

SERFF Tracking Number: SAFC-125688545 State: Arkansas
First Filing Company: American Economy Insurance Company, ... State Tracking Number: EFT \$25
Company Tracking Number: WC AR08090CGR01.DELAY
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: WC Delay R-1396
Project Name/Number: /

Filing at a Glance

Companies: American Economy Insurance Company, American States Insurance Company, First National Insurance Company of America, General Insurance Company of America

Product Name: WC Delay R-1396 SERFF Tr Num: SAFC-125688545 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$25
Sub-TOI: 16.0004 Standard WC Co Tr Num: WC State Status: Fees verified and received
Filing Type: Rate/Rule AR08090CGR01.DELAY Co Status: Reviewer(s): Betty Montesi, Carol Stiffler
Authors: Elizabeth Miller, Robert Kolenda Disposition Date: 06/10/2008
Date Submitted: 06/09/2008 Disposition Status: Approved
Effective Date Requested (New): 08/01/2008 Effective Date (New):
Effective Date Requested (Renewal): 08/01/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: Domicile Status Comments:
Reference Organization: NCCI Reference Number:
Reference Title: Item R-1396 2007 Update to Retrospective Rating Plan Advisory Org. Circular: CIF-2007-05
Parameters
Filing Status Changed: 06/10/2008
State Status Changed: 06/10/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

We are notifying you of our intent to delay adoption of the Excess Loss Factors (ELFs) portion of National Council on Compensation Insurance, Inc. (NCCI)-approved Countrywide-Item R-1396-2007, Update to Retrospective Rating Plan Parameters, in your state from July 1, 2008 to August 1, 2008 to coincide with our soon-to-be-sent request to delay July 1, 2008 NCCI-approved Voluntary Loss Costs and Rating Values in your state.

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We will adopt these changes for new and renewal policies that are effective August 1, 2008.

Company and Contact

Filing Contact Information

Robert Kolenda, Filings Analyst robkol@safeco.com
 Safeco Plaza (206) 473-5776 [Phone]
 Seattle, WA 98185 (206) 473-6723[FAX]

Filing Company Information

| | | |
|------------------------------------|-------------------------|----------------------------|
| American Economy Insurance Company | CoCode: 19690 | State of Domicile: Indiana |
| 4333 Brooklyn Ave NE | Group Code: 163 | Company Type: |
| Seattle, WA 98105-9903 | Group Name: | State ID Number: |
| (206) 545-5000 ext. [Phone] | FEIN Number: 35-1044900 | |
| | ----- | |

| | | |
|-----------------------------------|-------------------------|----------------------------|
| American States Insurance Company | CoCode: 19704 | State of Domicile: Indiana |
| 4333 Brooklyn Ave NE | Group Code: 163 | Company Type: |
| Seattle, WA 98105-9903 | Group Name: | State ID Number: |
| (206) 545-5000 ext. [Phone] | FEIN Number: 35-0145400 | |
| | ----- | |

| | | |
|---|-------------------------|-------------------------------|
| First National Insurance Company of America | CoCode: 24724 | State of Domicile: Washington |
| 4333 Brooklyn Ave NE | Group Code: 163 | Company Type: |
| Seattle, WA 98105-9903 | Group Name: | State ID Number: |
| (206) 545-5000 ext. [Phone] | FEIN Number: 91-0742144 | |
| | ----- | |

| | | |
|--------------------------------------|-------------------------|-------------------------------|
| General Insurance Company of America | CoCode: 24732 | State of Domicile: Washington |
| 4333 Brooklyn Ave NE | Group Code: 163 | Company Type: |
| Seattle, WA 98105-9903 | Group Name: | State ID Number: |
| (206) 545-5000 ext. [Phone] | FEIN Number: 91-0231910 | |
| | ----- | |

Filing Fees

| | |
|---------------|---------|
| Fee Required? | Yes |
| Fee Amount: | \$25.00 |
| Retaliatory? | No |

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Fee Explanation: \$25 delay adoption of advisory organization filing
Per Company: No

