

SERFF Tracking Number: SFCC-125563585 State: Arkansas
First Filing Company: Safety National Casualty Corporation, ... State Tracking Number: EFT \$50
Company Tracking Number: 2-SNSFDE-08-AR
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: 2-SNSFDE-08-AR
Project Name/Number: /

Filing at a Glance

Companies: Safety National Casualty Corporation, Safety First Insurance Company

Product Name: 2-SNSFDE-08-AR SERFF Tr Num: SFCC-125563585 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: 2-SNSFDE-08-AR State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Authors: Marilyn Tinnell, Casey Kruse, Paula Kilen Disposition Date: 03/21/2008
Date Submitted: 03/20/2008 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New): 03/21/2008
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Domicile Status Comments:
Reference Organization: NCCI, Inc. Reference Number: Item B-1405; Item P-1405
Reference Title: Terrorism Risk Insurance Program Reauthorization Act Advisory Org. Circular: CIF-2007-10
of 2007 Endorsements
Filing Status Changed: 03/21/2008
State Status Changed: 03/21/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Ms. Carol Stiffler
Senior Rate & Form Analyst
Property & Casualty Division
Arkansas Insurance Department
1200 West Third Street

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Product Name: 2-SNSFDE-08-AR
Project Name/Number: /
Little Rock, AR 72201-1904

Re: Safety National Casualty Corporation
Safety First Insurance Company

Workers' Compensation and Employers' Liability – Informational Rule and Form Adoption – NCCI Item Filings B-1405 –
Terrorism Risk Insurance Act of 2007 and P-1405 – Terrorism Risk Insurance Program Reauthorization Act of 2007
Endorsements

SNCC FEIN No. 43-0727872 SNCC NAIC No. 0074-15105

SFIC FEIN No. 43-1901552 SFIC NAIC No. 0074-11123

Company File No.: 2-SNSFDE-08-AR

Proposed Effective Date: January 1, 2008 or ASAP

Dear Ms. Stiffler:

Safety National Casualty Corporation (SNCC) and Safety First Insurance Company (SFIC) wish to submit the above captioned filing for your information and acknowledgement. SNCC and SFIC have adopted NCCI Item Filings B-1405 – Terrorism Risk Insurance Act of 2007 and P-1405 – Terrorism Risk Insurance Program Reauthorization Act of 2007 Endorsements when they were filed in our behalf by NCCI. The filings included NCCI Forms, WC 00 01 13 A – Terrorism Risk Insurance Program Reauthorization Act Endorsement and WC 00 04 21 B – Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement. Please note that with the adoption of this filing, we intend to continue our Company Exception to Foreign Terrorism loss costs in accordance with Basic Manual Rule 3-A-24-c and Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents loss costs in accordance with Basic Manual Rule 3-A-24-b. This exception revises the loss cost to \$0.00 on the Arkansas NCCI Miscellaneous Values Page, Rates/Loss Costs Index, for both companies. SNCC and SFIC's attachment clause has been added to the bottom of each form. Upon approval, please consider endorsements WC 00 01 13 – Terrorism Risk Insurance Extension Act Endorsement, and WC 00 04 21 A – Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement WITHDRAWN.

In addition, also for informational filing purposes, please find enclosed our policyholder notice PN 99 99 92 (12 07) – Policyholder Disclosure Notice of Terrorism Insurance Coverage, which is the recommended wording issued by the National Association of Insurance Commissioners to provide clear and conspicuous disclosure to the policyholder of the existence of the \$100,000,000,000 cap under Section 103(e)(2) of the Act, at the time of offer, purchase and renewal of

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the policy.

In accordance with the requirements of the State of Arkansas, this filing is being submitted via SERFF with the following included:

1. Property & Casualty Transmittal Document, PC-TD 1,
2. Expedited Filing Transmittal Document for Terrorism Risk Insurance Form and Pricing,
3. SNCC and SFIC Forms that are the subject of this filing, and,
4. A filing fee of \$50.00 is submitted via Electronic Funds Transfer in SERFF, which represents the applicable filing fee.

We would like this filing to be effective January 1, 2008 or ASAP. Please acknowledge with your approval via SERFF communications. 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
Compliance Manager

Attachments

Company and Contact

Filing Contact Information

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

marilyn.tinnell@sncc.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

Group Name: Delphi Financial

State ID Number:

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Product Name: 2-SNSFDE-08-AR
Project Name/Number: /

(314) 995-5300 ext. [Phone]

FEIN Number: 43-0727872

Safety First Insurance Company
2043 Woodland Parkway

CoCode: 11123
Group Code: 74

State of Domicile: Illinois
Company Type: Property &
Casualty

Saint Louis, MO 63146

Group Name: Delphi Financial
Group

State ID Number:

(314) 372-7512 ext. 308[Phone]

