

SERFF Tracking Number: CMPX-125740971 State: Arkansas
Filing Company: Companion Commercial Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: P#08089CCICR
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: MU WC Catastrophe Provisions Misc Values, Rules & Forms 9/1/08/P#08089CCICR

Filing at a Glance

Company: Companion Commercial Insurance Company

Product Name: Workers Compensation SERFF Tr Num: CMPX-125740971 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 16.0004 Standard WC Co Tr Num: P#08089CCICR State Status: Fees verified and received

Filing Type: Rate/Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Author: SPI CompanionPCGroup Disposition Date: 07/21/2008
Date Submitted: 07/21/2008 Disposition Status: Approved
Effective Date Requested (New): 09/01/2008 Effective Date (New): 09/01/2008
Effective Date Requested (Renewal): Effective Date (Renewal):

State Filing Description:

General Information

Project Name: MU WC Catastrophe Provisions Misc Values, Rules & Forms 9/1/08 Status of Filing in Domicile: Pending

Project Number: P#08089CCICR

Reference Organization:

Reference Title:

Filing Status Changed: 07/21/2008

State Status Changed: 07/21/2008

Corresponding Filing Tracking Number:

Filing Description:

Companion Commercial Insurance Company wishes to adopt NCCI filing Item B-1407 as approved effective September 1, 2008.

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

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Pamela Bass, Regulatory Compliance Analyst pam.bass@companiongroup.com
P.O. Box 100165 (803) 264-5266 [Phone]
Columbia, SC 29202 (803) 865-3155[FAX]

Filing Company Information

Companion Commercial Insurance Company CoCode: 10794 State of Domicile: South Carolina
P.O. Box 100165 Group Code: 661 Company Type:
Columbia, SC 29202 Group Name: State ID Number:
(803) 735-0672 ext. [Phone] FEIN Number: 582292212

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Companion Commercial Insurance Company	\$50.00	07/21/2008	21508895

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07/21/2008	07/21/2008

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Disposition

Disposition Date: 07/21/2008
 Effective Date (New): 09/01/2008
 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:
Companion Commercial Insurance Company	%	\$		\$	%	%	%

SERFF Tracking Number: *CMPX-125740971* State: *Arkansas*
 Filing Company: *Companion Commercial Insurance Company* State Tracking Number: *EFT \$50*
 Company Tracking Number: *P#08089CCICR*
 TOI: *16.0 Workers Compensation* Sub-TOI: *16.0004 Standard WC*
 Product Name: *Workers Compensation*
 Project Name/Number: *MU WC Catastrophe Provisions Misc Values, Rules & Forms 9/1/08/P#08089CCICR*

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

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Rate Information

Rate data applies to filing.

Filing Method: File and Use
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: Neutral
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

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):
Companion Commercial Insurance Company	%	%				%	%

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Supporting Document Schedules

Review Status:
Satisfied -Name: Uniform Transmittal Document- 07/21/2008
Property & Casualty

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Review Status:
Bypassed -Name: NAIC Loss Cost Filing Document 07/21/2008
for Workers' Compensation

Bypass Reason: N/A

Comments:

Review Status:
Bypassed -Name: NAIC loss cost data entry document 07/21/2008
Bypass Reason: N/A

Comments:

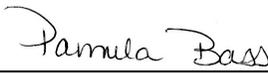
Property & Casualty Transmittal Document

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 #			
	661			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Companion Commercial Insurance Company	SC	10794	582292212	

5. Company Tracking Number	P#08089CCICR
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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
	Pamela Bass P.O. Box 100165 Columbia SC 29202	Regulatory Compliance Analyst	800-845-2724	803 865-3155	pam.bass@companiongroup.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Pamela Bass		

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 checked="" 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: 9/1/08 Renewal: 9/1/08
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI
17.	Reference Organization # & Title	B-1407
18.	Company's Date of Filing	7/21/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	P#08089CCICR
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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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Companion Commercial Insurance Company wishes to adopt NCCI filing Item B-1407 as approved effective September 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]
	Check #: EFT Amount: \$50.00
	Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

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