

SERFF Tracking Number: CMPX-125780977 State: Arkansas
Filing Company: Companion Property & Casualty Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: P#08152
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: MU WC Payment Plan Revision 10/1/08/P#08152

Filing at a Glance

Company: Companion Property & Casualty Insurance Company

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rule

Effective Date Requested (New): 09/19/2008

Effective Date Requested (Renewal):

State Filing Description:

SERFF Tr Num: CMPX-125780977 State: Arkansas

SERFF Status: Closed

Co Tr Num: P#08152

Co Status:

Author: SPI CompanionPCGroup

Date Submitted: 08/19/2008

State Tr Num: EFT \$25

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Carol Stiffler

Disposition Date: 08/19/2008

Disposition Status: Approved

Effective Date (New): 09/19/2008

Effective Date (Renewal):

General Information

Project Name: MU WC Payment Plan Revision 10/1/08

Project Number: P#08152

Reference Organization:

Reference Title:

Filing Status Changed: 08/19/2008

State Status Changed: 08/19/2008

Corresponding Filing Tracking Number:

Filing Description:

Companion Property and Casualty Group wishes to submit its revised payment plan, which will make available all installment options if annual premium is over \$10,000. We are requesting an effective date of September 19, 2008.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

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Pamela Bass, Regulatory Compliance Analyst pam.bass@companiongroup.com
P.O. Box 100165 (803) 264-5266 [Phone]
Columbia, SC 29202 (803) 865-3155[FAX]

Filing Company Information

Companion Property & Casualty Insurance CoCode: 12157 State of Domicile: South Carolina
Company
P.O. Box 100165 Group Code: 661 Company Type:
Columbia, SC 29202 Group Name: State ID Number:
(800) 845-2724 ext. [Phone] FEIN Number: 57-0768836

SERFF Tracking Number: CMPX-125780977 State: Arkansas
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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 #
Companion Property & Casualty Insurance Company	\$25.00	08/19/2008	22009049

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08/19/2008	08/19/2008

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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	Paymant Plan	Approved	Yes

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Paymant Plan	Payment Plan	Replacement	Payment Plan.PDF

PAYMENT PLANS

Agency Bill, Direct Bill and Customer (Account) Bill plans are available with several payment options.

ACCOUNT ANNUAL PREMIUM	PAYMENT PLAN OPTIONS	BILLING PLANS and TYPES OF POLICIES
Up to \$499	Annual Payment	Agency, Direct or Customer Bill CPP CA CU WC
\$500 to \$999	Annual Payment Or Installment Option A	Agency, Direct or Customer Bill CPP CA CU WC
\$1,000 - \$2,499	Annual Payment Or Installment Option A or B	Agency, Direct or Customer Bill CPP CA CU WC
\$2,500 – \$9,999	Annual Payment Or Installment Option A, B or C	Agency, Direct or Customer Bill CPP CA CU WC
Over \$10,000	Annual Payment Or <i>Installment Option A, B, C or D</i>	Agency, Direct or Customer Bill CPP CA CU WC

NOTE: An account qualifies for a pay plan when the total of the individual policy premiums is equal to or greater than the amount shown in the grid for the pay plan.

Installment Options:

- (A) 40% down payment, and two installments of 30% each
- (B) 34% down payment, 3 equal Quarterly payments
- (C) 20% down payment and 8 equal Monthly payments
- (D) 15% down payment and 10 equal Monthly payments

Service Fee - A Service Fee of \$5.00 will apply to each Customer or Direct Bill installment payment. This fee does not apply to Workers Comp in North Carolina.

Policy Types: CPP = Commercial Package Policy, and mono-line Property or General Liability

CA = Commercial Auto policy

CU = Commercial Umbrella Policy

WC = Workers Compensation Policy

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/19/2008

Comments:

Attachments:

Cover Letter.PDF
 AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
 CCIC Transmittal.PDF

Bypassed -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 08/19/2008

Bypass Reason: N/A

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 08/19/2008

Bypass Reason: N/A

Comments:



P.O. Box 100165 | Columbia, South Carolina 29202-3165
(803) 735-0672 | (800) 845-2724
www.CompanionGroup.com

August 19, 2008

Commissioner Julie Benafield Bowman
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Attn: Property & Casualty Division

RE: Companion Property and Casualty Group NAIC# 661

- Companion Property & Casualty Insurance Company NAIC#: 12157 FEIN#: 57-0768836
- Companion Commercial Insurance Company NAIC#: 10794 FEIN#: 582292212

Workers Compensation: Rule Filing - Payment Plan Revision
Company Filing#: P#08152
Proposed Effective Date: New Business and Renewals effective on and after September 19, 2008

Dear Commissioner Benafield Bowman:

Companion Property and Casualty Group wishes to submit its revised Payment Plan to make all installment payment options available if the annual premium is over \$10,000. We have attached our revised payment plan for your review. We are requesting an effective date for new business and renewals effective on and after September 19, 2008.

If you should have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

Pamela Bass
Regulatory Compliance Analyst

Phone: 803-264-5266 Fax: 803-865-3155
Email: pam.bass@companiongroup.com

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: 50%; 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 #			
	661			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Companion Property & Casualty Insurance Company	SC	12157	57-0768836	

5. Company Tracking Number	P#08152
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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
	Pamela Bass P.O. Box 100165 Columbia SC 29202	Regulatory Compliance Analyst	800-845-2724	803 865-3155	pam.bass@companiongroup.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Pamela Bass		

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)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" 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: 9/19/08 Renewal: 9/19/08
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	8/19/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	P#08152
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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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Companion Property and Casualty Group wishes to submit its revised payment plan, which will make available all installment options if annual premium is over \$10,000. We are requesting an effective date of September 19, 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 #: EFT Amount: \$25.00
	Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

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	

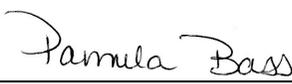
3. Group Name	Group NAIC #
	661

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Companion Commercial Insurance Company	SC	10794	582292212	

5. Company Tracking Number	P#08152
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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
	Pamela Bass P.O. Box 100165 Columbia SC 29202	Regulatory Compliance Analyst	800-845-2724	803 865-3155	pam.bass@companiongroup.com

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

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 checked="" 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)
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18.	Company's Date of Filing	8/19/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

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