

SERFF Tracking Number: WESA-125621058 State: Arkansas
Filing Company: Dallas National Insurance Company State Tracking Number: #? \$100
Company Tracking Number: DNIC-08-006
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: Workers' Compensation/DNIC-08-006

Filing at a Glance

Company: Dallas National Insurance Company

Product Name: Workers' Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rate/Rule

SERFF Tr Num: WESA-125621058 State: Arkansas

SERFF Status: Closed

Co Tr Num: DNIC-08-006

Co Status:

Author: Westmont Associates

Date Submitted: 04/25/2008

State Tr Num: #? \$100

State Status: Fees verified

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

Disposition Date: 04/28/2008

Disposition Status: Approved

Effective Date (New): 04/28/2008

Effective Date (Renewal):

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

State Filing Description:

General Information

Project Name: Workers' Compensation

Project Number: DNIC-08-006

Reference Organization: NCCI

Reference Title:

Filing Status Changed: 04/28/2008

State Status Changed: 04/25/2008

Corresponding Filing Tracking Number:

Filing Description:

Adoption of NCCI revised prospective loss costs found in circular AR-2007-13.

Status of Filing in Domicile: Not Filed

Domicile Status Comments: Not Filed

Reference Number: AR-2007-13

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

(This filing was made by a third party - westmontassociatesinc)

Meghan Slenkamp, Analyst

25 Chestnut Street

meghans@westmontlaw.com

(856) 216-0220 [Phone]

SERFF Tracking Number: WESA-125621058 State: Arkansas
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Product Name: Workers' Compensation
Project Name/Number: Workers' Compensation/DNIC-08-006

Haddonfield, NJ 08033

Filing Company Information

Dallas National Insurance Company
14160 Dallas Parkway
Suite 500
Dallas, TX 75254
(800) 533-0457 ext. [Phone]

CoCode: 32271
Group Code:
Group Name:
FEIN Number: 95-4139154

State of Domicile: Texas
Company Type:
State ID Number:

SERFF Tracking Number: WESA-125621058 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$1,000.00
Retaliatory? No
Fee Explanation: \$100.00 filing fee
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Dallas National Insurance Company	\$0.00	04/25/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
29064	\$50.00	04/24/2008
29067	\$50.00	04/25/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	04/28/2008	04/28/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	04/25/2008	04/25/2008	Westmont Associates	04/28/2008	04/28/2008

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Disposition

Disposition Date: 04/28/2008
 Effective Date (New): 04/28/2008
 Effective Date (Renewal):
 Status: Approved
 Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Dallas National Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

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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	Letter of Authorization	Approved	Yes
Supporting Document	Loss Cost Reference Filing Adoption Form	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Rate	Final Rate Pages	Approved	Yes

SERFF Tracking Number: WESA-125621058 State: Arkansas
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/25/2008
Submitted Date 04/25/2008
Respond By Date

Dear Meghan Slenkamp,

This filing adopts Circular AR-2007-13 but does not state the Item Filing number which is often different than the Circular number. The Item Filing # is the unique number assigned by NCCI to an item filing. We do not receive circulars which are issued after the Item Filing is approved. Often Circulars and Item Filings have the same numbers but are not related to each other. We CANNOT accept the Circular number in lieu of the Item Filing Number. You must state the Item Filing Number.

I have found nothing to indicate if you are adopting a new loss cost multiplier (LCM) or if you are going to use the previously approved loss cost multiplier. You did attach an old loss cost multiplier worksheet but you don't state why it is attached. Please state what you are doing and if you are going to continue using a previously approved LCM, please state what the LCM is.

Please feel free to contact me if you have questions.

Sincerely,
Carol Stiffler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/28/2008
Submitted Date 04/28/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: Ms. Stiffler:

Per your Objection Letter dated 4/25/08, please be advised that the Arkansas filing that is being adopted is AR-2007-10.

