

SERFF Tracking Number: REGU-125535650 State: Arkansas
Filing Company: SPARTA Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: SPARTA-TRIA-WC-08
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: SPARTA TRIA Adoption
Project Name/Number: SPARTA-TRIA-WC-08/SPARTA-TRIA-WC-08

Filing at a Glance

Company: SPARTA Insurance Company

Product Name: SPARTA TRIA Adoption

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rule

Effective Date Requested (New): 01/01/2008

Effective Date Requested (Renewal):

State Filing Description:

SERFF Tr Num: REGU-125535650 State: Arkansas

SERFF Status: Closed

Co Tr Num: SPARTA-TRIA-WC-08

Co Status:

Author: Rose Battles

Date Submitted: 03/11/2008

State Tr Num: EFT \$25

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Disposition Date: 03/17/2008

Disposition Status: Approved

Effective Date (New): 01/01/2008

Effective Date (Renewal):

General Information

Project Name: SPARTA-TRIA-WC-08

Project Number: SPARTA-TRIA-WC-08

Reference Organization: NCCI

Reference Title: TRIA Act of 2007

Filing Status Changed: 03/17/2008

State Status Changed: 03/17/2008

Corresponding Filing Tracking Number:

Filing Description:

SPARTA Insurance Company (SPARTA), a member of the National Council on Compensation Insurance (NCCI) respectfully submits this filing to adopt the changes as contained in NCCI Item Number B-1405 as announced in the following:

NCCI Circular CIF-2007-09 – Approval of Item B-1405 – Terrorism Risk Insurance Program Reauthorization Act of 2007

SPARTA is filing to adopt rules contained in the referenced NCCI filing.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number: Item B-1405

Advisory Org. Circular: CIF-2007-09

Deemer Date:

SERFF Tracking Number: REGU-125535650 State: Arkansas
Filing Company: SPARTA Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: SPARTA-TRIA-WC-08
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: SPARTA TRIA Adoption
Project Name/Number: SPARTA-TRIA-WC-08/SPARTA-TRIA-WC-08

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/17/2008	03/17/2008

SERFF Tracking Number: *REGU-125535650* *State:* *Arkansas*
Filing Company: *SPARTA Insurance Company* *State Tracking Number:* *EFT \$25*
Company Tracking Number: *SPARTA-TRIA-WC-08*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *SPARTA TRIA Adoption*
Project Name/Number: *SPARTA-TRIA-WC-08/SPARTA-TRIA-WC-08*

Disposition

Disposition Date: 03/17/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: REGU-125535650 *State:* Arkansas
Filing Company: SPARTA Insurance Company *State Tracking Number:* EFT \$25
Company Tracking Number: SPARTA-TRIA-WC-08
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: SPARTA TRIA Adoption
Project Name/Number: SPARTA-TRIA-WC-08/SPARTA-TRIA-WC-08

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	Filing Auth Letter	Approved	Yes
Supporting Document	Expedited TRIA form	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>REGU-125535650</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>SPARTA Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>SPARTA-TRIA-WC-08</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>SPARTA TRIA Adoption</i>		
<i>Project Name/Number:</i>	<i>SPARTA-TRIA-WC-08/SPARTA-TRIA-WC-08</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>REGU-125535650</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>SPARTA Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>SPARTA-TRIA-WC-08</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>SPARTA TRIA Adoption</i>		
<i>Project Name/Number:</i>	<i>SPARTA-TRIA-WC-08/SPARTA-TRIA-WC-08</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	03/17/2008
Comments:			
Attachment:	AR Trans & RRS.pdf		
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	03/17/2008
Bypass Reason:	Not applicable - filing is to adopt TRIA Rules		
Comments:			
Bypassed -Name:	NAIC loss cost data entry document	Review Status: Approved	03/17/2008
Bypass Reason:	Not applicable - filing is to adopt TRIA Rules		
Comments:			
Satisfied -Name:	Filing Auth Letter	Review Status: Approved	03/17/2008
Comments:			
Attachment:	FA Letter.pdf		
Satisfied -Name:	Expedited TRIA form	Review Status: Approved	03/17/2008
Comments:			
Attachment:	AR EXP TRIA.pdf		

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # SPARTA-TRIA-WC-08

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

SPARTA Insurance Company (SPARTA), a member of the National Council on Compensation Insurance (NCCI) respectfully submits this filing to adopt the changes as contained in NCCI Item Number B-1405 as announced in the following:

NCCI Circular CIF-2007-09 – Approval of Item B-1405 – Terrorism Risk Insurance Program Reauthorization Act of 2007

SPARTA is filing to adopt rules contained in the referenced NCCI filing.

We ask that this filing become effective for all policies effective on or after January 1, 2008.

The state filing fee in the amount of \$25.00 (adoption of rules) has been submitted.

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 #: EFT
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 #	SPARTA-TRIA-WC-08
-----------	--	-------------------

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

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)
SPARTA Insurance Company	0	0	0	N/A - NEW	N/A - NEW	N/A - NEW	N/A - NEW

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)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	N/A - NEW
-----------	--	-----------

7.	Effective Date of last rate revision	N/A - NEW
-----------	--------------------------------------	-----------

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A - NEW
-----------	--	-----------

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01		<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	



LETTER OF FILING AUTHORIZATION

This letter will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit filings on behalf of **SPARTA Insurance Company**. This authorization extends to all correspondence regarding the filings.

BRIAN P. MULROY
Name

8-24-07
Date

EVP + CVO
Title

SPARTA Insurance Company
Company Name

Brian P. Mulroy
Signature

860-275-6523
Telephone Number

**Re: SPARTA Insurance Company; NAIC #: 000-20613; FEIN#: 04-1027270
Reference Adoption Filing**

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) AR

Indicate Type of Filing <input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i> <input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i> <input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
SPARTA Insurance Company	MA	20613	04-1027270

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Rose Battles, IRC, 50 Broad Street, Suite 501, NY, NY 10004	(941) 926-0144	(212) 571-2502	RoseBattles@ircllc.com

Filing information

Line of Insurance (see attachment)	Workers Compensation
Company Program Title (Marketing title) (if applicable)	None
Filing Type ** see note below	NCCI Adoption Rules ITEM B-1405
This application is used with:	
Effective Date Requested	1/1/2008
Filing date	3/11/2008
Company Tracking Number	SPARTA-TRIA-WC-08
Date filing approved in domiciliary state, if applicable	N/A

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	<u>Form # or Rate Page</u> <u>Include edition date</u>	<u>Replacement</u> <u>Or withdrawn?</u>	<u>If replacement,</u> <u>give form # or rate</u> <u>page(s) it replaces</u>	<u>Previous State</u> <u>Filing Number,</u> <u>if required</u> <u>by state</u>
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a form filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state;
and
Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

	Rose Battles	Manager, IRC
Signature	Print Name:	Title: