

SERFF Tracking Number: CAPT-125662416 State: Arkansas
Filing Company: Capital City Insurance Company, Inc. State Tracking Number: #? \$0
Company Tracking Number: WC-08-2(AR)
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Comp
Project Name/Number: Non-Adoption of Arkansas Workers Comp Loss Costs/WC-08-2(AR)

Filing at a Glance

Company: Capital City Insurance Company, Inc.

Product Name: Workers Comp SERFF Tr Num: CAPT-125662416 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #? \$0
Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: WC-08-2(AR) State Status: Fees verified and received

Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Carol Stiffler

Author: Tammy Raines Disposition Date: 06/04/2008
Date Submitted: 06/03/2008 Disposition Status: Non-Adoption

Effective Date Requested (New): On Approval Effective Date (New): 06/04/2008
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Non-Adoption of Arkansas Workers Comp Loss Costs Status of Filing in Domicile: Authorized
Project Number: WC-08-2(AR) Domicile Status Comments:
Reference Organization: NCCI, Inc. Reference Number: Item AR-2007-10
Reference Title: Arkansas - Approved Voluntary Advisory Loss Costs & Advisory Org. Circular: AR-2007-10 & AR-2007-13
Rating Values eff. January 1, 2008
Filing Status Changed: 06/04/2008
State Status Changed: 06/04/2008 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

This filing is being made to non-adopt the Arkansas Voluntary Advisory Loss Costs and Rating Values effective 1/1/2008 as referenced in NCCI Item Filing #AR-2007-10.

Company and Contact

Filing Contact Information

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Tammy Raines, Filing Analyst traines@capcityins.com
P.O. Box 212157 (803) 731-7728 [Phone]
Columbia, SC 29221-2157 (803) 731-2167[FAX]

Filing Company Information

Capital City Insurance Company, Inc. CoCode: 30589 State of Domicile: South Carolina
P.O. Box 212157 Group Code: Company Type: Property &
Columbia, SC 29221-2157 Group Name: Casualty
(803) 731-7728 ext. 244[Phone] FEIN Number: 57-0810811
State ID Number:

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Non-Adoption	Carol Stiffler	06/04/2008	06/04/2008

SERFF Tracking Number: *CAPT-125662416* *State:* *Arkansas*
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Company Tracking Number: *WC-08-2(AR)*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0000 WC Sub-TOI Combinations*
Product Name: *Workers Comp*
Project Name/Number: *Non-Adoption of Arkansas Workers Comp Loss Costs/WC-08-2(AR)*

Disposition

Disposition Date: 06/04/2008

Effective Date (New): 06/04/2008

Effective Date (Renewal):

Status: Non-Adoption

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Non-adoption	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Non-adoption	Yes
Supporting Document	NAIC loss cost data entry document	Non-adoption	Yes

SERFF Tracking Number: *CAPT-125662416* *State:* *Arkansas*
Filing Company: *Capital City Insurance Company, Inc.* *State Tracking Number:* *#? \$0*
Company Tracking Number: *WC-08-2(AR)*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0000 WC Sub-TOI Combinations*
Product Name: *Workers Comp*
Project Name/Number: *Non-Adoption of Arkansas Workers Comp Loss Costs/WC-08-2(AR)*

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:** Non-adoption 06/04/2008

Comments:

Attachment:

AR WC-08-2 PCTD.pdf

Bypassed -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Non-adoption 06/04/2008

Bypass Reason: This item is not required because we are filing to non-adopt the Arkansas 1/1/08 loss costs and rating values referenced in Item Filing #AR-2007-10.

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Non-adoption 06/04/2008

Bypass Reason: This item is not required because we are filing to non-adopt the Arkansas 1/1/08 loss costs and rating values referenced in Item Filing #AR-2007-10.

Comments:

Property & Casualty Transmittal Document

Reset Form

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 #
North Pointe Insurance Group	1141

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Capital City Insurance Company, Inc.	SC	00030589	57-0810811	

5. Company Tracking Number	WC-08-2(AR)
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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
Tammy D. Raines P.O. Box 212157 Columbia, SC 29221-2157	Filing Analyst	803-731-7728 ext 5738	803-731-2167	traines@capcityins.com

7. Signature of authorized filer	<i>Tammy D. Raines</i>
8. Please print name of authorized filer	Tammy D. Raines

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

9. Type of Insurance (TOI)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.000
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
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 (give description)
14. Effective Date(s) Requested	New: Non-Adoption Renewal: Non-Adoption
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI, Inc.
17. Reference Organization # & Title	Item #AR-2007-10 - AR Vol. Loss Costs & Rating Values eff. 1-1-08
18. Company's Date of Filing	6-3-08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	WC-08-2(AR)
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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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This filing is being made to non-adopt the Arkansas Voluntary Advisory Loss Costs and Rating Values effective 1/1/2008 as referenced in NCCI Item Filing #AR-2007-10

[View Complete Filing Description](#)

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]
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Check #: NA

Amount: NA

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 #	WC-08-2(AR)
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	NA
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a. Rate Change by Company (As Proposed)							
Company Name	Overall % Indicated Change (when applicable)	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)
Capital City Ins. Co.	NA	NA	NA	NA	NA		

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

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

6.	Overall percentage of last rate revision	-5.0%
7.	Effective Date of last rate revision	7/1/2007
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	NA - We are non-adopting the 1/1/2008 Voluntary Loss Costs	<input 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	