SERFF Tracking Number: WESA-125621058 *State:* Arkansas
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The Company is not adopting a new WC LCM. The purpose of the filing is to adopt new NCCI rating factors effective January 1, 2008 using the previously approved LCM factor of 1.36.

If you have any additional questions, please do not hesitate to contact me.

Thank you.

Meghan

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Westmont Associates

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Rate Information

Rate data applies to filing.

Filing Method: File and Use
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Dallas National Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Final Rate Pages	Pages 1-15	New	Rates.pdf

Dallas National Insurance Company
State: AR
Effective: January 1, 2008

CLASS CODE	LOSS COST
5	4.64
8	2.84
16	5.97
34	4.07
35	2.37
36	3.93
37	4.26
42	6.90
50	5.25
59D	0.29
65D	0.05
66D	0.05
67D	0.05
79	3.06
83	8.04
106	13.63
113	4.56
170	2.53
251	5.13
400	8.17
401	11.93
771N	0.30
908P	121.04
913P	323.68
917	3.58
1005*	9.51
1016*	35.17
1164E	6.96
1165E	6.64
1320	2.80
1322	11.29
1430	5.09
1438	2.61
1452	1.80
1463	11.18
1472	3.40
1624E	7.36
1642	3.69

Dallas National Insurance Company

State: AR

Effective: January 1, 2008

1654	7.96
1655	4.43
1699	2.05
1701	3.41
1701E	6.38
1741E	1.70
1745X	2.80
1747	2.34
1748	5.48
1803D	5.25
1852D	2.15
1853	2.56
1860	1.47
1924	3.11
1925	2.57
2001	2.33
2002	3.22
2003	2.71
2014	5.10
2016	2.34
2021	3.24
2039	4.45
2041	3.82
2065	1.18
2070	4.87
2081	4.20
2089	2.62
2095	3.11
2105	2.41
2110	2.16
2111	1.96
2112	2.49
2114	2.99
2121	1.90
2130	2.80
2131	1.71
2143	2.12
2157	3.67
2172	2.08
2174	2.71
2211	5.09

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2220	1.93
2286	1.43
2288	4.46
2300	2.08
2302	1.82
2305	2.41
2361	1.31
2362	1.75
2380	5.98
2359	1.17
2388	1.85
2402	2.23
2413	1.78
2416	1.85
2417	1.71
2501	1.46
2503	1.31
2534	2.31
2570	4.69
2585	2.58
2586	0.98
2587	2.09
2589	1.55
2600	4.69
2623	2.43
2651	2.16
2660	1.52
2670	2.27
2683	1.96
2688	2.80
2701	7.63
2702X	26.19
2710	8.06
2714	4.86
2719X	10.58
2731	3.55
2735	2.88
2759	7.19
2790	1.36
2802	6.27

Dallas National Insurance Company

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2812	4.20
2835	1.60
2836	2.28
2841	3.98
2881	2.20
2883	4.18
2913	3.01
2915	3.73
2916	2.38
2923	1.97
2942	2.34
2960	2.92
3004	2.49
3018	2.99
3022	3.21
3027	2.91
3028	3.06
3030	4.04
3040	4.01
3041	3.47
3042	3.14
3064	4.49
3069	6.51
3076	2.68
3081D	2.46
3082D	3.90
3085D	2.88
3110	2.94
3111	2.92
3113	2.09
3114	2.48
3118	1.39
3119	1.05
3122	1.12
3126	1.90
3131	0.87
3132	1.99
3145	1.85
3146	2.49
3169	2.56

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3175D	2.82
3179	2.30
3180	2.05
3188	1.37
3220	1.94
3223	3.14
3224	2.57
3227	1.71
3240	3.22
3241	2.86
3255	2.53
3257	2.60
3270	4.26
3300	3.56
3303	3.51
3307	3.44
3315	2.57
3334	2.45
3336	2.38
3365	9.40
3372	2.64
3373	3.29
3383	0.94
3385	0.86
3400	2.50
3507	2.83
3515	2.28
3548	1.21
3559	2.09
3574	1.16
3581	1.17
3612	2.15
3620	5.90
3629	1.85
3632	2.99
3634	1.85
3635	1.73
3638	1.54
3642	0.90
3643	2.91

