

SERFF Tracking Number: CLBA-125637767 State: Arkansas
Filing Company: Columbia National Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: CNI-WCP-08-R01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation
Project Name/Number: Adopt NCCI's Loss Cost/CNI-WCP-08-R01

Filing at a Glance

Company: Columbia National Insurance Company

Product Name: Workers Compensation SERFF Tr Num: CLBA-125637767 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$100
Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: CNI-WCP-08-R01 State Status: Fees verified and received
Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Authors: Dennis McVay, Christina Walker, DeeDee Williams Disposition Date: 05/08/2008
Date Submitted: 05/07/2008 Disposition Status: Approved
Effective Date Requested (New): 08/01/2008 Effective Date (New): 08/01/2008
Effective Date Requested (Renewal): 08/01/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Adopt NCCI's Loss Cost Status of Filing in Domicile: Not Filed
Project Number: CNI-WCP-08-R01 Domicile Status Comments:
Reference Organization: NCCI Reference Number: AR-2008-02
Reference Title: N/A Advisory Org. Circular: AR-2008-02
Filing Status Changed: 05/08/2008
State Status Changed: 05/08/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Enclosed for filing are revised manual pages WC-4 through WC-12, which we propose to use in our Workers Compensation and Employers Liability Insurance Policy Program. Please note the revised pages reflect NCCI's Arkansas Voluntary Loss Costs and Rating Values reference filing AR-2008-02 that is to be effective July 1, 2008 and has a rate effect of -12.8%. These are to be used with our currently filed 1.53 Loss Cost Multiplier. Also note that we wish to adopt these changes to be effective August 1, 2008.

SERFF Tracking Number: CLBA-125637767 State: Arkansas
 Filing Company: Columbia National Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: CNI-WCP-08-R01
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
 Product Name: Workers Compensation
 Project Name/Number: Adopt NCCI's Loss Cost/CNI-WCP-08-R01

Please review and advise if any further action is needed.

Company and Contact

Filing Contact Information

DeeDee Williams, Asst. Analyst dwilliams@colinsgrp.com
 2102 White Gate Drive (573) 474-6193 [Phone]
 Columbia, MO 65205 (800) 836-5713[FAX]

Filing Company Information

Columbia National Insurance Company CoCode: 19640 State of Domicile: Nebraska
 2102 White Gate Drive Group Code: 807 Company Type: Stock
 P O Box 618
 Columbia, MO 65205 Group Name: Columbia Insurance State ID Number: 03
 Group
 (573) 474-6193 ext. [Phone] FEIN Number: 47-0685688

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbia National Insurance Company	\$100.00	05/07/2008	20147526

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Product Name: Workers Compensation
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/08/2008	05/08/2008

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Disposition

Disposition Date: 05/08/2008
 Effective Date (New): 08/01/2008
 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:
Columbia National Insurance Company	-12.800%	\$-159,689	339	\$1,247,574	14.960%	-41.970%	65.700%

SERFF Tracking Number: CLBA-125637767 State: Arkansas
 Filing Company: Columbia National Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: CNI-WCP-08-R01
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
 Product Name: Workers Compensation
 Project Name/Number: Adopt NCCI's Loss Cost/CNI-WCP-08-R01

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
Rate	Revised manual pages	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>CLBA-125637767</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbia National Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>CNI-WCP-08-R01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Adopt NCCI's Loss Cost/CNI-WCP-08-R01</i>		

Rate Information

Rate data applies to filing.

Filing Method:	File and Use
Rate Change Type:	Decrease
Overall Percentage of Last Rate Revision:	2.700%
Effective Date of Last Rate Revision:	01/01/2008
Filing Method of Last Filing:	File and Use

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):
Columbia National Insurance Company	65.700%	-12.800%	\$-159,689	339	\$1,247,574	14.960%	-41.970%

SERFF Tracking Number: CLBA-125637767 State: Arkansas
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 Company Tracking Number: CNI-WCP-08-R01
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Revised manual pages	WC-4 thru WC-12	Replacement	WC 4-12.pdf

COMMERCIAL LINES MANUAL
WORKERS COMPENSATION POLICY PROGRAM

RATES

Class Codes	Rates	Min Prem
0005	5.94	750
0008	2.42	511
0016	5.20	750
0034	3.99	739
0035	2.39	506
0036	3.79	710
0037	4.28	750
0042	5.91	750
0050	4.80	750
0059 D	.28	200
0065 D	.05	167
0066 D	.05	167
0067 D	.05	167
0079	3.92	728
0083	9.03	750
0106	10.56	750
0113	5.29	750
0170	2.28	491
0251	4.67	750
0400	7.47	750
0401	10.19	750
0771 N	.28	200
0908 P	131.58	750
0913 P	324.36	750
0917	3.63	686
1005 *	10.21	750
1016 X*	38.08	750
1164 E	6.59	750
1165 E	4.35	750
1320	2.71	553
1322	14.54	750
1430	4.01	741
1438	2.25	486
1452	1.56	386
1463	10.77	750
1472	3.75	704
1624 E	7.02	750
1642	3.78	708
1654	5.80	750
1655	4.57	750
1699	1.85	428
1701	2.86	575
1710 E	5.66	750
1741 E	1.71	408
1745 X	2.77	562
1747	2.42	511
1748	6.90	750
1803 D	4.96	750

