

SERFF Tracking Number: QBCL-125725628 State: Arkansas
First Filing Company: Southern Guaranty Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 090108 11033G
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: AR GCW REG SGIC SPIC rule & LC Filing
Project Name/Number: AR GCW REG SGIC SPIC rule & LC Filing/

Filing at a Glance

Companies: Southern Guaranty Insurance Company, Southern Pilot Insurance Company, General Casualty Company of Wisconsin, Regent Insurance Company

Product Name: AR GCW REG SGIC SPIC rule SERFF Tr Num: QBCL-125725628 State: Arkansas & LC Filing

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 16.0004 Standard WC

Co Tr Num: 090108 11033G

State Status: Fees verified and received

Filing Type: Rate/Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler

Authors: Midge Nowakowski, Sara Zastrow, Maryann Potter

Disposition Date: 07/10/2008

Date Submitted: 07/10/2008

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: AR GCW REG SGIC SPIC rule & LC Filing

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 07/10/2008

State Status Changed: 07/10/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The intent of this filing is to seek approval for the rule and loss cost in the NCCI Countrywide – Item B-1407-Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes to be effective September 1, 2008.

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Company and Contact

Filing Contact Information

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

Filing Company Information

Southern Guaranty Insurance Company CoCode: 19178 State of Domicile: Wisconsin
 One General Drive Group Code: 796 Company Type: Property and
 Casualty
 Sun Prairie , WI 53596 Group Name: State ID Number:
 (608) 837-4440 ext. [Phone] FEIN Number: 63-0350861

Southern Pilot Insurance Company CoCode: 22861 State of Domicile: Wisconsin
 One General Drive Group Code: 796 Company Type: Property and
 Casualty
 Sun Prairie , WI 53596 Group Name: State ID Number:
 (608) 837-4440 ext. [Phone] FEIN Number: 56-0773056

General Casualty Company of Wisconsin CoCode: 24414 State of Domicile: Wisconsin
 One General Drive Group Code: 796 Company Type: Property and
 Casualty
 Sun Prairie , WI 53596 Group Name: State ID Number:
 (608) 837-4440 ext. [Phone] FEIN Number: 39-0301590

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

Filing Fees

SERFF Tracking Number: QBCL-125725628 *State:* Arkansas
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Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 Filing to adopt rule and loss cost in the NCCI Countrywide - Item B-1407-Catastrophe Provisions Miscellaneous Values, Rules & Statistical Codes. No change to loss cost multiplier already on file.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
General Casualty Company of Wisconsin	\$50.00	07/10/2008	21341513
Regent Insurance Company	\$0.00	07/10/2008	
Southern Guaranty Insurance Company	\$0.00	07/10/2008	
Southern Pilot Insurance Company	\$0.00	07/10/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07/10/2008	07/10/2008

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Disposition

Disposition Date: 07/10/2008
Effective Date (New): 09/01/2008
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

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Approved 07/10/2008

Comments:

Please refer to the attached Property & Casualty Transmittal Document, and the Rate/Rule Filing Schedule.

Attachments:

Property & Casualty Transmittal all companies rates.pdf
 rate rule filing schedule.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation
Review Status: Approved 07/10/2008

Bypass Reason: N/A

Comments:

Bypassed -Name: NAIC loss cost data entry document
Review Status: Approved 07/10/2008

Bypass Reason: N/A

Comments:

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # 090108 11033G

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 seek approval for the rule and loss cost in the NCCI Countrywide - Item B-1407- Catastrophe Provisions, Miscellaneous Values, Rules and Statistical Codes to be 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 #: N/A - We chose to submit via EFT.

Amount: \$50.00 (filing to adopt an advisory organization's loss costs with no change to loss cost multiplier already on file, including companion rule filing)

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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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 #	090108 11033G
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	090108 11034G & 090108 11035G
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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)
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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 (where required)	Minimum % Change (where required)

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	-0.71%	
5c.	Effect of Rate Filing – Written premium change for this program	(\$4,655.00)	
5d.	Effect of Rate Filing – Number of policyholders affected	214	

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	7/1/2008
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	NCCI Countrywide -Item B-1407-Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes (to be effective 09/01/08)	<input checked="" 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	