

SERFF Tracking Number: QBCL-125711916 State: Arkansas
Filing Company: Regent Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 070108 10997G
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: AR REG Form filing
Project Name/Number: AR REG Form filing/

Filing at a Glance

Company: Regent Insurance Company
Product Name: AR REG Form filing
TOI: 16.0 Workers Compensation
Sub-TOI: 16.0004 Standard WC

SERFF Tr Num: QBCL-125711916 State: Arkansas
SERFF Status: Closed State Tr Num: EFT \$50
Co Tr Num: 070108 10997G State Status: Fees verified and received
Co Status: Reviewer(s): Betty Montesi, Carol Stiffler
Authors: Midge Nowakowski, Sara Zastrow, Cass Kitano, Maryann Potter
Disposition Date: 06/26/2008
Date Submitted: 06/26/2008 Disposition Status: Approved
Effective Date (New): 07/01/2008
Effective Date (Renewal):

Filing Type: Form

Effective Date Requested (New): 07/01/2008
Effective Date Requested (Renewal):
State Filing Description:

General Information

Project Name: AR REG Form filing
Project Number:
Reference Organization: NCCI
Reference Title: NA
Filing Status Changed: 06/26/2008
State Status Changed: 06/26/2008
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile: Not Filed
Domicile Status Comments: NA
Reference Number: NA
Advisory Org. Circular: NA

Deemer Date:

With this filing we are requesting your approval to use two new forms: WC189 and WC221. I have enclosed copies of these forms for your review.

Company and Contact

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Filing Contact Information

Maryann Potter, C/L Operations System Technician
 One General Drive
 Sun Prairie, WI 53596
 Maryann.Potter@generalcasualty.com
 (608) 825-5217 [Phone]
 (608) 825-5100[FAX]

Filing Company Information

Regent Insurance Company
 One General Drive
 Sun Prairie , WI 53596
 (608) 837-4440 ext. [Phone]
 CoCode: 24449
 Group Code: 796
 Group Name:
 FEIN Number: 39-6062860
 State of Domicile: Wisconsin
 Company Type: Property and Casualty
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 filing fee per submission (not per form) X 1 submission = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Regent Insurance Company	\$50.00	06/26/2008	21108809

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	06/26/2008	06/26/2008

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Disposition

Disposition Date: 06/26/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal):

Status: Approved

Comment: The statutory review period for form filings is 30 days unless the Commissioner agrees to waive a part of that review period. You have requested a 7/1/08 effective date which would make the review period 4 days after you made the filing. For this filing, we will waive the rest of the filing period. For future filings, you should file at least 30 days before the requested effective date.

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	Approved	Yes
Form	Non Participation Form	Approved	Yes
Form	Dividend Distribution Endorsement Sliding Scale Div. Plan	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Non Participation Form	WC 189	03/2002	Endorsement/Amendment/Conditions			WC 189.pdf
Approved	Dividend Distribution Endorsement Sliding Scale Div. Plan	WC 221	06/2008	Endorsement/Amendment/Conditions			WC 221 (6-08).pdf

NON-PARTICIPATION FORM

This policy does not participate in a dividend plan.

**DIVIDEND DISTRIBUTION ENDORSEMENT
SLIDING SCALE DIVIDEND PLAN C2-A**

This endorsement, effective
(12:01 A.M. standard time)

forms a part of Policy Number

issued to

by Regent Insurance Company

The employer insured under this policy shall be entitled to receive such refunds of unabsorbed premium as shall be determined by and at the discretion of the Board of Directors of the Regent Insurance Company under the Dividend Plan, C2-A, adopted by them and in effect at the time of the inception of this policy. This Dividend Plan is one in which premium earnings in excess of the losses, expenses, reserves and surplus additions are apportioned to policyholders who are entitled under the rules of the company to participate therein.

The insured shall not be entitled to any dividend:

- (a) Unless the estimated advance premium is paid upon acceptance of the policy, and each and every audit premium charge which becomes due under the terms and conditions of the policy, or any endorsement attached thereto, is paid;
- (b) If this policy is in force less than one year unless termination of the policy is due to cancellation by the company for reasons other than nonpayment of premium;
- (c) Unless the total premium earned under the policy is greater than or equal to \$25,000 and is not subject to Retrospective Rating Adjustment;
- (d) If the loss ratio exceeds 40.0%;
- (e) If the amount of the dividend is less than \$10.00.

Any dividend applicable hereto shall be paid after the end of the policy term as may be practical. Such dividend shall be in addition to any premium discount accruing under this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____

<i>SERFF Tracking Number:</i>	<i>QBCL-125711916</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Regent Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>070108 10997G</i>		
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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: Approved 06/26/2008

Comments:

Attachments:

AR REG Prop & Casualty Filing Doc.pdf
AR REG Form Filing Schedule.pdf

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # 070108 10997G

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

The intent of this filing is to request your approval to use two new forms: WC 189, and WC 221. Copies of these forms are enclosed for your review.

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 #: Electronic submission via SERFF

Amount: \$50.00

\$50 filing fee per submission (not per form) x 1 submission = \$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.)**

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FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	070108 10997G			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	NA			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Non-Participation Form (ref. to dividend plans)	WC 189 03/2002	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Dividend Distribution Endorsement Sliding Scale Dividend Plan C2-A	WC 221 06/2008	<input checked="" 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		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		