

SERFF Tracking Number: UNKP-125731957 State: Arkansas  
First Filing Company: Milwaukee Casualty Insurance Company, ... State Tracking Number: EFT \$75  
Company Tracking Number: AR-WC-0807-02-453  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: /AR-WC-0807-02-453

## 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-125731957 State: Arkansas  
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$75  
Sub-TOI: 16.0004 Standard WC Co Tr Num: AR-WC-0807-02-453 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): 07/01/2008 Effective Date (New): 07/15/2008  
Effective Date Requested (Renewal): 07/01/2008 Effective Date (Renewal):  
State Filing Description:

## General Information

Project Name: Status of Filing in Domicile:  
Project Number: AR-WC-0807-02-453 Domicile Status Comments:  
Reference Organization: NCCI Reference Number: 01-AR-2007  
Reference Title: Underground Coal Mine Advisory Org. Circular: IF-2007-06-02  
Filing Status Changed: 07/15/2008  
State Status Changed: 07/14/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
Filing to adopt NCCI rules - "Elimination of Manual of Underground Coal Mine Rules"

## Company and Contact

### Filing Contact Information

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Project Name/Number: /AR-WC-0807-02-453

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

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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

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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	\$75.00	07/14/2008	21394178
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

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	07/14/2008	07/14/2008	Denise Freund	07/15/2008	07/15/2008
Industry Response						

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## Disposition

Disposition Date: 07/15/2008  
Effective Date (New): 07/15/2008  
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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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Approved	Yes
<b>Supporting Document</b>	Company Cover Letter	Approved	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/14/2008

Submitted Date 07/14/2008

Respond By Date

Dear Freund Denise,

All workers' compensation filings in Arkansas are prior approval and there is a 30 day waiting period after we receive the filing unless the company requests that it be waived. The earliest I can approve this filing is the date I review it. It can be approved 7/14/08 or any date after that you request. Please let me know which date you want.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 07/15/2008

Submitted Date 07/15/2008

Dear Carol Stiffler,

### Comments:

### Response 1

Comments: Please change the effective date to 7/15/08.

Thanks!

Denise

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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*Project Name/Number:* /AR-WC-0807-02-453

No Rate/Rule Schedule items changed.

Sincerely,  
Andrea Light, Denise Freund

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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 07/15/2008

**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



<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	NCCI
<b>17. Reference Organization # &amp; Title</b>	01-AR-2007
<b>18. Company's Date of Filing</b>	July 15, 2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

**Property & Casualty Transmittal Document—**

<b>20. This filing transmittal is part of Company Tracking #</b>	AR-WC-0807-02-453
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<b>21. Filing Description</b> [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

<b>22. Filing Fees</b> (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 #:**  
**Amount:** \$75.00

**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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>AR-WC-0807-02-453</b>
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	<b>NA</b>
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	<b>Prior Approval</b>
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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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)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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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)

<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
<b>5a.</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b.</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d.</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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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	



UBI

A Division of AmTrust North America

July 14, 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 – 01-AR-2007  
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-0807-02-453

Dear Sir:

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

This is elimination of the Manual of Underground Coal Mine Rules.

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](mailto:alight@unitrin.com) or by mail.

Sincerely,

Jon Zetlau  
Bureau & Forms Compliance Manager