

SERFF Tracking Number: NTAC-125741525 State: Arkansas
Filing Company: National American Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: NAIC-WC-AR-2008-02-R
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Item B-1407/NAIC-WC-AR-2008-02-R

Filing at a Glance

Company: National American Insurance Company

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rate/Rule

Effective Date Requested (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008

State Filing Description:

SERFF Tr Num: NTAC-125741525 State: Arkansas

SERFF Status: Closed

Co Tr Num: NAIC-WC-AR-2008-02- State Status: Fees verified and
R received

Co Status:

Author: Jennifer Carr

Date Submitted: 07/21/2008

State Tr Num: EFT \$25

Reviewer(s): Betty Montesi, Carol
Stiffler, Brittany Yielding

Disposition Date: 07/22/2008

Disposition Status: Approved

Effective Date (New): 09/01/2008

Effective Date (Renewal):

General Information

Project Name: Item B-1407

Project Number: NAIC-WC-AR-2008-02-R

Reference Organization: NCCI

Reference Title: Countrywide - Approval of Item B-1407-Catastrophe
Provisions Miscellaneous Values, Rules, and Statistical Codes

Filing Status Changed: 07/22/2008

State Status Changed: 07/22/2008

Corresponding Filing Tracking Number:

Filing Description:

National American Insurance Company submits this filing to adopt the revisions contained in NCCI's Item filing B-1407, contained in reference number CIF-2008-05. The estimated overall impact is -1.0%. Enclosed is a revised Miscellaneous Values Manual Page. The only changes are to the descriptions for terrorism classes 9740 and 9741 and a revised rate for Terrorism - certified acts, class 9740.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number: CIF-2008-05

Advisory Org. Circular: CIF-2008-07

Deemer Date:

The Company respectfully requests this filing become effective 9/01/2008 for new and renewal policies.

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Company and Contact

Filing Contact Information

Jennifer Carr, Rate and Form Analyst jcarr@naico.com
 1010 Manvel Avenue (800) 822-7802 [Phone]
 Chandler, OK 74834 (405) 258-4520[FAX]

Filing Company Information

National American Insurance Company CoCode: 23663 State of Domicile: Oklahoma
 1010 Manvel Avenue Group Code: Company Type: Property & Casualty
 Chandler, OK 74834 Group Name: None State ID Number:
 (800) 822-7802 ext. 4486[Phone] FEIN Number: 47-0247300

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National American Insurance Company	\$25.00	07/21/2008	21514931

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07/22/2008	07/22/2008

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Disposition

Disposition Date: 07/22/2008
 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:
National American Insurance Company	-1.000%	\$-6,086	30	\$608,568	%	-1.000%	-1.000%

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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
Rate	Miscellaneous Values	Approved	Yes

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State: Arkansas
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 Sub-TOI: 16.0004 Standard WC

Rate Information

Rate data applies to filing.

Filing Method: File & Use
Rate Change Type:
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision: 07/01/2008
Filing Method of Last Filing: File & 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):
National American Insurance Company	-1.000%	-1.000%	\$-6,086	30	\$608,568	%	-1.000%

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Miscellaneous Values	AR-WC-MISC (Ed. 7/2008)	Replacement	Unknown AR-WC-MISC (7-08) Rev.pdf

**NATIONAL AMERICAN INSURANCE COMPANY
 ARKANSAS WORKERS COMPENSATION
 MANUAL EXCEPTION PAGE**

EFFECTIVE JULY 1, 2008

Miscellaneous Values

Loss Cost Multiplier 1.607

Expense Constant \$160

Minimum Premium Formulas:

General Rule:

Minimum Premium = (Manual Rate x Minimum Premium Multiplier) + Expense Constant

Per Capita Classifications (Refer to Basic Manual Rule XIV-F)

Minimum Premium = Manual Rate + Expense Constant

Maritime and Federal Classifications (Refer to Basic Manual Rule XIII-D and E)

Program I \$100

Program II \$200

Minimum Premium Multiplier \$135

Maximum Minimum Premium \$750

Premium Discount Percentage Table 7

First \$5,000 0.0%

Next \$95,000 10.9%

Next \$400,000 12.6%

Over \$500,000 14.4%

Percentage Premium Reduction - The following reduction percentages are applicable by hazard group.

