

SERFF Tracking Number: STLR-125553426 State: Arkansas  
First Filing Company: Manufacturers Alliance Insurance Company, ... State Tracking Number: #? \$75  
Company Tracking Number: 08-0231-AR124  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Terrorism Risk Ins Program Reauthorization Act of 2007  
Project Name/Number: 08-0231-AR124/08-0231-AR124

## Filing at a Glance

Companies: Manufacturers Alliance Insurance Company, Pennsylvania Manufacturers' Association Insurance Company, Pennsylvania Manufacturers Indemnity Company

Product Name: Terrorism Risk Ins Program SERFF Tr Num: STLR-125553426 State: Arkansas  
Reauthorization Act of 2007

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: #? \$75

Sub-TOI: 16.0004 Standard WC

Co Tr Num: 08-0231-AR124

State Status: Fees verified and received

Filing Type: Rule

Co Status:

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

Author: Linda Greer

Disposition Date: 03/25/2008

Date Submitted: 03/24/2008

Disposition Status: Approved

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

Effective Date (New): 01/01/2008

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

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: 08-0231-AR124

Status of Filing in Domicile: Authorized

Project Number: 08-0231-AR124

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: Item B-1405 and Item P-1405

Reference Title: Terrorism Risk Insurance Program Reauthorization Act Advisory Org. Circular: CIF2007-09 & CIF2007-10 of 2007

Filing Status Changed: 03/25/2008

State Status Changed: 03/25/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The captioned member of The PMA Insurance Group submit for your approval the adoption of Item B-1405 and P-1405 as outlined in NCCI's Circulars CIF2007-09 and CIF200-10.

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## Company and Contact

### Filing Contact Information

Linda Greer, Senior Underwriting Analyst Linda\_Greer@pmagroup.com  
 380 Sentry Parkway (610) 397-5226 [Phone]  
 Blue Bell, PA 19422-0754

### Filing Company Information

Manufacturers Alliance Insurance Company	CoCode: 36897	State of Domicile: Pennsylvania
380 Sentry Parkway	Group Code: 767	Company Type:
P. O. Box 3031		
Blue Bell, PA 19422-0754	Group Name:	State ID Number:
(610) 397-5462 ext. [Phone]	FEIN Number: 23-2086596	

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Pennsylvania Manufacturers' Association	CoCode: 12262	State of Domicile: Pennsylvania
Insurance Company		
380 Sentry Parkway	Group Code: 767	Company Type:
P. O. Box 3031		
Blue Bell, PA 19422-0754	Group Name:	State ID Number:
(610) 397-5462 ext. [Phone]	FEIN Number: 23-1642962	

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Pennsylvania Manufacturers Indemnity	CoCode: 41424	State of Domicile: Pennsylvania
Company		
380 Sentry Parkway	Group Code: 767	Company Type:
P. O. Box 3031		
Blue Bell, PA 19422-0754	Group Name:	State ID Number:
(610) 397-5462 ext. [Phone]	FEIN Number: 23-2217934	

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$75.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Manufacturers Alliance Insurance Company	\$0.00	03/24/2008	
Pennsylvania Manufacturers' Association Insurance Company	\$0.00	03/24/2008	
Pennsylvania Manufacturers Indemnity Company	\$0.00	03/24/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
426234	\$75.00	03/21/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/25/2008	03/25/2008

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Project Name/Number: 08-0231-AR124/08-0231-AR124

## Disposition

Disposition Date: 03/25/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment: Please note for future filings, the filing fee to adopt a NCCI Item filing with no changes except the effective date is \$25.00. That fee covers all additional companies in the group and it covers multiple Item Filings. So the fee for a filing like this one with 3 companies and 2 Item Filings would only be \$25.

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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<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		Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation		Yes
<b>Supporting Document</b>	NAIC loss cost data entry document		Yes

*SERFF Tracking Number:*      *STLR-125553426*                      *State:*                      *Arkansas*  
*First Filing Company:*      *Manufacturers Alliance Insurance Company, ...*      *State Tracking Number:*      *#? \$75*  
*Company Tracking Number:*      *08-0231-AR124*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*                      *Terrorism Risk Ins Program Reauthorization Act of 2007*  
*Project Name/Number:*      *08-0231-AR124/08-0231-AR124*

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

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

**Comments:**

**Attachment:**

AR P & C transmittal.pdf

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

**Bypass Reason:** Not applicable

**Comments:**

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

**Bypass Reason:** Not applicable

**Comments:**

## Property &amp; 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:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
The PMA Insurance Group	0767

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Pennsylvania Manufacturers' Association Insurance Company	PA	12262	23-1642962	
Manufacturers Association Insurance Company	PA	36897	23-2086596	
Pennsylvania Manufacturers Indemnity Company	PA	41424	23-2217934	

<b>5. Company Tracking Number</b>	08-0231-AR124
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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
Linda R. Greer 380 Sentry Parkway Blue bell, PA 19422	WC Product Analyst	610-397-5226	610-397-5100	Linda_Greer@pmagroup.com

<b>7.</b> Signature of authorized filer	
<b>8.</b> Please print name of authorized filer	Linda R. Greer

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

<b>9. Type of Insurance (TOI)</b>	16.0 Workers' Compensation
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0004 Standard WC
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	Terrorism Risk Insurance Program Reauthorization Act of 2007
<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: 01/01/2008      Renewal: 01/01/2008
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	NCCI
<b>17. Reference Organization # &amp; Title</b>	CIR-2007-09 & CIR-2007-10
<b>18. Company's Date of Filing</b>	03/24/2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	08-0231-AR124
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<b>21.</b>	<b>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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At this time, the members of The PMA Insurance Group submit for your approval the adoption of Item B-1405 and Item P-1405 Terrorism Risk Insurance Program Reauthorization Act of 2007 as outlined in NCCI' s circulars.

It is our intent to implement these filing on all policies written on or after effective January 1, 2008.

<b>22.</b>	<b>Filing Fees</b> (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]
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**Check #: 426234**  
**Amount: \$75.00**

**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.)**

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