Class Codes	Rates	Min Prem
1852 D	2.30	493
1853	2.14	471
1860	1.81	422
1924	3.92	728
1925	2.71	553
2001	2.20	479
2002	2.77	562
2003	3.12	613
2014	5.88	750
2016	1.84	426
2021	3.08	606
2039	4.12	750
2041	3.95	732
2065	1.48	375
2070	5.05	750
2081	3.56	677
2089	2.34	499
2095	2.52	526
2105	2.25	486
2110	1.97	446
2111	2.33	497
2112	2.51	524
2114	2.48	519
2121	2.07	459
2130	2.59	535
2131	1.74	413
2143	2.02	453
2157	3.75	704
2172	1.45	371
2174	2.71	553
2211	5.06	750
2220	1.81	422
2286	1.32	351
2288	3.73	701
2300	1.97	446
2302	1.58	389
2305	1.97	446
2361	1.12	322
2362	1.62	395
2380	4.18	750
2386	1.04	311
2388	1.77	417
2402	1.99	448
2413	1.56	386
2416	1.55	384
2417	1.45	371
2501	1.25	342
2503	1.24	340

Class Codes	Rates	Min Prem
2534	1.99	448
2570	4.57	750
2585	2.86	575
2586	1.22	337
2587	2.68	548
2589	1.33	353
2600	5.91	750
2623	2.60	537
2651	2.43	513
2660	1.35	355
2670	2.13	468
2683	1.82	424
2688	2.82	568
2701	6.84	750
2702 X	27.89	750
2710	8.12	750
2714	3.86	719
2719 X	10.24	750
2731	3.43	657
2735	2.40	508
2759	7.82	750
2790	1.44	369
2802	4.87	750
2812	3.41	655
2835	1.48	375
2836	2.08	462
2841	3.44	659
2881	2.33	497
2883	3.78	708
2913	3.78	708
2915	3.93	730
2916	2.16	473
2923	2.22	482
2942	2.17	475
2960	2.98	593
3004	2.54	528
3018	2.37	504
3022	2.94	586
3027	2.48	519
3028	2.14	471
3030	3.72	699
3040	3.44	659
3041	3.08	606
3042	2.94	586
3064	4.25	750
3069	7.30	750
3076	2.74	557
3081 D	2.66	546

* Refer to the Footnotes Page for additional information on this class code.

COMMERCIAL LINES MANUAL
WORKERS COMPENSATION POLICY PROGRAM

RATES

Class Codes	Rates	Min Prem
3082 D	3.60	681
3085 D	3.00	595
3110	2.63	542
3111	2.75	559
3113	2.17	475
3114	2.42	511
3118	1.12	322
3119	1.01	306
3122	1.39	362
3126	1.59	391
3131	.96	300
3132	2.28	491
3145	2.20	479
3146	2.54	528
3169	2.26	488
3175 D	2.63	542
3179	2.22	482
3180	1.65	400
3188	1.41	364
3220	1.74	413
3223	2.77	562
3224	2.26	488
3227	1.68	404
3240	2.80	566
3241	2.60	537
3255	2.16	473
3257	3.15	617
3270	2.98	593
3300	4.13	750
3303	3.53	672
3307	3.11	610
3315	2.43	513
3334	1.97	446
3336	2.03	455
3365	9.46	750
3372	2.63	542
3373	2.68	548
3383	.99	304
3385	.81	278
3400	2.51	524
3507	2.86	575
3515	2.02	453
3548	1.25	342
3559	2.40	508
3574	1.04	311
3581	1.33	353
3612	2.03	455
3620	5.37	750
3629	1.81	422

Class Codes	Rates	Min Prem
3632	3.70	697
3634	1.58	389
3635	1.91	437
3638	1.36	357
3642	.78	273
3643	2.74	557
3647	3.11	610
3648	1.99	448
3681	1.44	369
3685	1.65	400
3719	2.42	511
3724	6.29	750
3726	2.80	566
3803	1.76	415
3807	1.94	442
3808	2.54	528
3821	3.83	715
3822	3.35	646
3824	4.48	750
3826	.81	278
3827	1.45	371
3830	1.04	311
3851	2.45	515
3865	1.18	331
3881	3.26	633
4000	6.69	750
4021	5.48	750
4024 E	2.05	457
4034	6.43	750
4036	2.33	497
4038	2.00	451
4053	3.18	621
4061	3.92	728
4062	2.13	468
4101	1.85	428
4111	2.83	570
4112	.87	286
4113	1.22	337
4114	2.05	457
4130	4.21	750
4131	2.25	486
4133	2.22	482
4150	1.55	384
4206	3.40	653
4207	.93	295
4239	1.18	331
4240	2.28	491
4243	1.55	384
4244	2.74	557

