

SERFF Tracking Number: MADC-125764978 State: Arkansas  
First Filing Company: Praetorian Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: PFG-AR-2008-011  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: Catastrophe Filings/

## Filing at a Glance

Companies: Praetorian Insurance Company, Redland Insurance Company

Product Name: Workers Compensation SERFF Tr Num: MADC-125764978 State: Arkansas  
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 16.0004 Standard WC Co Tr Num: PFG-AR-2008-011 State Status: Fees verified and received  
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler  
Author: Tina Knight Disposition Date: 08/11/2008  
Date Submitted: 08/07/2008 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: Catastrophe Filings Status of Filing in Domicile: Pending  
Project Number: Domicile Status Comments:  
Reference Organization: NCCI Reference Number: B-1407  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 08/11/2008  
State Status Changed: 08/11/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:

The purpose of this filing is to adopt the NCCI item filing B-1407. With this filing we wish to adopt all amendments indicated in the filing. We request an effective date of September 1, 2008 to be concurrent with the NCCI effective date.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - madisonconsultinggroup)

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Project Name/Number: Catastrophe Filings/

Tina Knight, Analyst tina@madisoninc.com  
200 North 2nd Street (706) 342-7750 [Phone]  
Madison, GA 30650 (706) 342-7775[FAX]

**Filing Company Information**

Praetorian Insurance Company CoCode: 37257 State of Domicile: Illinois  
QBE the Americas Group Code: Company Type: Property & Casualty

Wall Street Plaza  
New York, NY 10005 Group Name: State ID Number:  
(212) 422-1212 ext. [Phone] FEIN Number: 36-3030511  
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Redland Insurance Company CoCode: 37303 State of Domicile: New Jersey  
QBE the Americas Group Code: Company Type: Property & Casualty

Wall Street Plaza  
New York, NY 10005 Group Name: State ID Number:  
(212) 422-1212 ext. [Phone] FEIN Number: 42-1113749  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Praetorian Insurance Company	\$0.00	08/07/2008	
Redland Insurance Company	\$0.00	08/07/2008	
Praetorian Insurance Company	\$25.00	08/07/2008	21838380
Redland Insurance Company	\$25.00	08/07/2008	21838431

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08/11/2008	08/11/2008

### 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	08/07/2008	08/07/2008	Tina Knight	08/11/2008	08/11/2008
Industry Response						

SERFF Tracking Number: MADC-125764978 State: Arkansas  
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## Disposition

Disposition Date: 08/11/2008  
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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<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>	Expedited Transmittal Document for Terrorism	Approved	Yes
<b>Supporting Document</b>	Cover Letter	Approved	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/07/2008

Submitted Date 08/07/2008

Respond By Date

Dear Tina Knight,

This will acknowledge receipt of the captioned filing. The filing indicates that no filing fee has been sent. The filing fee is \$25.00. If you confirm that the fee is being sent and it is received before the 9/1/08 requested effective date, then I can approve it for that effective date.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 08/11/2008

Submitted Date 08/11/2008

Dear Carol Stiffler,

### Comments:

#### Response 1

Comments: Filing fee was sent EFT on 8/7/2008. PLease let me know if there is anything else that needs to be taken care of.

Thank you,

Margie Lovejoy

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

*SERFF Tracking Number:*     *MADC-125764978*                             *State:*                             *Arkansas*  
*First Filing Company:*     *Praetorian Insurance Company, ...*             *State Tracking Number:*     *EFT \$50*  
*Company Tracking Number:*   *PFG-AR-2008-011*  
*TOI:*                             *16.0 Workers Compensation*             *Sub-TOI:*                             *16.0004 Standard WC*  
*Product Name:*                 *Workers Compensation*  
*Project Name/Number:*        *Catastrophe Filings/*

**No Rate/Rule Schedule items changed.**

Sincerely,  
Tina Knight

<i>SERFF Tracking Number:</i>	<i>MADC-125764978</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Praetorian Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PFG-AR-2008-011</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Catastrophe Filings/</i>		

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Bypassed -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	08/11/2008
<b>Bypass Reason:</b>	Using expedited terrorism transmittal document		
<b>Comments:</b>			
<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b> Approved	08/11/2008
<b>Bypass Reason:</b>	Using expedited terrorism transmittal document		
<b>Comments:</b>			
<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b> Approved	08/11/2008
<b>Bypass Reason:</b>	Using expedited terrorism transmittal document		
<b>Comments:</b>			
<b>Satisfied -Name:</b>	Expedited Transmittal Document for Terrorism	<b>Review Status:</b> Approved	08/11/2008
<b>Comments:</b>			
<b>Attachment:</b>	TRIAExpeditedFilingForm.pdf		
<b>Satisfied -Name:</b>	Cover Letter	<b>Review Status:</b> Approved	08/11/2008
<b>Comments:</b>			
<b>Attachment:</b>	rulefilinglettersigned.pdf		

**EXPEDITED FILING TRANSMITTAL DOCUMENT  
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

**This page applies to the following state(s) Arkansas**

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Praetorian Insurance Company	IL	37257	
Redland Insurance Company	NJ	37303	

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Tina Knight, Analyst Madison Consulting Group, Inc. 200 North Second Street, Madison, GA 30650	(706) 342-7750	(706) 342-7775	tina@madisoninc.com

**Filing information**

<b>Line of Insurance</b> (see attachment)	Workers Compensation
<b>Company Program Title</b> (Marketing title) (if applicable)	Workers Compensation Program
<b>Filing Type ** see note below</b>	Rule
<b>This application is used with:</b>	
<b>Effective Date Requested</b>	9/1/2008
<b>Filing date</b>	8/6/2008
<b>Company Tracking Number</b>	PFGE-NE-2008-011
<b>Date filing approved in domiciliary state, if applicable</b>	

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	<u>Form # or Rate Page</u> <u>Include edition date</u>	<u>Replacement</u> <u>Or withdrawn?</u>	<u>If replacement,</u> <u>give form # or rate</u> <u>page(s) it replaces</u>	<u>Previous State</u> <u>Filing Number,</u> <u>if required</u> <u>by state</u>
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

\_\_\_\_\_  
Signature

Tina Knight  
Print Name:

Analyst  
Title:



**MADISON CONSULTING GROUP**  
Actuaries • Property/Casualty Consulting Services

August 6, 2008

Honorable Julie Benefield Bowman  
Insurance Commissioner  
Arkansas Department of Insurance  
1200 West Third St.  
Little Rock, Arkansas 72201-1904

RE: Praetorian Insurance Company  
NAIC #37257  
Redland Insurance Company  
NAIC # 37303  
Workers Compensation Program  
Rule Filing in Response to NCCI Filing # B-1407

Dear Honorable Bowman:

We are pleased to submit this rule filing on behalf of the above Companies workers compensation programs in Arkansas.

The purpose of this filing is to adopt NCCI's item filing #B-1407. With this filing we wish to adopt all amendments indicated in the filing. We request an effective date of September 1, 2008 to be concurrent with NCCI's effective date.

Please direct any questions on this filing to:

Tina Knight  
Madison Consulting Group, Inc.  
200 North Second Street  
Madison, Georgia 30650  
706-342-7750 FAX 706-342-7775  
[tina@madisoninc.com](mailto:tina@madisoninc.com)

200 North Second Street • Madison, Georgia 30650

706-342-7750

[www.madisoninc.com](http://www.madisoninc.com)

Fax: 706-342-7775

Honorable Julie Benefield Bowman

August 6, 2008

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Thank you for your consideration and assistance.

Sincerely,

Tina Knight  
Analyst

TJG/ml  
Attachments