

SERFF Tracking Number: STLR-125734769 State: Arkansas
First Filing Company: Manufacturers Alliance Insurance Company, ... State Tracking Number: #? \$25
Company Tracking Number: 08-0686-AR124
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: ITEM B- 1407
Project Name/Number: 08-0686-AR124/08-0686-AR124

Filing at a Glance

Companies: Manufacturers Alliance Insurance Company, Pennsylvania Manufacturers' Association Insurance Company, Pennsylvania Manufacturers Indemnity Company

Product Name: ITEM B- 1407 SERFF Tr Num: STLR-125734769 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #? \$25
Sub-TOI: 16.0004 Standard WC Co Tr Num: 08-0686-AR124 State Status: Fees verified
Filing Type: Rate/Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Author: Linda Greer Disposition Date: 07/22/2008
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): 09/01/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: 08-0686-AR124 Status of Filing in Domicile: Pending
Project Number: 08-0686-AR124 Domicile Status Comments:
Reference Organization: NCCI Reference Number: ITEM B-1407
Reference Title: CATASTROPHE PROVISIONS MISCELLANEOUS Advisory Org. Circular: CIF-2008-05
VALUES, RULES & STATISTICAL CODES
Filing Status Changed: 07/22/2008
State Status Changed: 07/22/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

The captioned members of The PMA Insurance Group submit for your approval their adoption of Item B-1407 as outlined in NCCI's Circular #CIF-2008-05. effective September 1, 2008

Company and Contact

Filing Contact Information

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Linda Greer, Senior Underwriting Analyst Linda_Greer@pmagroup.com
380 Sentry Parkway (610) 397-5226 [Phone]
Blue Bell, PA 19422-0754

Filing Company Information

Manufacturers Alliance Insurance Company CoCode: 36897 State of Domicile: Pennsylvania
380 Sentry Parkway Group Code: 767 Company Type:
P. O. Box 3031
Blue Bell, PA 19422-0754 Group Name: State ID Number:
(610) 397-5462 ext. [Phone] FEIN Number: 23-2086596

Pennsylvania Manufacturers' Association CoCode: 12262 State of Domicile: Pennsylvania
Insurance Company Group Code: 767 Company Type:
380 Sentry Parkway
P. O. Box 3031 Group Name: State ID Number:
Blue Bell, PA 19422-0754 FEIN Number: 23-1642962
(610) 397-5462 ext. [Phone] -----

Pennsylvania Manufacturers Indemnity CoCode: 41424 State of Domicile: Pennsylvania
Company Group Code: 767 Company Type:
380 Sentry Parkway
P. O. Box 3031 Group Name: State ID Number:
Blue Bell, PA 19422-0754 FEIN Number: 23-2217934
(610) 397-5462 ext. [Phone] -----

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Manufacturers Alliance Insurance Company	\$0.00	07/21/2008	
Pennsylvania Manufacturers' Association Insurance Company	\$0.00	07/21/2008	
Pennsylvania Manufacturers Indemnity Company	\$0.00	07/21/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
428917	\$25.00	07/18/2008

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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:

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

Rate data does NOT apply to filing.

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Supporting Document Schedules

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

Comments:

Attachment:

AR P & C transmittal Item B 1407.pdf

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

Bypass Reason: Not Applicable

Comments:

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

Bypass Reason: Not Applicable

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: 60%; 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 #
The PMA Insurance Group	0767

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Pennsylvania Manufacturers' Association Insurance Company	PA	12262	23-1642962	
Manufacturers Association Insurance Company	PA	36897	23-2086596	
Pennsylvania Manufacturers Indemnity Company	PA	41424	23-2217934	

5. Company Tracking Number	08-0686-AR124
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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
	Linda R. Greer 380 Sentry Parkway Blue bell, PA 19422	WC Product Analyst	610-397-5226	610-397-5100	Linda_Greer@pmagroup.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Linda R. Greer

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)	Catastrophe Provisions Miscellaneous Values, Rules & Statistical Codes
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input checked="" type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 09/01/2008 Renewal: 09/01/2008
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI
17.	Reference Organization # & Title	CIF – 2008-07, CIF – 2008-05
18.	Company's Date of Filing	07/21/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	08-0686-AR124
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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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At this time, the members of The PMA Insurance Group submit for your approval the adoption of Item B-1407 – Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes as outlined in NCCI's Circulars numbers CIF-2008-05 and CIF-2008-07.

It is our intent to implement these filing on all policies written on or after 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]
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Check #: 428917
Amount: \$25.00

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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