Class Codes	Rates	Min Prem
4250	1.38	360
4251	1.64	397
4263	2.03	455
4273	1.77	417
4279	1.67	402
4282	1.96	444
4283	1.82	424
4299	1.62	395
4304	2.56	530
4307	2.03	455
4351	1.06	313
4352	.93	295
4360	.84	282
4361	1.22	337
4362	1.07	315
4410	2.97	590
4420	3.58	679
4431	1.38	360
4432	1.48	375
4439	1.56	386
4452	3.01	597
4459	1.73	411
4470	2.20	479
4484	1.93	440
4493	2.34	499
4511	.69	260
4557	1.58	389
4558	1.53	382
4561	1.84	426
4568	2.40	508
4581	1.61	393
4583	4.91	750
4611	.89	289
4635	4.57	750
4653	1.19	333
4665	6.20	750
4670	3.55	675
4683	4.53	750
4686	1.18	331
4692	.44	224
4693	.86	284
4703	2.23	484
4717	1.65	400
4720	4.83	750
4740	1.42	366
4741	1.62	395
4751	1.38	360
4771 N	1.58	389
4777	1.61	393

* Refer to the Footnotes Page for additional information on this class code.

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RATES

Class Codes	Rates	Min Prem
4825	.83	280
4828	1.55	384
4829	1.12	322
4902	1.24	340
4923	1.03	309
5020	6.81	750
5022	4.90	750
5037	19.20	750
5040	25.75	750
5057	18.42	750
5059	21.88	750
5069	27.63	750
5102	4.05	748
5146	4.96	750
5160	3.50	668
5183	3.47	664
5188	4.44	750
5190	3.18	621
5191 X	1.84	426
5192	3.96	735
5213	6.99	750
5215	4.18	750
5221	5.14	750
5222	11.87	750
5223	5.23	750
5348	4.05	748
5402	4.50	750
5403	9.30	750
5437	4.41	750
5443	3.99	739
5445	5.00	750
5462	5.28	750
5472	4.80	750
5473	6.58	750
5474	7.22	750
5478	4.39	750
5479	7.77	750
5480	7.86	750
5491	2.03	455
5506	3.67	692
5507	5.52	750
5508 D	9.32	750
5535	7.30	750
5537	4.82	750
5551	14.01	750
5606	1.67	402
5610	5.46	750
5645	11.15	750
5651	8.28	750

Class Codes	Rates	Min Prem
5703	90.21	750
5705	5.28	750
5951	.40	218
6003	9.88	750
6005	7.51	750
6017	3.86	719
6018	2.10	464
6045	2.43	513
6204	9.84	750
6206	6.24	750
6213	8.22	750
6214	2.77	562
6216	6.40	750
6217	5.00	750
6229	4.96	750
6233	5.40	750
6235	14.37	750
6236	11.83	750
6237	3.03	599
6251 D	7.88	750
6252 D	5.89	750
6260 D	5.20	750
6306	5.60	750
6319	5.46	750
6325	4.56	750
6400	6.84	750
6504	2.36	502
6702 M*	7.59	750
6703 M*	13.57	750
6704 M*	8.43	750
6801 F	11.57	750
6811	5.08	750
6824 F	33.31	750
6826 F	12.78	750
6834	3.60	681
6836	5.86	750
6843 F	14.87	750
6845 F	22.57	750
6854	5.08	750
6872 F	19.39	750
6874 F	39.66	750
6882	5.08	750
6884	11.48	750
7016 M	4.51	750
7024 M	5.02	750
7038 M	5.69	750
7046 M	25.03	750
7047 M	8.08	750
7050 M	10.17	750

Class Codes	Rates	Min Prem
7090 M	6.32	750
7098 M	27.82	750
7099 M	44.81	750
7133	3.44	659
7151 M	4.18	750
7152 M	7.48	750
7153 M	4.65	750
7222	9.64	750
7228 X	6.84	750
7229 X	7.18	750
7230	4.04	746
7231	5.36	750
7232	12.64	750
7309 F	22.55	750
7313 F	6.40	750
7317 F	10.11	750
7327 F	29.85	750
7333 M	5.42	750
7335 M	6.01	750
7337 M	9.68	750
7350 F	19.46	750
7360	6.98	750
7370	4.93	750
7380 X	3.40	653
7382	2.80	566
7390	3.63	686
7394 M	10.99	750
7395 M	12.21	750
7398 M	19.68	750
7403	2.91	582
7405 N	1.15	326
7420 X*	25.18	750
7421	2.66	546
7422	2.25	486
7425	4.16	750
7431 N	1.70	406
7445 N	.61	249
7453 N	.92	293
7502	2.49	522
7515	1.07	315
7520	2.26	488
7538	10.14	750
7539	4.35	750
7540	2.85	573
7580	1.88	433
7590	5.20	750
7600	2.62	539
7601	11.80	750
7605	3.29	637

* Refer to the Footnotes Page for additional information on this class code.