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3647	3.13
3648	2.04
3681	1.36
3685	1.78
3719	3.29
3724	6.49
3726	3.47
3803	1.80
3807	1.55
3808	2.65
3821	4.08
3822	2.67
3824	4.68
3826	1.01
3827	1.16
3830	1.12
3851	2.77
3865	1.25
3881	3.69
4000	7.18
4021	4.35
4024E	1.65
4034	6.68
4036	2.56
4038	2.05
4053	3.13
4061	4.19
4062	3.03
4101	1.55
4111	2.26
4112	0.92
4113	1.63
4114	2.34
4130	5.44
4131	2.62
4133	2.50
4150	1.26
4206	3.86
4207	1.12
4239	1.29

Dallas National Insurance Company

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4240	2.84
4243	1.39
4244	2.28
4250	1.44
4251	1.60
4263	2.31
4273	1.58
4279	1.71
4282	2.11
4283	2.27
4299	1.46
4304	2.69
4307	2.61
4351	1.06
4352	0.99
4360	0.78
4361	1.31
4362	1.05
4410	2.84
4420	3.37
4431	1.43
4432	1.54
4439	1.81
4452	3.32
4459	2.04
4470	2.20
4484	2.27
4493	2.73
4511	0.67
4557	1.77
4558	1.82
4561	1.85
4568	2.60
4581	1.63
4583	4.45
4611	0.91
4635	3.73
4653	1.31
4665	6.62
4670	4.26

Dallas National Insurance Company

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4683	4.52
4686	1.12
4692	0.35
4693	0.84
4703	2.24
4717	2.35
4720	3.85
4740	1.46
4741	1.74
4751	1.85
4771N	1.73
4777	1.71
4825	0.73
4828	1.39
4829	1.51
4902	1.66
4923	1.10
5020	5.59
5022	6.11
5037	17.04
5040	19.91
5057	15.68
5059	22.51
5069	21.64
5102	4.16
5146	4.92
5160	4.38
5183	3.17
5188	5.28
5190	3.09
5191X	1.73
5192	3.89
5213	7.48
5215	3.92
5221	3.98
5222	9.81
5223	5.36
5348	3.74
5402	4.91
5403	10.00

Dallas National Insurance Company
State: AR
Effective: January 1, 2008

5437	4.58
5443	3.64
5445	4.64
5462	6.04
5472	4.99
5473	5.09
5474	7.07
5478	4.34
5479	10.13
5480	9.90
5491	2.12
5506	4.34
5507	5.67
5508D	7.21
5535	6.51
5537	5.44
5551	14.20
5606	1.92
5610	6.73
5645	11.25
5651	9.11
5703	98.00
5705	4.94
5951	0.37
6003	10.13
6005	6.68
6017	4.22
6018	2.15
6045	2.88
6204	9.41
6206	7.25
6213	11.22
6214	2.71
6216	5.11
6217	4.77
6229	4.00
6233	7.34
6235	11.11
6236	12.69
6237	3.48

Dallas National Insurance Company

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6251D	7.56
6252D	6.85
6260D	5.20
6306	5.37
6319	5.37
6325	4.99
6400	6.70
6504	2.34
6702M*	7.14
6703M*	12.57
6704M*	7.93
6801F	13.71
6811	5.48
6824F	23.69
6826F	11.46
6834	4.09
6836	8.98
6843F	15.75
6845F	18.54
6854	5.17
6872	21.41
6874F	38.03
6882	5.92
6884	12.99
7016M	5.37
7024M	5.97
7038M	6.38
7046M	28.10
7047M	9.47
7050M	11.23
7090M	7.09
7098M	31.23
7099M	49.49
7133	3.41
7151M	4.15
7152M	7.30
7153M	4.61
7222	9.74
7228X	7.63
7229X	7.59

