

SERFF Tracking Number: BEAC-125648922 State: Arkansas  
First Filing Company: Atlantic Specialty Insurance Company, ... State Tracking Number: #? \$0  
Company Tracking Number: 2008-WC-AR-RA-545 D  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: Workers Compensation Deferral /

## Filing at a Glance

Companies: Atlantic Specialty Insurance Company, OneBeacon Insurance Company, Pennsylvania General Insurance Company, The Northern Assurance Company of America

Product Name: Workers Compensation SERFF Tr Num: BEAC-125648922 State: Arkansas  
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #? \$0  
Sub-TOI: 16.0004 Standard WC Co Tr Num: 2008-WC-AR-RA-545 State Status: Fees verified and received  
D  
Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding  
Authors: Linda Jordan-Dow, Sharon Kennedy Disposition Date: 05/16/2008  
Date Submitted: 05/15/2008 Disposition Status: Accepted For Informational Purposes  
Effective Date Requested (New): 07/01/2008 Effective Date (New):  
Effective Date Requested (Renewal): 07/01/2008 Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Workers Compensation Deferral Status of Filing in Domicile:  
Project Number: Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 05/16/2008  
State Status Changed: 05/16/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:

On behalf of the above companies and in accordance with the filing provisions in your state, we wish request the deferral of the NCCI approved voluntary loss costs and rating values effective July 1, 2008, as indicated in NCCI Item Filing # AR-2008-02. This deferral will be to a future date to be determined.

Since this is a deferral, the filing fees are not applicable.

<i>SERFF Tracking Number:</i>	<i>BEAC-125648922</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Atlantic Specialty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$0</i>
<i>Company Tracking Number:</i>	<i>2008-WC-AR-RA-545 D</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>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation Deferral /</i>		

We will notify you when we wish to implement this revision.

## Company and Contact

### Filing Contact Information

Linda Jordan-Dow, Senior Compliance Analyst [ljordandow@onebeacon.com](mailto:ljordandow@onebeacon.com)  
 One Beacon Lane (781) 332-7262 [Phone]  
 Canton, MA 02021 (617) 725-6888[FAX]

### Filing Company Information

Atlantic Specialty Insurance Company  
 One Beacon Lane  
 Canton, MA 02021-1030  
 (781) 332-7000 ext. [Phone]

CoCode: 27154  
 Group Code: 1129  
 Group Name:  
 FEIN Number: 13-3362309  
 -----

State of Domicile: New York  
 Company Type:  
 State ID Number:

OneBeacon Insurance Company  
 One Beacon Lane  
 Canton, MA 02021-1030  
 (781) 332-7000 ext. [Phone]

CoCode: 21970  
 Group Code: 1129  
 Group Name:  
 FEIN Number: 23-1502700  
 -----

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

Pennsylvania General Insurance Company  
 One Beacon Lane  
 Canton, MA 02021-1030  
 (781) 332-7000 ext. [Phone]

CoCode: 21962  
 Group Code: 1129  
 Group Name:  
 FEIN Number: 23-1471444  
 -----

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

The Northern Assurance Company of America  
 One Beacon Lane  
 Canton, MA 02021-1030  
 (781) 332-7000 ext. [Phone]

CoCode: 38369  
 Group Code: 1129  
 Group Name:  
 FEIN Number: 04-2974375  
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State of Domicile: Massachusetts  
 Company Type:  
 State ID Number:

## Filing Fees

Fee Required?	No
Retaliatory?	No

*SERFF Tracking Number:* BEAC-125648922      *State:* Arkansas  
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*TOI:* 16.0 Workers Compensation      *Sub-TOI:* 16.0004 Standard WC  
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**Fee Explanation:**  
**Per Company:** No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Atlantic Specialty Insurance Company	\$0.00	05/15/2008	
OneBeacon Insurance Company	\$0.00	05/15/2008	
Pennsylvania General Insurance Company	\$0.00	05/15/2008	
The Northern Assurance Company of America	\$0.00	05/15/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Carol Stiffler Informational Purposes		05/16/2008	05/16/2008

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## Disposition

Disposition Date: 05/16/2008

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

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	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Loss Cost Deferral Cover Letter	Approved	Yes

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Bypassed -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	05/16/2008
<b>Bypass Reason:</b>	Not applicable to this deferral filing.		
<b>Comments:</b>			
<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b> Approved	05/16/2008
<b>Bypass Reason:</b>	Not applicable to this deferral filing.		
<b>Comments:</b>			
<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b> Approved	05/16/2008
<b>Bypass Reason:</b>	Not applicable to this deferral filing.		
<b>Comments:</b>			
<b>Satisfied -Name:</b>	Loss Cost Deferral Cover Letter	<b>Review Status:</b> Approved	05/16/2008
<b>Comments:</b>	We hve not enclosed a fee for this deferral of the loss costs.		
<b>Attachment:</b>	2008 WC AR-RA-545 Deferral .pdf		



May 15, 2008

The Honorable Julie Benefield Bowman, Insurance Commissioner  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

Re: Workers Compensation  
Deferral Filing - Rate, Rule  
Company Filing Number: 2008-WC-AR-RA-545

<u>Company Name</u>	<u>NAIC #</u>	
Pennsylvania General Insurance Co.	1129-21962	FEIN 231471444
Northern Assurance Company of America	1129-38369	FEIN 04-2974375
OneBeacon Insurance Co.	1129-21970	FEIN 231502700
Atlantic Specialty Insurance Co.	1129-27154	FEIN 13-3362309

Dear Commissioner:

On behalf of the above companies and in accordance with the filing provisions in your state, we wish request the deferral of the NCCI approved voluntary loss costs and rating values effective July 1, 2008, as indicated in NCCI Item Filing # AR-2008-02. This deferral will be to a future date to be determined.

We will notify you when we wish to implement this revision.

Since this is a deferral, the filing fees are not applicable.

Your acknowledgement would be appreciated.

Sincerely,

A handwritten signature in black ink that reads "Linda Jordan-Dow".

Linda Jordan-Dow  
Senior Compliance Analyst  
781-332-7262 Fax: 877-760-8032  
E-Mail Address: ljordan-dow@onebeacon.com