Total Losses							
DEDUCTIBLE AMOUNT	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	6.9%	5.5%	4.7%	3.9%	3.3%	2.3%	1.7%
\$1,500	8.4%	6.8%	5.8%	4.9%	4.1%	2.9%	2.2%
\$2,000	9.6%	7.8%	6.7%	5.7%	4.8%	3.4%	2.6%
\$2,500	10.6%	8.6%	7.5%	6.4%	5.4%	3.9%	3.0%
\$3,000	11.5%	9.4%	8.1%	7.0%	6.0%	4.3%	3.3%
\$3,500	12.4%	10.1%	8.8%	7.6%	6.5%	4.8%	3.6%
\$4,000	13.1%	10.7%	9.4%	8.1%	6.9%	5.1%	3.9%
\$4,500	13.9%	11.4%	9.9%	8.6%	7.4%	5.5%	4.2%
\$5,000	14.5%	12.0%	10.5%	9.2%	7.8%	5.9%	4.4%

Medical Losses							
DEDUCTIBLE AMOUNT	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	6.7%	5.3%	4.5%	3.8%	3.2%	2.2%	1.6%
\$1,500	8.0%	6.5%	5.5%	4.7%	3.9%	2.7%	2.0%
\$2,000	9.0%	7.3%	6.3%	5.3%	4.5%	3.1%	2.4%
\$2,500	9.9%	8.0%	6.9%	5.9%	5.0%	3.5%	2.6%
\$3,000	10.6%	8.7%	7.5%	6.4%	5.4%	3.9%	2.9%
\$3,500	11.3%	9.3%	8.0%	6.8%	5.8%	4.2%	3.2%
\$4,000	11.9%	9.7%	8.5%	7.2%	6.2%	4.5%	3.4%
\$4,500	12.4%	10.2%	8.9%	7.7%	6.5%	4.8%	3.6%
\$5,000	12.9%	10.6%	9.3%	8.0%	6.8%	5.0%	3.8%

**NATIONAL AMERICAN INSURANCE COMPANY
 ARKANSAS WORKERS COMPENSATION
 MANUAL EXCEPTION PAGE**

EFFECTIVE JULY 1, 2008

Miscellaneous Values

Indemnity Losses							
DEDUCTIBLE AMOUNT	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	1.4%	1.1%	1.0%	1.0%	0.8%	0.7%	0.5%
\$1,500	2.0%	1.5%	1.4%	1.3%	1.2%	1.0%	0.7%
\$2,000	2.4%	2.0%	1.8%	1.7%	1.5%	1.2%	1.0%
\$2,500	2.9%	2.3%	2.1%	2.0%	1.7%	1.5%	1.1%
\$3,000	3.3%	2.6%	2.4%	2.3%	2.0%	1.7%	1.3%
\$3,500	3.7%	3.0%	2.8%	2.5%	2.3%	1.9%	1.4%
\$4,000	4.0%	3.3%	3.0%	2.8%	2.5%	2.1%	1.6%
\$4,500	4.3%	3.5%	3.3%	3.0%	2.7%	2.3%	1.7%
\$5,000	4.6%	3.8%	3.5%	3.3%	2.9%	2.4%	1.9%

Catastrophe (other than Certified Acts of Terrorism) - Class 9741 (effective 9/01/2008) \$0.016

Terrorism -Class 9740 (effective 9/01/2008) \$0.016

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 07/22/2008

Comments:

Attachment:

P&C Transmittal-WC 9-08.pdf

Bypassed -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 07/22/2008

Bypass Reason: NOT APPLICABLE

Comments:

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Approved 07/22/2008

Comments:

Attachment:

loss_cost_data_entry 9-08.pdf

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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
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 type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input 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 #

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

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 #:
Amount:

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.)

PC TD-1 pg 2 of 2

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

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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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)

4b.	Rate Change by Company (As Accepted) For State Use Only						
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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)			
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		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	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<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	

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

1.	This filing transmittal is part of Company Tracking #	NAIC-WC-AR-2008-02-R
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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 / CIF-2008-05
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Company Name		Company NAIC Number	
3.	A.	National American Insurance Company	B. 23663

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
4.	A.	16.0 Workers Compensation	B. 16.0004 Standard WC

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers Compensation	-1.0	-1.0	67.1	1.000	1.607	160	1.607
TOTAL OVERALL EFFECT	-1.0	-1.0					

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	24	1.8%	7-1-03	248,832	9,406	3.8%	88.4%
2004	24	0.5%	7-1-04	75,091	79,831	106.3%	95.3%
2005	20	-1.5%	7-1-05	187,232	70,990	37.9%	74.2%
2006	24	-0.5%	7-1-06	191,214	25,675	13.4%	67.4%
2007	24	-6.87%	11-1-07	191,214	25,675	13.4%	67.4%
2008	24	2.7%	1-1-08	191,214	25,675	13.4%	67.4%
2008	30	0.0%	7-1-08	451,008	376,269	83.4%	69.4%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	15.4
B. General Expense	9.0
C. Taxes, License & Fees	5.5
D. Underwriting Profit & Contingencies	3.0
E. Other (explain)	0.0
F. TOTAL	32.9

- 8.** Y Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** 0 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): N/A
- 10.** -1.0 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): N/A