing Contact Information

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

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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  
 Chicago, IL 60604 Group Name: CNA Insurance State ID Number:  
 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  
 Chicago, IL 60604 Group Name: CNA Insurance State ID Number:  
 Companies  
 (312) 822-4292 ext. [Phone] FEIN Number: 23-0342560  
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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  
 Chicago, IL 60604 Group Name: CNA Insurance State ID Number:  
 Companies  
 (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  
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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  
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*SERFF Tracking Number:* CNAB-125485105      *State:* Arkansas  
*First Filing Company:* Continental Insurance Company, ...      *State Tracking Number:* #? \$25  
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*TOI:* 16.0 Workers Compensation      *Sub-TOI:* 16.0004 Standard WC  
*Product Name:* Adoption of NCCI Filing B-1404  
*Project Name/Number:* Adoption of NCCI Filing B-1404/08-L3048

## 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:

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

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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		Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation		Yes
<b>Supporting Document</b>	NAIC loss cost data entry document		Yes

<i>SERFF Tracking Number:</i>	<i>CNAB-125485105</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>08-L3048</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-1404</i>		
<i>Project Name/Number:</i>	<i>Adoption of NCCI Filing B-1404/08-L3048</i>		

## **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:** 02/13/2008

**Comments:**

Transmittal Document and Schedule attached

**Attachment:**

AR08-L3048 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

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>
	<input type="checkbox"/> a. Date the filing is received:
	<input type="checkbox"/> b. Analyst:
	<input type="checkbox"/> c. Disposition:
	<input type="checkbox"/> d. Date of disposition of the filing:
	<input type="checkbox"/> e. Effective date of filing:
	<input type="checkbox"/> <input type="checkbox"/> New Business
	<input type="checkbox"/> <input type="checkbox"/> Renewal Business
	<input type="checkbox"/> f. State Filing #:
	<input type="checkbox"/> g. SERFF Filing #:
	<input type="checkbox"/> h. Subject Codes

<b>3. Group Name</b>	<b>Group NAIC #</b>
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	

<b>5. Company Tracking Number</b>	<b>08-L3048</b>
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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 CIF-2007-06
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-L3048

**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-2007-06 (Filing # B-1404). The revision refers to the Basic Manual Appendix E-Table of Classifications by Hazard Group.

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 #:** 000022024

**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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>08-L3048</b>
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	<b>N/A</b>
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	<b>FILE &amp; USE</b>
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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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						

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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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)

<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
<b>5a.</b>	<b>Overall percentage rate indication (when applicable)</b>	0%	
<b>5b.</b>	<b>Overall percentage rate impact for this filing</b>	N/A	
<b>5c.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>	N/A	
<b>5d.</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>	N/A	

<b>6.</b>	<b>Overall percentage of last rate revision</b>	N/A
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<b>7.</b>	<b>Effective Date of last rate revision</b>	N/A
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	N/A
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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	