

SERFF Tracking Number: SFCC-125528113 State: Arkansas  
First Filing Company: Safety National Casualty Corporation, ... State Tracking Number: EFT \$25  
Company Tracking Number: 2-SNSFE-08-AR  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: 2-SNSFE-08-AR  
Project Name/Number: /

## Filing at a Glance

Companies: Safety National Casualty Corporation, Safety First Insurance Company

Product Name: 2-SNSFE-08-AR SERFF Tr Num: SFCC-125528113 State: Arkansas  
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$25  
Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: 2-SNSFE-08-AR State Status: Fees verified and received  
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding  
Authors: Marilyn Tinnell, Casey Kruse, Paula Kilen Disposition Date: 03/18/2008  
Date Submitted: 03/07/2008 Disposition Status: Approved  
Effective Date Requested (New): 04/15/2008 Effective Date (New): 04/15/2008  
Effective Date Requested (Renewal): 04/15/2008 Effective Date (Renewal):  
State Filing Description:

## General Information

Project Name: Status of Filing in Domicile:  
Project Number: Domicile Status Comments: SNCC domicilled in MO - where Item B-1405 is pending approval. SFIC domicilled in IL - where Item B-1405 is approved.  
Reference Organization: NCCI, Inc. Reference Number: 01-AR-2007 & Item B-1405  
Reference Title: Elimination of the Manual of Underground Coal Mine Rules and Terrorism Risk Insurance Act of 2007; 01-AR-2007 Advisory Org. Circular: AR-2007-05  
Filing Status Changed: 03/18/2008  
State Status Changed: 03/17/2008 Deemer Date:  
Corresponding Filing Tracking Number: 2-SNSFE-08-AR  
Filing Description:  
Ms. Carol Stiffler  
Senior Rate & Form Analyst  
Property & Casualty Division

SERFF Tracking Number: SFCC-125528113 State: Arkansas  
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Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

Re: Safety National Casualty Corporation (SNCC) and Safety First Insurance Company (SFIC)  
Workers' Compensation and Employers' Liability – Rule Filing – Adoption of NCCI Item Filing B-1405 –  
Terrorism Risk Insurance Act of 2007  
and Item 01-AR-2007 - Elimination of the Manual of Underground Coal Mine Rules  
SNCC FEIN No. 43-0727872 SNCC NAIC No. 0074-15105  
SFIC FEIN No. 43-1901552 SFIC NAIC No. 0074-11123  
Company File No.: 2-SNSFE-08-AR  
Proposed Effective Date: April 15, 2008

Dear Ms. Stiffler: Safety National Casualty Corporation (SNCC) and Safety First Insurance Company (SFIC) wish to submit the captioned filing for your review and acknowledgment. We intend to adopt the NCCI Item Filing B-1405 – Terrorism Risk Insurance Act of 2007, as noted effective January 1, 2008 and Item 01-AR-2007 - Elimination of the Manual of Underground Coal Mine Rules, as noted effective July 1, 2008, as published in NCCI Status of Item Filings IF-2008-03-01.

In accordance with the filing requirements for the State of Arkansas, we are attaching the following:

1. Property and Casualty Transmittal Document, PC TD-1,
2. Rate/Rule Filing Schedule, PC RRFS-1 and
3. A filing fee of \$25.00 is submitted via Electronic Funds Transfer in SERFF, which represents the applicable filing fee.

We would like this filing to be effective April 15, 2008 as noted above. If you need additional information, please feel free to call me at (888) 995-5300, extension 308, FAX me at (314) 995-6847, or e-mail me at marilyn.tinnell@sncc.com.

