

SERFF Tracking Number: CNAC-125483591 State: Arkansas
 Filing Company: Continental Insurance Company State Tracking Number: 0
 Company Tracking Number: 08-F2066
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0023 Physicians & Surgeons
 Made/Occurrence
 Product Name: Doctors (physicians & Surgeons) Professional Liability Program
 Project Name/Number: Doctors (physicians & Surgeons) Professional Liability Program /08-F2206

Filing at a Glance

Company: Continental Insurance Company
 Product Name: Doctors (physicians & Surgeons) Professional Liability Program
 TOI: 11.0 Medical Malpractice - Claims Made/Occurrence
 Sub-TOI: 11.0023 Physicians & Surgeons
 Filing Type: Form

SERFF Tr Num: CNAC-125483591 State: Arkansas
 SERFF Status: Closed State Tr Num: 0
 Co Tr Num: 08-F2066 State Status: Fees verified and received
 Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
 Author: Robert Alonzo Disposition Date: 02/22/2008
 Date Submitted: 02/12/2008 Disposition Status: Approved
 Effective Date Requested (New): 03/15/2008 Effective Date (New):
 Effective Date Requested (Renewal): 03/15/2008 Effective Date (Renewal):
 State Filing Description:
 "Me too" filing, no fees required for forms.

General Information

Project Name: Doctors (physicians & Surgeons) Professional Liability Program Status of Filing in Domicile:
 Project Number: 08-F2206 Domicile Status Comments:
 Reference Organization: Reference Number:
 Reference Title: Advisory Org. Circular:
 Filing Status Changed: 02/22/2008
 State Status Changed: 02/22/2008 Deemer Date:
 Corresponding Filing Tracking Number:
 Filing Description:
 The Doctors Forms are currently filed and approved for use under this program for Continental Casualty Company ("CCC") Transportation Insurance Company, and American Casualty Company of Reading, PA. The most recent form approval for these Companies is Filing ID No. 96-F2006.

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Company and Contact

Filing Contact Information

Robert Alonzo, State Filing Analyst robert.alonzo@cna.com
 40 Wall Street (212) 440-3478 [Phone]
 New York, NY 10005 (212) 440-2877[FAX]

Filing Company Information

Continental Insurance Company CoCode: 35289 State of Domicile: New Hampshire
 40 Wall Street Group Code: 218 Company Type:
 9th Floor
 New York, NY 10005 Group Name: State ID Number:
 (212) 440-3478 ext. [Phone] FEIN Number: 135010440

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Insurance Company	\$0.00	02/12/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	02/22/2008	02/22/2008

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 02/22/2008

Comments:
Attachment:
PC TD-1 F.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:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3. Group Name	Group NAIC #
CNA Insurance Companies	218

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Continental Insurance Company	PA	35289	13-5010440	

5. Company Tracking Number	08-F2206
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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
	Robert Alonzo 40 Wall Street New York, NY 10005	State Filing Analyst	877-269-3277 x3478	212-440-2877	robert.alonzo@cna.com

7. Signature of authorized filer	<i>Robert Alonzo</i>
8. Please print name of authorized filer	Robert Alonzo

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	11.1023 Medical Malpractice
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Physicians and Surgeons Professional Liability
13. Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input 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: 3/15/2008 Renewal: 3/15/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	

19. Status of filing in domicile	<input type="checkbox"/> Not Filed	<input checked="" type="checkbox"/> Pending	<input type="checkbox"/> Authorized	<input type="checkbox"/> Disapproved
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Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	08-F2206
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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]

ARKANSAS INSURANCE DEPARTMENT
PROPERTY & CASUALTY DIVISION
1200 W 3RD ST
LITTLE ROCK AR 72201-1904

RE: **CONTINENTAL INSURANCE COMPANY** **NAIC #: 218-35289** **FEIN#: 13-5010440**
 Doctors (Physicians & Surgeons) Professional Liability
 Forms
 OUR FILE NO. : 08-F2206

To Whom It May Concern:

The Doctors Forms are currently filed and approved for use under this program for Continental Casualty Company (“CCC”) Transportation Insurance Company, and American Casualty Company of Reading, PA. The most recent form approval for these Companies is Filing ID No. 96-F2006.

With this filing, we are proposing to adopt all forms for the Continental Insurance Company (“CIC”) as well.

We propose that this filing become applicable to all policies written on or after March 15, 2008 or the earliest date permitted by your state.

Very truly yours,

Robert Alonzo

Robert Alonzo
State Filing Analyst

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 #: N/A
Amount:

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.)**