COMMERCIAL LINES MANUAL
WORKERS COMPENSATION POLICY PROGRAM

RATES

Class Codes	Rates	Min Prem
7610	.54	238
7611	5.28	750
7612	11.77	750
7613	4.70	750
7705	2.59	535
7710	5.80	750
7711	5.80	750
7720 X	2.59	535
7855	6.24	750
8001	2.23	484
8002	3.26	633
8006	1.94	442
8008	1.22	337
8010	1.90	435
8013	.49	231
8015	.64	253
8017	1.18	331
8018 X*	2.52	526
8021	1.87	431
8031	3.89	723
8032	1.59	391
8033	1.90	435
8039	1.38	360
8044	2.77	562
8045	.41	220
8046	2.68	548
8047	1.07	315
8058	2.75	559
8072	.81	278
8102	2.54	528
8103	3.75	704
8105	4.85	750
8106	3.84	717
8107	3.27	635
8111	3.78	708
8116	4.21	750
8203	5.52	750
8204	4.79	750
8209	3.00	595
8215	5.75	750
8227	3.14	615
8232	6.32	750
8233	5.14	750
8235	4.15	750
8263	9.36	750
8264	3.38	650
8265	9.32	750
8279	8.95	750
8288	6.03	750

Class Codes	Rates	Min Prem
8291	2.10	464
8292	2.98	593
8293	6.87	750
8295 X	7.51	750
8304	6.92	750
8350	5.69	750
8380	3.56	677
8381	1.50	377
8385	2.42	511
8392	3.01	597
8393	1.71	408
8500	6.36	750
8601	.83	280
8606	2.80	566
8709 F	8.02	750
8719	1.88	433
8720	1.36	357
8721	.40	218
8726 F	9.20	750
8734 M	.64	253
8737 M	.58	244
8738 M	1.03	309
8742 X	.47	229
8745	4.59	750
8748	.41	220
8755	.26	198
8799	.96	300
8800	.96	300
8803	.08	171
8805 M	.34	209
8810	.24	195
8814 M	.29	202
8815 M	.54	238
8820	.21	191
8824	2.48	519
8825	2.11	466
8826	2.23	484
8829	2.69	550
8831	2.63	542
8832	.28	200
8833 X*	.90	291
8835	1.97	446
8842	1.47	373
8864	1.47	373
8868	.38	215
8869	.73	266
8871	.23	193
8901	.26	198
9012	1.94	442

Class Codes	Rates	Min Prem
9014	2.78	564
9015 X	2.42	511
9016	6.24	750
9019	2.97	590
9033	1.97	446
9040 *	3.53	672
9052	1.56	386
9058	1.79	420
9059	2.77	562
9060	1.82	424
9061	1.39	362
9063	.99	304
9077 F	4.25	750
9082	1.61	393
9083	1.62	395
9084	1.88	433
9089	1.15	326
9093	1.41	364
9101	3.03	599
9102	2.92	584
9154	1.94	442
9156	1.32	351
9170	2.78	564
9178	26.29	750
9179	36.06	750
9180	3.72	699
9182	2.71	553
9186	53.41	750
9220	3.41	655
9402	4.31	750
9403	5.74	750
9410	1.76	415
9501	4.41	750
9505	3.83	715
9516	3.26	633
9519	1.84	426
9521	5.31	750
9522	1.58	389
9534	7.01	750
9554	7.44	750
9586	.66	255
9600	1.64	397
9620	1.33	353

* Refer to the Footnotes Page for additional information on this class code.

COMMERCIAL LINES MANUAL
WORKERS COMPENSATION POLICY PROGRAM
FOOTNOTES

D Rate for classification already includes the specific disease loading shown in the table below. See Basic Manual Rule 3-A-7.

E Rate for classification already includes the specific disease loading shown in the table below.

Code No.	Specific Disease Loadings	Disease Symbol
0059D	0.28	S
0065D	0.05	S
0066D	0.05	S
0067D	0.05	S
1164E	0.08	S
1165E	0.03	S
1624E	0.05	S
1710E	0.05	S
1741E	0.23	S
1803D	0.23	S
1852D	0.05	Asb
3081D	0.05	S
3082D	0.05	S
3085D	0.05	S
3175D	0.03	S
4024E	0.02	S
5508D	0.03	S
6251D	0.06	S
6252D	0.03	S
6260D	0.03	S

F Rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Rate contains a provision for federal assessment.