Sincerely,

Marilyn Tinnell, CPCU

SERFF Tracking Number: SFCC-125528113 State: Arkansas  
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 Product Name: 2-SNSFE-08-AR  
 Project Name/Number: /

Compliance Manager

Attachments

## Company and Contact

### Filing Contact Information

Marilyn Tinnell, Compliance Manager  
 2043 Woodland Parkway  
 Saint Louis, MO 63146

marilyn.tinnell@sccc.com  
 (314) 995-5300 [Phone]  
 (314) 995-6847[FAX]

### Filing Company Information

Safety National Casualty Corporation  
 2043 Woodland Parkway

CoCode: 15105  
 Group Code: 74

State of Domicile: Missouri  
 Company Type: Property and  
 Casualty

Saint Louis, MO 63146  
 (314) 995-5300 ext. [Phone]

Group Name: Delphi Financial  
 FEIN Number: 43-0727872

State ID Number:

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Safety First Insurance Company  
 2043 Woodland Parkway

CoCode: 11123  
 Group Code: 74

State of Domicile: Illinois  
 Company Type: Property &  
 Casualty

Saint Louis, MO 63146  
 (314) 372-7512 ext. 308[Phone]

Group Name: Delphi Financial  
 Group  
 FEIN Number: 43-1901552

State ID Number:

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation: \$25.00 to adopt rules, item filings or file company rules.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Safety National Casualty Corporation	\$25.00	03/07/2008	18432904

SERFF Tracking Number: SFCC-125528113 State: Arkansas  
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Safety First Insurance Company \$0.00 03/07/2008



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/18/2008	03/18/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	03/17/2008	03/17/2008	Casey Kruse	03/18/2008	03/18/2008
Industry Response						

SERFF Tracking Number: SFCC-125528113 State: Arkansas  
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Project Name/Number: /

## Disposition

Disposition Date: 03/18/2008

Effective Date (New): 04/15/2008

Effective Date (Renewal):

Status: Approved

Comment: Item # B-1405 is approved effective 4/15/08.

Item #01-AR-2007 is approved effective 7/1/08.

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:* SFCC-125528113      *State:* Arkansas  
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*TOI:* 16.0 Workers Compensation      *Sub-TOI:* 16.0000 WC Sub-TOI Combinations  
*Product Name:* 2-SNSFE-08-AR  
*Project Name/Number:* /

<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	Approved	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Approved	Yes
<b>Rate</b>	Terrorism Risk Insurance Act of 2007	Approved	Yes
<b>Rate</b>	Elimination of the Manual of Underground Coal Mine Rules	Approved	Yes

SERFF Tracking Number: SFCC-125528113 State: Arkansas  
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Product Name: 2-SNSFE-08-AR  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 03/17/2008

Submitted Date 03/17/2008

Respond By Date

Dear Marilyn Tinnell,

This will acknowledge receipt of the captioned filing.

Item 01-AR-2007 cannot be effective before the 7/1/2008 effective date filed by NCCI. Do you want to change that Item Filing effective date to 7/1/08?

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 03/18/2008

Submitted Date 03/18/2008

Dear Carol Stiffler,

### Comments:

#### Response 1

Comments: My apologies, we mean to state that in the subject caption in the cover letter. Yes, we wish to use the effective date of 7/1/2008 regarding Item 01-AR-2007 - Elimination of the Manual of Underground Coal Mine Rules, as noted effective July 1, 2008, as published in NCCI Status of Item Filings IF-2008-03-01.

Thank you,

Casey Kruse

### Changed Items:

No Supporting Documents changed.

*SERFF Tracking Number:* SFCC-125528113      *State:* Arkansas  
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*TOI:* 16.0 Workers Compensation      *Sub-TOI:* 16.0000 WC Sub-TOI Combinations  
*Product Name:* 2-SNSFE-08-AR  
*Project Name/Number:* /

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Casey Kruse, Marilyn Tinnell, Paula Kilen

*SERFF Tracking Number:*      *SFCC-125528113*                      *State:*                      *Arkansas*  
*First Filing Company:*      *Safety National Casualty Corporation, ...*      *State Tracking Number:*      *EFT \$25*  
*Company Tracking Number:*      *2-SNSFE-08-AR*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0000 WC Sub-TOI Combinations*  
*Product Name:*                      *2-SNSFE-08-AR*  
*Project Name/Number:*                      */*

## **Rate Information**

Rate data does NOT apply to filing.

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 Project Name/Number: /

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Terrorism Risk Insurance Act of 2007	Item B-1405	New	
Approved	Elimination of the Manual of Underground Coal Mine Rules	01-AR-2007	New	

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 03/18/2008

**Comments:**

**Attachment:**

2-SNSFE-08-AR P&C Transmittal.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document  
for Workers' Compensation **Review Status:** Approved 03/18/2008

**Bypass Reason:** n/a

**Comments:**

**Satisfied -Name:** NAIC loss cost data entry document **Review Status:** Approved 03/18/2008

**Comments:**

**Attachments:**

2-SNSFE-08-AR Loss Cost Form SNCC.pdf

2-SNSFE-08-AR Loss Cost Form SFIC.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>				
	a. Date the filing is received:				
	b. Analyst:				
	c. Disposition:				
	d. Date of disposition of the filing:				
	e. Effective date of filing:				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> </table>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				
<b>3. Group Name</b>	<b>Group NAIC #</b>				
Delphi Financial Group, Inc.	0074				
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	
Safety National Casualty Corporation	MO	15105	43-0727872		
Safety First Insurance Company	IL	11123	43-1901552		
<b>5. Company Tracking Number</b>	<b>2-SNSFE-08-AR</b>				
<b>Contact Info of Filer(s) or Corporate Officer(s)</b> [include toll-free number]					
<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>	
Marilyn Tinnell, CPCU 2043 Woodland Parkway St. Louis, MO 63146	Compliance Manager	(888) 995-5300, ext. 308	(314) 995-6847	marilyn.tinnell@ sncc.com	
<b>7. Signature of authorized filer</b>					
<b>8. Please print name of authorized filer</b>	Marilyn Tinnell				
<b>Filing information</b> (see General Instructions for descriptions of these fields)					
<b>9. Type of Insurance (TOI)</b>	16.0000 Workers' Compensation				
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0001 Alt WC, 16.0002 EL and 16.0004 Std WC				
<b>11. State Specific Product code(s) (if applicable)[See State Specific Requirements]</b>	N/A				
<b>12. Company Program Title</b> (Marketing title)	Workers Compensation & Employers Liability				
<b>13. Filing Type</b>	<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)				
<b>14. Effective Date(s) Requested</b>	New:		Renewal:		
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>16. Reference Organization</b> (if applicable)	NCCI, Inc.				
<b>17. Reference Organization # &amp; Title</b>	Item B-1405 – Terrorism Risk Insurance Act of 2007; 01-AR-2007 – Elimination of the Manual of Underground Coal Mine Rules				
<b>18. Company's Date of Filing</b>	March 7, 2008				
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed – MO (Item B-1405) <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized – IL – (Item B-1405) <input type="checkbox"/> Disapproved				

## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	<b>2-SNSFE-08-AR</b>
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Ms. Carol Stiffler  
Senior Rate & Form Analyst  
Property & Casualty Division  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

Re: Safety National Casualty Corporation (SNCC) and Safety First Insurance Company (SFIC)  
Workers' Compensation and Employers' Liability – Rule Filing – Adoption of NCCI Item Filing B-1405 –  
Terrorism Risk Insurance Act of 2007 and Item 01-AR-2007 - Elimination of the Manual of Underground  
Coal Mine Rules  
SNCC FEIN No. 43-0727872                      SNCC NAIC No. 0074-15105  
SFIC FEIN No. 43-1901552                      SFIC NAIC No. 0074-11123  
Company File No.: 2-SNSFE-08-AR  
Proposed Effective Date:                      April 15, 2008

Dear Ms. Stiffler:

Safety National Casualty Corporation (SNCC) and Safety First Insurance Company (SFIC) wish to submit the captioned filing for your review and acknowledgment. We intend to adopt the NCCI Item Filing B-1405 – Terrorism Risk Insurance Act of 2007, as noted effective January 1, 2008 and Item 01-AR-2007 - Elimination of the Manual of Underground Coal Mine Rules, as noted effective July 1, 2008, as published in NCCI Status of Item Filings IF-2008-03-01.