Dallas National Insurance Company

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7230	3.71
7231	8.20
7232	13.95
7309F	26.38
7313F	6.08
7371F	9.74
7327F	21.23
7333M	7.24
7335M	8.04
7337M	12.74
7350F	23.05
7360	5.75
7370	4.98
7380X	4.04
7382	2.73
7390	3.45
7394M	14.51
7395M	16.12
7398M	25.54
7403X	2.77
7405N	1.47
7420X*	21.18
7421	2.20
7422	2.43
7423X	2.77
7425	3.43
7431N	1.90
7445N	0.79
7453N	1.02
7502	2.88
7515	1.06
7520	2.95
7538	9.44
7539	6.00
7540	3.98
7580	2.01
7590	4.28
7600	2.91
7601	11.67
7605	3.26

Dallas National Insurance Company

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7610	0.46
7611	5.78
7612	16.09
7613	4.62
7705	2.69
7710	6.50
7711	6.50
7720X	2.69
7855	5.88
8001	2.39
8002	3.14
8006	2.20
8008	1.14
8010	2.11
8013	0.49
8015	0.68
8017	1.17
8018X	2.62
8021	1.69
8031	3.06
8032	1.58
8033	1.92
8039	1.43
8044	3.14
8045	0.45
8046	2.79
8047	1.20
8058	2.82
8072	0.64
8102	2.60
8103	4.58
8105	4.64
8106	4.32
8107	3.98
8111	3.10
8116	4.49
8203	6.07
8204	6.12
8209	3.01

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8215	5.39
8227	4.27
8232	6.32
8233	4.77
8235	4.00
8263	8.98
8264	3.98
8265	9.45
8279	10.21
8288	6.62
8291	2.41
8292	2.92
8293	8.08
8295X	5.86
8304	6.99
8350	5.11
8380	3.45
8381	1.37
8385	2.64
8392	3.40
8393	1.60
8500	4.96
8601	0.68
8606	3.52
8709F	8.02
8719	1.75
8720	1.17
8721	0.39
8726F	9.53
8734M	0.68
8737M	0.61
8738M	1.07
8742X	0.50
8745	4.58
8748	0.41
8755	0.29
8799	0.95
8800	0.95
8803	0.08
8805M	0.33

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8810	0.24
8814M	0.30
8815M	0.53
8820	0.22
8824	2.79
8825	2.31
8826	2.22
8829	2.64
8831	2.92
8832	0.27
8833X	1.10
8835	2.12
8842	1.16
8864	1.16
8868	0.39
8869	0.73
8871	0.24
8901	0.29
9012	1.65
9014	2.30
9015X	2.72
9016	4.87
9019	3.28
9033	1.78
9040*	3.44
9052	1.73
9058	1.69
9059	2.90
9060	1.77
9061	1.35
9063	1.07
9077F	3.90
9082	1.62
9083	1.44
9084	2.00
9089	1.29
9093	1.44
9101	3.01
9102	2.95
9154	2.41

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9170	2.30
9178	24.58
9179	42.89
9180	4.26
9182	2.62
9186	53.46
9220	3.71
9402	5.17
9403	6.35
9410	1.93
9501	4.75
9505	3.48
9516	2.77
9519	2.42
9521	5.20
9522	1.51
9534	7.36
9554	8.50
9586	0.72
9600	1.59
9620	1.20

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Approved 04/28/2008

Comments:

Attached is the NAIC form.

Attachment:

NAIC 01-06.pdf

Satisfied -Name: NAIC Loss Cost Filing Document for Workers' Compensation
Review Status: Approved 04/28/2008

Comments:

Please refer to the below entries.

Satisfied -Name: NAIC loss cost data entry document
Review Status: Approved 04/28/2008

Comments:

Please refer to the below documents.