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Product Name: WC Delay R-1396
Project Name/Number: /

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|---------|----------------|---------------|
| American Economy Insurance Company | \$25.00 | 06/09/2008 | 20749846 |
| American States Insurance Company | \$0.00 | 06/09/2008 | |
| First National Insurance Company of America | \$0.00 | 06/09/2008 | |
| General Insurance Company of America | \$0.00 | 06/09/2008 | |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|----------------|------------|----------------|
| Approved | Carol Stiffler | 06/10/2008 | 06/10/2008 |

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Disposition

Disposition Date: 06/10/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

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 |

SERFF Tracking Number: *SAFC-125688545* *State:* *Arkansas*
First Filing Company: *American Economy Insurance Company, ...* *State Tracking Number:* *EFT \$25*
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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 | 06/10/2008 |
| Comments: | | | |
| Attachment: | | | |
| PCTD.pdf | | | |
| Bypassed -Name: | NAIC Loss Cost Filing Document for Workers' Compensation | Review Status: Approved | 06/10/2008 |
| Bypass Reason: | N/A | | |
| Comments: | | | |
| Bypassed -Name: | NAIC loss cost data entry document | Review Status: Approved | 06/10/2008 |
| Bypass Reason: | N/A | | |
| Comments: | | | |

Property & Casualty Transmittal Document

| | | | | | |
|---|---|--------------|--|------------------|--|
| 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: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes | New Business | | Renewal Business | |
| New Business | | | | | |
| Renewal Business | | | | | |

| | |
|----------------------|---------------------|
| 3. Group Name | Group NAIC # |
| Safeco Group | 163 |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|---|----------|--------|------------|---------|
| American Economy Insurance Company | IN | 19690 | 35-1044900 | |
| American States Insurance Company | IN | 19704 | 35-0145400 | |
| First National Insurance Company of America | WA | 24724 | 91-0742144 | |
| General Insurance Company of America | WA | 24732 | 91-0231910 | |
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|-----------------------------------|-----------------------|
| 5. Company Tracking Number | WC AR08090CGR01.Delay |
|-----------------------------------|-----------------------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|----|---|--|--------------|--------------|-------------------|
| | Robert Kolenda, CPCU Safeco Plaza, State Filings, Suite 2800 Seattle WA 98185-0001 | Commercial Lines Filings Analyst | 206-473-5776 | 206-473-6723 | robkol@safeco.com |

| | |
|---|--|
| 7. Signature of authorized filer |  |
| 8. Please print name of authorized filer | Robert Kolenda, CPCU |

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) | 16.0004 Standard WC |
| 11. | State Specific Product code(s) (if applicable) [See State Specific Requirements] | |
| 12. | Company Program Title (Marketing Title) | |
| 13. | Filing Type | <input 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 checked="" type="checkbox"/> Other (give description) Delay Adoption |
| 14. | Effective Date(s) Requested | New: 08/01/08 Renewal: 08/01/08 |
| 15. | Reference Filing? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. | Reference Organization (if applicable) | NCCI |
| 17. | Reference Organization # & Title | Item R-1396, 2007 Update to Retrospective Rating Plan Parameters |
| 18. | Company's Date of Filing | 06/09/08 |
| 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 # | WC AR08090CGR01 |
|------------|--|-----------------|

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

We are notifying you of our intent to delay adoption of the Excess Loss Factors (ELFs) portion of National Council on Compensation Insurance, Inc. (NCCI)-approved Countrywide-Item R-1396-2007, Update to Retrospective Rating Plan Parameters, in your state from July 1, 2008 to August 1, 2008 to coincide with our soon-to-be-sent request to delay July 1, 2008 NCCI-approved Voluntary Loss Costs and Rating Values in your state.

We will adopt these changes for new and renewal policies that are effective August 1, 2008.

| | |
|---|--|
| 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] |
| <p>Check #: Via EFT Amount: \$25</p> <p>\$25 to delay adopt</p> <p style="text-align: center;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> | |

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)