

SERFF Tracking Number: CNAB-125485291 State: Arkansas
First Filing Company: Continental Insurance Company, ... State Tracking Number: #? \$25
Company Tracking Number: 08-L3047
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Adoption of NCCiI Filing B-1397 & B-1397-A
Project Name/Number: Adoption of NCCI Filing B-1397 & B-1397-A/08-L3047

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 NCCiI Filing B-1397 SERFF Tr Num: CNAB-125485291 State: Arkansas & B-1397-A

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: #? \$25

Sub-TOI: 16.0004 Standard WC

Co Tr Num: 08-L3047

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 B-1397 & B-1397-A

Status of Filing in Domicile: Not Filed

Project Number: 08-L3047

Domicile Status Comments: Not applicable

Reference Organization: NCCI

Reference Number: B-1397 & B-1397A

Reference Title: Filing Number

Advisory Org. Circular: CIF-2006-08 & AR-2007-12

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-1397 And B-1397-A Revisions to bAsic manual Claasifications and Rules

Company and Contact

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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 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:
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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:
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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:
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Transportation Insurance Company 333 South Wabash 37th Floor Chicago, IL 60604	CoCode: 20494 Group Code: 218 Group Name: CNA Insurance	State of Domicile: Illinois Company Type: Property and Casualty State ID Number:
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Companies

(312) 822-4292 ext. [Phone]

FEIN Number: 36-1877247

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

State ID Number:

(312) 822-4292 ext. [Phone]

FEIN Number: 23-1620527

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

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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

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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-L3047 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

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-L3047
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #	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 & AR-2007-12
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-L3047

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-2006-08 & AR-2007-12 (Filing # B-1397 & B-1397A). The revision refers to the Basic Manual Classifications and Rules and Basic Manual Classifications and Rules-Amendments, respectively.

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 #: 000022025
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-L3047
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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	