Satisfied -Name: Letter of Authorization
Review Status: Approved 04/28/2008

Comments:

Attached is the Letter of Authorization.

Attachment:

Letter of Auth 2008.pdf

Satisfied -Name: Loss Cost Reference Filing Adoption Form
Review Status: Approved 04/28/2008

Comments:

Attached is the Company's previously filed NAIC Loss Cost Reference Filing Adoption Form RF-WC Form.

Attachment:

Reference Filing Adoption Form.pdf

SERFF Tracking Number: WESA-125621058 State: Arkansas
Filing Company: Dallas National Insurance Company State Tracking Number: #? \$100
Company Tracking Number: DNIC-08-006
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: Workers' Compensation/DNIC-08-006

Satisfied -Name: Cover Letter **Review Status:** Approved 04/28/2008

Comments:
Attached is the Cover Letter.

Attachment:
Cover Letter.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

AR _____

1. Reserved for Insurance Dept. Use Only

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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 #
None	None

4. Company Name(s)	Domicile	NAIC #	FEIN #
Dallas National Insurance Company	Texas	32271	95-4139154

5. Company Tracking Number	DNIC-08-006
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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
	Meghan Slenkamp	Analyst, Westmont Associates, Inc.	(856) 216-0220	(856) 216-0303	meghans@westmontlaw.com
	25 Chestnut Street, Suite 105, Haddonfield, NJ 08003				

7. Signature of authorized filer	<i>Meghan Slenkamp</i>
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8. Please print name of authorized filer	Meghan Slenkamp
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Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI),	Please select from the drop down list. 16.0 Workers Compensation
10.	Sub-Type of Insurance (Sub-TOI)	16.0004 - Standard Workers Compensation
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	None
12.	Company Program Title (marketing title)	Workers Compensation
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: _____
14.	Effective Date(s) Requested	New: _____ Renewal: _____
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI
17.	Reference Organization # & Title	AR-2007-003
18.	Company's Date of Filing	4/24/08
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document ---

20.	This filing transmittal is part of Company Tracking #	DNIC-08-006
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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]
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Adoption of the NCCI circular AR-2007-13 - Workers' Compensation.

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 #: 29064

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.)**

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 #	DNIC-08-006
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	n/a
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method Prior Approval, File & Use, Flex Band, etc.	File and Use
-----------	-----------------------------------------------------------------------------	--------------

4a. Rate Change by Company (As Proposed)						
Company Name	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)
DNIC	N/a					

4b. Rate Change by Company (As Accepted) For State Use Only						
Company Name	Overall % Rate Impact	Written premium change for this program	S of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate impact for this filing	N/a	
5b.	Effect of Rate Filing - Written premium change for this program	N/a	
5c.	Effect of Rate Filing - Number of policyholders affected	N/a	

6.	Overall percentage of last rate revision	N/a
7.	Effective Date of last rate revision	N/a
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/a

	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	See attached documents	<input checked="" 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	
04		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
05		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	



January 18, 2008

RE: Dallas National Insurance Company
NAIC # 32271
FEIN: 95-4139154
Letter of Authorization for Filing of Forms, Rates and Rules

In accordance with the applicable statutes and regulations of your state, Nancy Stepanski, Wesley Pohler and Jennifer Waldron of **Westmont Associates, Inc.**, are hereby authorized to file form, rate and rule filings on behalf of Dallas National Insurance Company.

Sincerely,

A handwritten signature in black ink, appearing to read "Gail A. Lane", with a stylized flourish at the end.

Gail A. Lane, Esq.
Corporate Secretary and Director of Compliance



April 20, 2006

Property & Casualty Division
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Approved until withdrawn
or revoked
MAY 09 2006
AR-2005-01
LOSS COSTS
Arkansas Insurance Department
By: CKS

RE: Dallas National Insurance Company
LCM WC Filing
Company Filing Number: ARLCM-06
NCCI Reference Filing: AR-2005-01

Approved until withdrawn
or revoked
JUL 01 2006
AR-2006-01
LOSS COSTS
Arkansas Insurance Department
By: CKS

To Whom It May Concern:

I would like to submit to the Department a loss cost multiplier for workers' compensation coverage.

This is a new program for the Company in the State of Arkansas. If I have omitted any required documentation/information, please contact me at 972-233-0178, ext. 322 or at Larrym@Dallasnationalins.com.

Thank you.

Sincerely,


Larry McGregor
Dallas National Insurance Company

RECEIVED

1 APR 24 2006

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

AID/P&C JUL 01 2006

Arkansas

ARKANSAS INSURANCE DEPARTMENT
WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE May 3, 2006

Page 1 of 2

1. INSURER NAME Dallas National Insurance Company

ADDRESS 14160 Dallas Parkway, Suite 500

Dallas, TX 75254

PERSON RESPONSIBLE FOR FILING Larry McGrath

TITLE Assistant Compliance Officer TELEPHONE NO. 972.233.0178, ext 322

2. INSURER NAIC NO. 32271 GROUP NO. 1631

3. ADVISORY ORGANIZATION NCCI

4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2006-01

5. The above Insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE 0% EFFECTIVE DATE _____

B. PROPOSED PREMIUM LEVEL CHANGE 0% EFFECTIVE DATE _____

7. A. PRIOR RATE LEVEL CHANGE 0% EFFECTIVE DATE _____

B. PRIOR PREMIUM LEVEL CHANGE 0% EFFECTIVE DATE _____

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
(Use a separate Summary for each Insurer-selected loss cost multiplier.)

9. Check one of the following:

The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

Arkansas

ARKANSAS INSURANCE DEPARTMENT

Page 2 of 2

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM
CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME Dallas National Insurance Company DATE May 3, 2006

NAIC NO. 32271 GROUP NO. 1631

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
Yes No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing (CHECK ONE):

- Without modification (factor = 1.000).
With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.)

B. Loss Cost Modification expressed as a Factor 1.000 (see examples below).

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

Table with 2 columns: Expense Category (A-F) and Selected Provisions (14.5% to 18.5%).

* Explain how investment income is taken into account.

4. A. Expected Loss and Loss Adjustment Expense Ratio: ELR = 100% - 3F = 83.5%
B. ELR in decimal form = .835

5. Overall Impact of Expense Constant and Minimum Premiums: (A 2.3% impact would be expressed as 1.023.) 1.000

6. Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914.) .900

7. Company Formula Loss Cost Multiplier: (2B / [(6 - 3F) x 5] = 1.36

8. Company Selected Loss Cost Multiplier = Explain any differences between 7 and 8: 1.36

9. Are you amending your minimum premium formula? If yes, attach documentation including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. Yes No

10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. Yes No



**WESTMONT
ASSOCIATES, INC.**

April 24, 2008

The Honorable Julie Benafield-Bowman
Commissioner of Insurance
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201

Attn: Property and Casualty Division

**RE: Dallas National Insurance Company
NAIC #: 32271/ FEIN #: 95-4139154
Workers Compensation
NCCI Loss Cost Adoption
Company Filing #: DNIC-08-006
Effective Date: Upon Earliest Approval**

Dear Commissioner Benafield-Bowman:

Enclosed please find the Company's Workers Compensation Loss Cost Adoption submission. The Company is filing to adopt the revised prospective loss costs under NCCI Advisory Organization number AR-2007-13. A letter permitting Westmont Associates, Inc. to file on the Company's behalf is enclosed.

Please find attached the following for your review:

- Loss Cost Reference Filing Adoption Form
- Final Printed Rate Pages

Should have any questions or concerns regarding the materials enclosed, please do not hesitate to contact me at (856) 216-0220. Thank you for your attention to this matter.

Respectfully Submitted,

Wesley Pohler

Wesley Pohler
Assistant Vice-President
wes@westmontlaw.com

Enc.

Cc: L. McGregor - DNIC