FEIN Number: 43-1901552

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: File Company Forms - \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Safety National Casualty Corporation	\$50.00	03/20/2008	18833677
Safety First Insurance Company	\$0.00	03/20/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/21/2008	03/21/2008

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Project Name/Number: /

Disposition

Disposition Date: 03/21/2008
Effective Date (New): 03/21/2008
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	Expedited Filing Transmittal	Approved	Yes
Form	Policyholder Disclosure Notice of Terrorism Insurance Coverage	Approved	Yes
Form	Terrorism Risk Insurance Program Reauthorization Act Endorsement	Approved	Yes
Form	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	Approved	Yes

SERFF Tracking Number: SFCC-125563585 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policyholder Disclosure Notice 02 of Terrorism Insurance Coverage	PN 99 99	12 07	Disclosure/ New Notice		0.00	PN 99 99 02.pdf
Approved	Terrorism Risk Insurance Program Reauthorization Act Endorsement	WC 00 01 13 A	01 08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 WC 00 01 13 Previous Filing #: Item B-1398		WC000113A.pdf WC000113 WITHDRAW N.pdf
Approved	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	WC 00 04 21 B	01 08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 WC 00 04 21 A Previous Filing #: Item B-1393		WC000421B.pdf WC000421A WITHDRAW N.pdf

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$ _____, and does not include any charges for the portion of losses covered by the United States government under the Act.

Name of Insurer: _____
Policy Number: _____

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

“Act” means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

“Act of Terrorism” means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

“Insured Loss” means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

“Insurer Deductible” means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

“Program Year” refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year, and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses, as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceeds \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceeds \$100,000,000,000.
3. The premiums charged for the coverage for Insured Losses under this policy are included in the amounts shown in Item 4 of the Information Page or in the Schedules in the Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement (WC 00 04 21 B) and the Foreign Terrorism Premium Endorsement (WC 00 04 22), attached to this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$ INCL.

Insurance Company

Countersigned By _____

TERRORISM RISK INSURANCE EXTENSION ACT ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Extension Act of 2005.

Definitions

The definitions provided in this endorsement are based on the definitions in the Act and shall have the same meaning. If words or phrases not defined in this endorsement are defined in the Act, the definition in the Act will apply. "Act" means the Terrorism Risk Insurance Act of 2002, which took effect on October 26, 2002, and any amendments resulting from the Terrorism Risk Insurance Extension Act of 2005. "Act of terrorism" means any act that is certified by the Secretary of the Treasury, the Secretary of State, and the Attorney General of the United States.

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life or property.
- c. The act resulted in damage within the United States, or to the property of United States missions or consular offices.
- d. The act has been committed by an individual acting in a behavior that is motivated by a foreign interest, as determined by the Secretary of State, to influence the policy or conduct of the United States government by coercion.

"Insured terrorism or war loss" means any loss resulting from an act of terrorism or war, including any case of work-related injury or death that is covered by primary or secondary workers' compensation insurance issued by an insurer of the United States at United States ports, harbors, air carriers or vessels.

- a. For the period beginning on January 1, 2002, and ending on December 31, 2002, an amount equal to 100% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2002.
- b. For the period beginning on January 1, 2003, and ending on December 31, 2003, an amount equal to 75% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2003.
- c. For the period beginning on January 1, 2004, and ending on December 31, 2004, an amount equal to 65% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2004.
- d. For the period beginning on January 1, 2005, and ending on December 31, 2005, an amount equal to 60% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2005.
- e. For the period beginning on January 1, 2006, and ending on December 31, 2006, an amount equal to 55% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2006.
- f. For the period beginning on January 1, 2007 and ending on December 31, 2007, an amount equal to 50% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2007.

Limitation of Liability

The Act may limit our liability to you under this policy. If annual aggregate insured terrorism or war losses of all insurers exceed \$100,000,000,000 during the applicable period provided in the Act, and if we have met our insurer deductible, the amount we will pay for insured terrorism or war losses under this policy will be limited by the Act, as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

- 1. Insured terrorism or war losses would be partially reimbursed by the United States Government under a formula established by the Act. Under this formula, the United States Government would pay 90% for Program Year 4 and 85% for Program Year 5 of our insured terrorism or war losses exceeding our insurer deductible.
- 2. The premium charged for the coverage this policy provides for insured terrorism or war losses is included in the amount shown in Item 4 of the Information Page or in the Schedule in the Foreign Terrorism Premium Endorsement. (WC 00 04 22), attached to this policy.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$ INCL.

Insurance Company

Countersigned By _____

DOMESTIC TERRORISM, EARTHQUAKES, AND CATASTROPHIC INDUSTRIAL ACCIDENTS PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of domestic terrorism, earthquakes, and/or a catastrophic industrial accident.