In accordance with the filing requirements for the State of Arkansas, we are attaching the following:

1. Property and Casualty Transmittal Document, PC TD-1,
2. Rate/Rule Filing Schedule, PC RRFs-1 and
3. A filing fee of \$25.00 is submitted via Electronic Funds Transfer in SERFF, which represents the applicable filing fee.

We would like this filing to be effective April 15, 2008 as noted above. If you need additional information, please feel free to call me at (888) 995-5300, extension 308, FAX me at (314) 995-6847, or e-mail me at [marilyn.tinnell@sncc.com](mailto:marilyn.tinnell@sncc.com).

Sincerely,



Marilyn Tinnell, CPCU  
Compliance Manager

Attachments



### NAIC LOSS COST DATA ENTRY DOCUMENT

<b>1.</b>	This filing transmittal is part of Company Tracking #	2-SNSFE-08-AR
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<b>2.</b>	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NCCI, Inc. NCCI Announcement Circular AR-2007-05 and approved in NCCI Status of Item Filings IF-2008-03-01
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Company Name		Company NAIC Number		
<b>3.</b>	<b>A.</b>	Safety National Casualty Corporation	<b>B.</b>	15105

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)		
<b>4.</b>	<b>A.</b>	16.0000 Workers Compensation	<b>B.</b>	16.0002 Employers Liability

<b>5.</b>			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers Compensation & Employers Liability	N/A		N/A		N/A	N/A	N/A
TOTAL OVERALL EFFECT	N/A						

<b>6.</b>		5 Year History		Rate Change History			
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2007	19	-5.4	9/1/07	329	-70	21.0%	82.0%
2006	19	-0.5	9/1/06	329	-70	21.0%	82.0%
2005	22	-1.5	9/1/05	30	87	29.0%	79.7%
2004	17	0.5	7/1/07	80	-404	-505.0%	96.2%
2003	5	1.8	7/1/03	242	-17	-7%	84.5%

<b>7.</b>	
Expense Constants	Selected Provisions
A. Total Production Expense	18.6
B. General Expense	4.7
C. Taxes, License & Fees	5.8
D. Underwriting Profit & Contingencies	0.00
E. Other (explain)	0.00
F. TOTAL	29.1

- 8.** Y Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** 10% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): \_\_\_\_\_
- 10.** -2% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): \_\_\_\_\_

### NAIC LOSS COST DATA ENTRY DOCUMENT

<b>1.</b>	This filing transmittal is part of Company Tracking #	2-SNSFE-08-AR
-----------	---	---------------

<b>2.</b>	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NCCI, Inc. NCCI Announcement Circular AR-2007-05 and approved in NCCI Status of Item Filings IF-2008-03-01
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Company Name		Company NAIC Number	
<b>3.</b>	<b>A.</b>	Safety First Insurance Company	<b>B.</b> 11123

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
<b>4.</b>	<b>A.</b>	16.0000 Workers Compensation	<b>B.</b> 16.0002 Employers Liability

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers Compensation & Employers Liability	N/A		N/A		N/A	N/A	N/A
<b>TOTAL OVERALL EFFECT</b>	N/A						

5 Year History		Rate Change History					
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2007	2	-5.4	9/1/07	.318	-2	-7.73%	0.24%
2006	2	-0.5	9/1/07	.318	-2	-7.73%	0.24%
2005	1	-1.5	9/1/05	61	16	26.2%	37.6%
2004	2	0.5	7/1/04	137	.783	0.6%	34.3%
2003	10	1.8	7/1/03	68	53	77.9%	34.7%

Expense Constants	Selected Provisions
A. Total Production Expense	17.006
B. General Expense	5.12
C. Taxes, License & Fees	5.8
D. Underwriting Profit & Contingencies	0.00
E. Other (explain)	0.00
<b>F. TOTAL</b>	<b>27.926</b>

- 8.** Y Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** 10% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): \_\_\_\_\_
- 10.** -2% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): \_\_\_\_\_