M Rate provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for the USL& HW assessment is included for those classifications under Program II USL Act.

N This code is part of a ratable / non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code	Class Code	Non-Ratable Element Code
4771	0771	7405	7445
7431	7453		

P Classification is computed on a per capita basis.

X Refer to special classification phraseology in these pages which is applicable in this state.

COMMERCIAL LINES MANUAL
WORKERS COMPENSATION POLICY PROGRAM
FOOTNOTES

* Class Codes with Specific Footnotes

- 1005 Rate includes a non-ratable disease element of \$4.99. (For coverage written separately for federal benefits only, \$3.29. For coverage written separately for state benefits only, \$1.70).
- 1016 Rate includes a non-ratable disease element of \$19.92. (For coverage written separately for federal benefits only, \$13.13. For coverage written separately for state benefits only, \$6.79). It also includes a catastrophe loading of \$0.12.
- 6702 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection code rate and elr each x 1.215.
- 6703 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate x 2.175 and elr x 2.032.
- 6704 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate and elr each x 1.35.
- 7409 The ELR on the rate page is based on payroll subject to a maximum of \$750 per week per employee. Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005. An ELR of 7.71 should be applied to policies with effective dates on or after January 1, 2005 (\$600 payroll limitation). An ELR of 15.43 should be applied to policies with effective dates prior to January 1, 2005 (\$300 payroll limitation).
- 7420 Payroll is subject to a maximum of \$750 per week per employee effective July 1, 2008. The ELR on the rate page should be applied to policies with effective dates on or after July 1, 2008 (\$750 payroll limitation). An ELR of 7.71 should be applied to policies with effective dates prior to July 1, 2008 and on or after July 1, 2006 (\$600 payroll limitation). An ELR of 5.65 should be applied to policies with effective dates prior to July 1, 2006. (uncapped payroll).
- 8018 See Arkansas Special Classification for Warehousing-groceries exclusively.
- 8833 The ex-medical rate for this classification is \$0.46. A charge of \$0.15 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- 9040 The ex-medical rate for this classification is \$1.70. A charge of \$0.15 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

COMMERCIAL LINES MANUAL
WORKERS COMPENSATION POLICY PROGRAM

ADVISORY MISCELLANEOUS VALUES

Advisory Loss Elimination Ratios - The following percentages are applicable by deductible amount and hazard group on a per claim basis*:

Total Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	13.0%	10.4%	8.9%	7.4%	6.2%	4.3%	3.2%
\$1,500	15.9%	12.8%	10.9%	9.2%	7.8%	5.4%	4.1%
\$2,000	18.1%	14.7%	12.6%	10.7%	9.1%	6.5%	4.9%
\$2,500	20.1%	16.3%	14.1%	12.1%	10.2%	7.4%	5.6%
\$3,000	21.8%	17.8%	15.4%	13.2%	11.3%	8.2%	6.2%
\$3,500	23.4%	19.1%	16.6%	14.3%	12.2%	9.0%	6.8%
\$4,000	24.8%	20.3%	17.8%	15.4%	13.1%	9.7%	7.4%
\$4,500	26.2%	21.5%	18.8%	16.3%	14.0%	10.4%	7.9%
\$5,000	27.4%	22.6%	19.8%	17.3%	14.8%	11.1%	8.4%

Medical Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	12.6%	10.1%	8.6%	7.1%	6.0%	4.1%	3.0%
\$1,500	15.2%	12.2%	10.4%	8.8%	7.4%	5.1%	3.8%
\$2,000	17.1%	13.8%	11.9%	10.0%	8.5%	5.9%	4.5%
\$2,500	18.7%	15.2%	13.1%	11.1%	9.4%	6.7%	5.0%
\$3,000	20.1%	16.4%	14.2%	12.1%	10.2%	7.3%	5.5%
\$3,500	21.3%	17.5%	15.1%	12.9%	11.0%	7.9%	6.0%
\$4,000	22.5%	18.4%	16.0%	13.7%	11.7%	8.5%	6.4%
\$4,500	23.5%	19.3%	16.8%	14.5%	12.3%	9.0%	6.8%
\$5,000	24.4%	20.1%	17.5%	15.1%	12.9%	9.5%	7.2%

Indemnity Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	2.7%	2.1%	1.9%	1.8%	1.6%	1.3%	1.0%
\$1,500	3.7%	2.9%	2.7%	2.5%	2.2%	1.9%	1.4%
\$2,000	4.6%	3.7%	3.4%	3.2%	2.8%	2.3%	1.8%
\$2,500	5.4%	4.4%	4.0%	3.8%	3.3%	2.8%	2.1%
\$3,000	6.2%	5.0%	4.6%	4.3%	3.8%	3.2%	2.4%
\$3,500	6.9%	5.6%	5.2%	4.8%	4.3%	3.6%	2.7%
\$4,000	7.5%	6.2%	5.7%	5.3%	4.7%	4.0%	3.0%
\$4,500	8.1%	6.7%	6.2%	5.7%	5.1%	4.3%	3.3%
\$5,000	8.7%	7.2%	6.6%	6.2%	5.5%	4.6%	3.6%

COMMERCIAL LINES MANUAL
WORKERS COMPENSATION POLICY PROGRAM

ADVISORY MISCELLANEOUS VALUES

Advisory Loss Elimination Ratios (continued) - The following percentages are applicable by deductible amount and hazard group on a per claim basis*:

Total Losses				
Deductible Amount	HAZARD GROUP			
	1	2	3	4
\$1,000	10.9%	8.4%	5.2%	3.2%
\$1,500	13.4%	10.4%	6.6%	4.1%
\$2,000	15.3%	12.0%	7.7%	4.9%
\$2,500	17.0%	13.4%	8.7%	5.6%
\$3,000	18.6%	14.7%	9.7%	6.2%
\$3,500	20.0%	15.9%	10.5%	6.8%
\$4,000	21.2%	17.0%	11.4%	7.4%
\$4,500	22.4%	18.0%	12.1%	7.9%
\$5,000	23.6%	19.0%	12.9%	8.4%

Medical Losses				
Deductible Amount	HAZARD GROUP			
	1	2	3	4
\$1,000	10.6%	8.1%	5.0%	3.0%
\$1,500	12.8%	9.9%	6.2%	3.8%
\$2,000	14.5%	11.3%	7.1%	4.5%
\$2,500	15.9%	12.5%	8.0%	5.0%
\$3,000	17.1%	13.5%	8.7%	5.5%
\$3,500	18.2%	14.4%	9.4%	6.0%
\$4,000	19.2%	15.3%	10.0%	6.4%
\$4,500	20.1%	16.0%	10.6%	6.8%
\$5,000	21.0%	16.8%	11.1%	7.2%

Indemnity Losses				
Deductible Amount	HAZARD GROUP			
	1	2	3	4
\$1,000	2.2%	1.9%	1.4%	1.0%
\$1,500	3.1%	2.6%	2.0%	1.4%
\$2,000	3.9%	3.3%	2.6%	1.8%
\$2,500	4.6%	3.9%	3.0%	2.1%
\$3,000	5.3%	4.5%	3.5%	2.4%
\$3,500	5.9%	5.1%	3.9%	2.7%
\$4,000	6.4%	5.6%	4.3%	3.0%
\$4,500	7.0%	6.0%	4.7%	3.3%
\$5,000	7.5%	6.5%	5.0%	3.6%

*The values shown for Hazard Groups 1 through 4 are for the reference of those carriers that have filed for the use of these hazard groups in accordance with Item B-1403.

Basis of premium applicable in accordance with the Basic Manual footnote instructions for Code:

7370--"Taxicab Co.":

Employee operated vehicle	\$48,893.00
Leased or rented vehicle	\$32,595.00

7420--"Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew":

Maximum payroll per week per employee	\$750.00
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COMMERCIAL LINES MANUAL
WORKERS COMPENSATION POLICY PROGRAM

ADVISORY MISCELLANEOUS VALUES

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents (Rate)	\$0.02
Foreign Terrorism (Rate)	\$0.03
Maximum Payroll applicable in accordance with Basic Manual Rule 2-E-1 -- "Executive Officers" and the Basic Manual footnote instructions for Code 9178 -- "Athletic Sports or Park: Noncontact Sports," Code 9179 -- "Athletic Sports or Park: Contact Sports," and Code 9186 -- "Carnival--Traveling"	\$2,500.00
Minimum Payroll applicable in accordance with Basic Manual Rule 2-E-1 -- "Executive Officers"	\$300.00
Per Passenger Seat Surcharge - In accordance with the Basic Manual footnote instructions for Code 7421, the surcharge is	
Maximum surcharge per aircraft	\$1,000.00
Per passenger seat	\$100.00
Premium Determination for Partners and Sole Proprietors and Members of Limited Liability Companies in accordance with Basic Manual Rule 2-E-3	\$31,900.00
United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with Basic Manual Rule 3-A-4	86%

(Multiply a Non-F classification rate by a factor of 1.86 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and the adjustment for differences in loss-based expenses (1.116).)

Experience Rating Eligibility

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the Experience Rating Plan Manual should be referenced for the latest approved eligibility amounts by state.

SERFF Tracking Number: CLBA-125637767 State: Arkansas
Filing Company: Columbia National Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: CNI-WCP-08-R01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation
Project Name/Number: Adopt NCCI's Loss Cost/CNI-WCP-08-R01

Supporting Document Schedules

Review Status:
Bypassed -Name: Uniform Transmittal Document- Property & Casualty **Approved** 05/08/2008
Bypass Reason: Please see General Information and Rate/Rule Schedule tabs.
Comments:

Review Status:
Satisfied -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Approved** 05/08/2008
Comments:
Attachments:
Form RF-WC.pdf
5 Year Exhibit.pdf

Review Status:
Satisfied -Name: NAIC loss cost data entry document **Approved** 05/08/2008
Comments:
Attachment:
RF-1.pdf

ARKANSAS INSURANCE DEPARTMENT

Form RF-WC
Rev. 11/95

**WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS REFERENCE FILING ADOPTION FORM**

DATE 5/1/2008

Page 1 of 2

1. Insurer Name Columbia National Insurance Co.

Address 2102 White Gate Dr.
Columbia, MO 65205

Person Responsible for Filing DeeDee Williams

Title Asst. Analyst, Research & Development Telephone No. 800-877-3579 ext. 1261

2. Insurer NAIC No. 19640 Group No. 807

3. Advisory Organization NCCI

4. Advisory Organization Reference Filing No. AR-2008-02

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, the expense constants specified in the attachments.

6. A. Proposed Rate Level Change	<u>-12.8 %</u>	Effective Date	<u>8/1/2008</u>
B. Proposed Premium Level Change	<u>-12.8 %</u>	Effective Date	<u>8/1/2008</u>

7. A. Prior Rate Level Change	<u>2.7 %</u>	Effective Date	<u>1/1/2008</u>
B. Prior Premium Level Change	<u>2.7 %</u>	Effective Date	<u>1/1/2008</u>

8. Attach "Summary of Supporting Information Form" (RF-WC Page 2)
(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. Check one of the following:

(X) 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 INSURANCE DEPARTMENT

Form RF-WC
Rev. 11/95

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

Page 2 of 2

Insurer Name: Columbia National Insurance Company Date: 5/1/2008
NAIC No. 19640 Group No. 807

1. Does this filing apply to all classes contained in item 4 of the Reference Filing Adoption Form?
(X) 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)

(X) With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) 10.2% deviation due to underwriting

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.102

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.

		Selected Provisions
A.	Total Production Expense	<u>10.4%</u>
B.	General Expense	<u>10.1%</u>
C.	Taxes, Licenses & Fees	<u>5.7%</u>
D.	Underwriting Profit & Contingencies* (5% Profit less	<u>1.3%</u>
E.	Other (explain) 3.7% Invest Income)	<u>0.0%</u>
F.	TOTAL	<u>27.5%</u>

*Explain how investment income is taken into account.

4. A. Expected Loss and Loss Adjustment Expense Ratio:

ELR = 100% - 3F = 72.5%

B. ELR in Decimal Form = 0.725

5. Overall Impact of Expense Constant and Minimum Premiums

(A 2.3% impact would be expressed as 1.023.) 1.055

6. Overall Impact of Size-of-Risk Discounts plus Expense Graduation

Recognition in Retrospective Rating: 0.958

(An 8.67% average discount would be expressed as 0.914.)

7. Company Formula Loss Cost Multiplier:

(2B/[(6-3F) x 5]) = 1.530

8. Company Selected Loss Cost Multiplier= 1.530

Explain any differences between 7 and 8:

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 (X)

10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. () (X)

ARKANSAS/COUNTRYWIDE 5 YEAR EXPERIENCE & EXPENSE EXHIBIT

EXPERIENCE FOR ALL COMPANIES - Workers Compensation Policy Program

(Statistics should be identical to Page 14 of the Annual Statement, Insurance Expense Exhibit)

Arkansas	2002		2003		2004		2005		2006		TOTAL ALL YEARS	
	AMOUNT	%										
1. Direct Premiums Earned	713,870	100.0%	794,612	100.0%	1,048,211	100.0%	1,147,937	100.0%	1,206,793	100.0%	4,911,423	100.0%
2. Direct Losses Incurred	685,748	96.1%	413,197	52.0%	1,062,658	101.4%	5,285,758	460.5%	-2,064,462	-171.1%	5,382,899	109.6%
3. Direct Allocated LAE Incurred	27,489	3.9%	70,727	8.9%	21,433	2.0%	44,249	3.9%	52,113	4.3%	216,011	4.4%
4. Direct Unallocated LAE Incurred (Adjusting and Other Expenses Inc)	101,372	14.2%	38,027	4.8%	96,751	9.2%	50,504	4.4%	-42,112	-3.5%	244,542	5.0%
5. Direct Loss & Loss Expenses Incurred (2, 3 & 4)	814,609	114.1%	521,951	65.7%	1,180,842	112.7%	5,380,511	468.7%	-2,054,461	-170.2%	5,843,452	119.0%
6. Direct Premiums Written	808,529	100.0%	909,613	100.0%	1,137,781	100.0%	1,067,559	100.0%	1,247,574	100.0%	5,171,056	100.0%
7. Direct Commissions & Brokerage	78,781	9.7%	90,169	9.9%	121,952	10.7%	114,915	10.8%	130,400	10.5%	536,217	10.4%
8. Other Acquisition, Field Supervision & Collection Expenses Paid	55,546	6.9%	69,405	7.6%	78,220	6.9%	68,595	6.4%	84,997	6.8%	356,763	6.9%
9. General Expenses Paid	26,357	3.3%	34,145	3.8%	38,261	3.4%	34,371	3.2%	42,816	3.4%	175,952	3.4%
10. Taxes, Licenses & Fees Paid	46,692	5.8%	51,875	5.7%	65,324	5.7%	59,816	5.6%	72,637	5.8%	296,344	5.7%
11. Total Expenses Paid (7,8,9,10)	207,376	25.6%	245,594	27.0%	303,757	26.7%	277,697	26.0%	330,851	26.5%	1,365,276	26.4%
COUNTRYWIDE												
1. Direct Premiums Earned	13,126,729	100.0%	14,232,192	100.0%	15,735,951	100.0%	16,364,264	100.0%	17,155,767	100.0%	76,614,903	100.0%
2. Direct Losses Incurred	18,611,858	141.8%	10,741,861	75.5%	13,008,984	82.7%	13,965,509	85.3%	2,402,296	14.0%	58,730,508	76.7%
3. Direct Allocated LAE Incurred	421,286	3.2%	1,287,299	9.0%	-181,138	-1.2%	438,912	2.7%	769,033	4.5%	2,735,392	3.6%
4. Direct Unallocated LAE Incurred (Adjusting and Other Expenses Inc)	1,677,000	12.8%	682,000	4.8%	1,606,000	10.2%	713,000	4.4%	-688,000	-4.0%	3,990,000	5.2%
5. Direct Loss & Loss Expenses Incurred (2, 3 & 4)	20,710,144	157.8%	12,711,160	89.3%	14,433,846	91.7%	15,117,421	92.4%	2,483,329	14.5%	65,455,900	85.4%
6. Direct Premiums Written	13,980,422	100.0%	14,496,762	100.0%	16,264,138	100.0%	16,590,347	100.0%	17,465,154	100.0%	78,796,823	100.0%
7. Direct Commissions & Brokerage	1,205,377	8.6%	1,293,123	8.9%	1,589,934	9.8%	1,626,706	9.8%	1,686,250	9.7%	7,401,390	9.4%
8. Other Acquisition, Field Supervision & Collection Expenses Paid	920,000	6.6%	1,068,000	7.4%	1,095,000	6.7%	1,035,000	6.2%	1,205,000	6.9%	5,323,000	6.8%
9. General Expenses Paid	436,000	3.1%	525,000	3.6%	535,000	3.3%	519,000	3.1%	607,000	3.5%	2,622,000	3.3%
10. Taxes, Licenses & Fees Paid	343,002	2.5%	399,917	2.8%	424,781	2.6%	390,913	2.4%	379,854	2.2%	1,938,467	2.5%
11. Total Expenses Paid (6,7,8,9)	2,904,379	20.8%	3,286,040	22.7%	3,644,715	22.4%	3,571,619	21.5%	3,878,104	22.2%	17,284,857	21.9%
Notes: % of Lines 2, 3, 4 & 5 to Line 1 % of Lines 7, 8, 9, 10 & 11 to Line 6												

FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	CNI-WCP-08-R01
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	NCCI AR-2008-02
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3.		A.	Company Name	B.	Company NAIC Number
			Columbia National Insurance Company		19640

4.		A.	Product Coding Matrix Line of Business (i.e., Type of Insurance)	B.	Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)
			16.0 Workers Compensation		16.0 WC Sub-TOI Combinations

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY			
				(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers Compensation	65.7%	-12.8%	71.8%	1.102	1.53	1.060	1.53
TOTAL OVERALL EFFECT	65.7%	-12.8%					

6. 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
2003	368	1.8%	10/1/02	795	413	52.0%	75.5%
2004	393	6.0%/0.5%	10/1/03	1,048	1,063	101.4%	82.7%
2005	365	-0.2%	1/04-10/04	1,148	5,286	460.5%	85.3%
2006	358	0.5%/5.4%	8/06-8/07	1,207	-2,064	-171.1%	14.0%
2007	341	2.7%	1/1/08	1,106	-1,994	-180.2%	73.3%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	10.4%
B. General Expense	10.1%
C. Taxes, Licenses & Fees	5.7%
D. Underwriting Profit & Contingencies	2.0%
E. Other (explain)	
F. TOTAL	28.2%

8. Y Apply Loss Cost Factors to Future filings? (Y or N)

9. Y Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): 14.960%

10. Y Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): -41.970%