Your policy provides coverage for workers compensation losses caused by acts of domestic terrorism, earthquakes, and/or catastrophic industrial accident including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

The premium charge provides funding for the risk of earthquakes, catastrophic industrial accidents, and acts of domestic terrorism. It does not provide funding for acts of foreign terrorism as that term is defined in the Foreign Terrorism Premium Endorsement (WC 00 04 22), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- Domestic Terrorism: All acts of terrorism, certified (as defined in the Terrorism Risk Insurance Act of 2002), or noncertified, that are outside the scope of the Foreign Terrorism Premium Endorsement (WC 00 04 22), and where aggregate workers compensation losses are in excess of \$50 million.
- Earthquake: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity where aggregate workers compensation losses from the single event are in excess of \$50 million.
- Catastrophic Industrial Accident: Any single event resulting in aggregate workers compensation losses in excess of \$50 million.

SCHEDULE					
State	Payroll	Rate	State	Payroll	Rate

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(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	Policy No.	Endorsement No.
Insured		Premium \$ INCL.
Insurance Company		

Countersigned By _____

SERFF Tracking Number: SFCC-125563585 *State:* Arkansas
First Filing Company: Safety National Casualty Corporation, ... *State Tracking Number:* EFT \$50
Company Tracking Number: 2-SNSFDE-08-AR
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0000 WC Sub-TOI Combinations
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Rate Information

Rate data does NOT apply to filing.

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Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Approved 03/21/2008

Comments:

Attachment:

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

Satisfied -Name: Expedited Filing Transmittal
Review Status: Approved 03/21/2008

Comments:

Attachment:

2-SNSFDE-08-AR Expedited Transmittal.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 #
Delphi Financial Group, Inc.	0074

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Safety National Casualty Corporation	MO	15105	43-0727872	
Safety First Insurance Company	IL	11123	43-1901552	

5. Company Tracking Number	2-SNSFDE-08-AR
-----------------------------------	-----------------------

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Marilyn Tinnell, CPCU 2043 Woodland Parkway St. Louis, MO 63146	Compliance Manager	(888) 995-5300, ext. 308	(314) 995-6847	marilyn.tinnell@ sncc.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Marilyn Tinnell		

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

9. Type of Insurance (TOI)	16.0000 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0001 Alt WC; 16.0002 EL WC; 16.0004 Std. WC
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Workers Compensation & Employers Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: As soon as possible Renewal: As soon as possible
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI, Inc.
17. Reference Organization # & Title	Item P-1405 – Terrorism Risk Insurance Program Reauthorization Act of 2007 Endorsements
18. Company's Date of Filing	March 20, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2-SNSFDE-08-AR
21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

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
 Safety First Insurance Company
 Workers' Compensation and Employers' Liability – Informational Rule and Form Adoption – NCCI Item Filings B-1405 – Terrorism Risk Insurance Act of 2007 and P-1405 – Terrorism Risk Insurance Program Reauthorization Act of 2007 Endorsements
 SNCC FEIN No. 43-0727872 SNCC NAIC No. 0074-15105
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 Company File No.: 2-SNSFDE-08-AR
 Proposed Effective Date: January 1, 2008 or ASAP

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Effective March 1, 2007

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1. Property & Casualty Transmittal Document, PC-TD 1,
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4. A filing fee of \$50.00 is submitted via Electronic Funds Transfer in SERFF, which represents the applicable filing fee.

We would like this filing to be effective January 1, 2008 or ASAP. Please acknowledge with your approval via SERFF communications. 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@sccc.com.

Sincerely,



Marilyn Tinnell, CPCU
Compliance Manager

Attachments

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: \$50.00

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.)**

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

This page applies to the following state(s) Arkansas

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

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Safety National Casualty Corporation	MO	15105	43-0727872
Safety First Insurance Company	IL	11123	43-1901552

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Marilyn Tinnell, CPCU Compliance Manager 2043 Woodland Parkway St. Louis, MO 63146	(888) 995-5300 x308	314-995-6847	marilyn.tinnell@sncc.com

Filing information

Line of Insurance (see attachment)	16.0000 Workers Compensation
Company Program Title (Marketing title) (if applicable)	Workers Compensation
Filing Type ** see note below	Form
This application is used with:	WC 00 00 00 A
Effective Date Requested	As soon as Possible
Filing date	March 20, 2008
Company Tracking Number	2-SNSFDE-08-AR
Date filing approved in domiciliary state, if applicable	Pending

	<u>Component/Form Name /Description/Synopsis</u>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
01	Policyholder Disclosure Notice of Terrorism Insurance Coverage	PN 99 99 02 (Ed. 12/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Terrorism Risk Insurance Program Reauthorization Act Endorsement	WC 00 01 13 A (Ed. 01/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	WC 00 01 13 (Ed. 01/06)	Item B-1398
03	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	WC 00 04 21 B (Ed. 01/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	WC 00 04 21 A (Ed. 01/06)	Item B-1393

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.



Signature

Marilyn Tinnell

Print Name:

Compliance Manager - CPCU

Title: