

SERFF Tracking Number: UNKP-125724026 State: Arkansas
First Filing Company: Milwaukee Casualty Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AR-WC-0809-02-444
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: /AR-WC-0809-02-444

Filing at a Glance

Companies: Milwaukee Casualty Insurance Company, Security National Insurance Company, Trinity Universal Insurance Company of Kansas

Product Name: Workers Compensation SERFF Tr Num: UNKP-125724026 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 16.0004 Standard WC Co Tr Num: AR-WC-0809-02-444 State Status: Fees verified and received
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler
Authors: Denise Freund, Andrea Light Disposition Date: 07/15/2008
Date Submitted: 07/14/2008 Disposition Status: Approved
Effective Date Requested (New): 09/01/2008 Effective Date (New):
Effective Date Requested (Renewal): 09/01/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: AR-WC-0809-02-444 Domicile Status Comments:
Reference Organization: NCCI Reference Number: B1407
Reference Title: TRIPRA Advisory Org. Circular: IF-2008-06-01
Filing Status Changed: 07/15/2008 Deemer Date:
State Status Changed: 07/15/2008
Corresponding Filing Tracking Number:
Filing Description:
Filing to adopt rules by NCCI for Catastrophe Provisions Miscellaneous Values, Rules & Statistical Codes - TRIPRA

Company and Contact

Filing Contact Information

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Freund Denise, State Filings Analyst dfreund@unitrin.com
12790 Merit Drive (800) 777-2249 [Phone]
Dallas, TX 75251 (214) 360-8060[FAX]

Filing Company Information

Milwaukee Casualty Insurance Company CoCode: 26662 State of Domicile: Wisconsin
12790 Merit Drive Group Code: 215 Company Type: Prop & Cas
Dallas, TX 75251 Group Name: Unitrin Prop & Cas State ID Number:
(800) 777-2249 ext. 8194[Phone] FEIN Number: 39-1190263

Security National Insurance Company CoCode: 19879 State of Domicile: Texas
12790 Merit Drive Group Code: 215 Company Type: Prop & Cas
Dallas, TX 75251 Group Name: Unitrin Prop & Cas State ID Number:
(800) 777-2249 ext. 8194[Phone] FEIN Number: 75-6020448

Trinity Universal Insurance Company of Kansas CoCode: 15954 State of Domicile: Kansas
12790 Merit Drive Group Code: 215 Company Type: Prop & Cas
Dallas, TX 75251 Group Name: Unitrin Prop & Cas State ID Number:
(800) 777-2249 ext. 8194[Phone] FEIN Number: 75-1413993

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Milwaukee Casualty Insurance Company	\$50.00	07/14/2008	21394184
Security National Insurance Company	\$0.00	07/14/2008	
Trinity Universal Insurance Company of Kansas	\$0.00	07/14/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07/15/2008	07/15/2008

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Disposition

Disposition Date: 07/15/2008

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	No
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	No
Supporting Document	NAIC loss cost data entry document	Approved	No
Supporting Document	Company Cover Letter	Approved	No
Rate	Company Exceptions - Rates	Approved	No

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Rate Information

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Company Exceptions Rates	-WC-AR-RATE-1 (Rev 3.0)	New	SERFF WC_AR_RATE_1_Re v_3.0_.pdf

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

COMPANY EXCEPTIONS - RATES

Rule 3.A.11. – EXPENSE CONSTANT: \$165.00

Rule 3.A.16. – MINIMUM PREMIUM:
 Minimum premium is equal to the Rate Multiplied by 135, plus the Expense Constant.
 The Maximum minimum premium is \$750.00.

Rule 3.A.24.b. – CATASTROPHE (Other Than Certified Acts of Terrorism)
 RATE: 0.020

Rule 3.A.24.c. – TERRORISM RATE: 0.020

APPENDIX A—

PREMIUM DISCOUNT PERCENTAGES (Type A - Stock):

The following premium discounts are applicable to Standard Premiums:

First \$	5,000	0.0 %
Next \$	95,000	10.9 %
Next \$	400,000	12.6 %
Next \$	500,000	14.4 %

Security National Insurance Company
 Trinity Universal Insurance Company
 Trinity Universal Insurance Company of Kansas
 Milwaukee Casualty Insurance Company

Arkansas (03)
 Effective: Sept. 1, 2008

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 07/15/2008

Comments:

Attachments:

SERFF F777_03_07.pdf

SERFF F779_03_07.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 07/15/2008

Bypass Reason: NA

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 07/15/2008

Bypass Reason: NA

Comments:

Satisfied -Name: Company Cover Letter **Review Status:** Approved 07/15/2008

Comments:

Attachment:

SERFF Letter_NCCI_Rules.pdf

15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	Item B-1407
18. Company's Date of Filing	July 8, 2008
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 #	AR-WC-0809-02-444
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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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Filing to adopt NCCI Rules- TRIPRA

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: \$50.00

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.)**

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 #	AR-WC-0809-02-444
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	NA
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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		
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	Company Exceptions - Rates (WC-AR-RATE-1 (Rev 3.0))	<input type="checkbox"/> New <input checked="" 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	



UBI

A Division of AmTrust North America

July 8, 2008

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Attn: Property and Casualty Division

RE: Workers Compensation – NCCI Rule Revision
NCCI Referenced Item – B 1407 (TRIPRA)
Security National Insurance Co. –NAIC #19879, FEIN #75-6020448
Trinity Universal Ins. Co. of Kansas –NAIC #15954, FEIN #75-1413993
Milwaukee Casualty Insurance Co. – NAIC #26662; FEIN #39-1190263
Company Filing Number: AR-WC-0809-02-444

Dear Sir:

For all policies effective on or after September 1, 2008, we wish to adopt the rule as presented by NCCI in the above Referenced Document.

This is a revision to Catastrophe Provisions Miscellaneous Values, Rules & Statistical Codes.

Filing forms as required by your Department are also attached.

Should you have any further questions or wish to discuss the matter further, please feel free to contact Andrea Light at (800) 777-2249 ext. 8254, alight@unitrin.com or by mail.

Sincerely,

Jon Zetlau
Bureau & Forms Compliance Manager