

SERFF Tracking Number: MNLM-125709049 State: Arkansas
Filing Company: Carolina Casualty Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: MLI-050108
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1022 Other
Product Name: Management Liability
Project Name/Number: ML 26300 (12-05)/05-08 Revision

Filing at a Glance

Company: Carolina Casualty Insurance Company

Product Name: Management Liability

TOI: 17.1 Other Liability - Claims Made Only

Sub-TOI: 17.1022 Other

Filing Type: Rate/Rule

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

State Filing Description:

SERFF Tr Num: MNLM-125709049 State: Arkansas

SERFF Status: Closed

Co Tr Num: MLI-050108

Co Status:

Author: Beth Richards

Date Submitted: 08/19/2008

State Tr Num: EFT \$100

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Edith Roberts

Disposition Date: 08/26/2008

Disposition Status: Exempt from Review

Effective Date (New):

Effective Date (Renewal):

General Information

Project Name: ML 26300 (12-05)

Project Number: 05-08 Revision

Reference Organization:

Reference Title:

Filing Status Changed: 08/26/2008

State Status Changed: 08/26/2008

Corresponding Filing Tracking Number:

Filing Description:

Carolina Casualty Insurance Company currently has on file with your Department its program for Management Liability Insurance. At this time, we wish to amend our program through this submission, which consists of the following:

RATES/RULES:

Status of Filing in Domicile: Authorized

Domicile Status Comments: Approved effective 8/18/08 (Iowa).

Reference Number:

Advisory Org. Circular:

Deemer Date:

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The Rates and Rules have been revised as follows:

· Revised Page 24, Special Endorsements and/or Coverage Modifier Section:

o Revised to include the following endorsements: CT 237014 and ML 263034, as these endorsements were not previously listed, and to add new endorsements: CT 268035, ML 263025 and ML 263068.

o Revised to include items and/or previously filed endorsements, which had been omitted in the original filing.

§ The leading "2" was inadvertently left off of the endorsement numbers.

§ Addition of Additional Insured(s) / Entity(ies): Amended to include, ML 263067 Addition to Section III. E. Addition of Employee Coverage.

§ Investigation Coverage: Amended to include, ML 263021 Addition to Section III. A. Claim for FDA Proceedings and ML 263023 Addition to Section III. A. Investigative Proceeding Coverage with Sub-Limit and Deductible.

§ Non-Rescindable Coverage: Amended title and list to include: CT 268034 Addition to Section VIII. B. Fully Non-Rescindable Endorsement.

§ Past Acts Coverage (absence of exclusion): Amended title to include "absence of exclusion".

§ Renewal Credit: Revised to include a Renewal Credit.

§ Severability (Limited): Amended title to include (Limited).

§ Severability (Full): Amended to include debit for CT 268033 Modification to Section VIII. B. Full Severability.

§ Sub-Limit Specific Coverage: Amended to include: CT 265021 Addition to Section V. A. Sub-Limit Specific Endorsement, CT 265022 Addition to Section V. A. Sub-Limit Specific Exposure, and EPL 264101 Modification to Section IV. I. Wage and Hour Laws Exclusion with Costs of Defense Sub-Limit.

o Please note that we have reduced many of the debits/credits on page 24 of our rating manual in order to offer more accurate pricing to our insureds in states requiring flat rates. This does not, however, impact the overall rating basis of this program.

· Added Page 26, Additional Coverage Section, to the rating plan to add rate rules for two new supplemental coverage endorsements: NP 231120 and NP 231130.

FORMS: Filed separately.

SERFF Tracking Number: MNLM-125709049 State: Arkansas
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 Product Name: Management Liability
 Project Name/Number: ML 26300 (12-05)/05-08 Revision

Company and Contact

Filing Contact Information

Beth Richards, Senior Compliance Analyst brichards@monitorliability.com
 2850 W. Golf Road (847) 806-6590 [Phone]
 Rolling Meadows, IL 60008 (847) 806-6592[FAX]

Filing Company Information

Carolina Casualty Insurance Company CoCode: 10510 State of Domicile: Iowa
 c/o Monitor Liability Managers Group Code: 98 Company Type:
 2850 West Golf Road
 Rolling Meadows, IL 60008 Group Name: W. R. Berkley Group State ID Number:
 (847) 806-6590 ext. 570[Phone] FEIN Number: 59-0733942

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: Rate/Rule Filing = \$100
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Carolina Casualty Insurance Company	\$100.00	08/19/2008	22015732

SERFF Tracking Number: MNLM-125709049 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Edith Roberts	08/26/2008	08/26/2008

SERFF Tracking Number: MNLM-125709049 *State:* Arkansas
Filing Company: Carolina Casualty Insurance Company *State Tracking Number:* EFT \$100
Company Tracking Number: MLI-050108
TOI: 17.1 Other Liability - Claims Made Only *Sub-TOI:* 17.1022 Other
Product Name: Management Liability
Project Name/Number: ML 26300 (12-05)/05-08 Revision

Disposition

Disposition Date: 08/26/2008

Effective Date (New):

Effective Date (Renewal):

Status: Exempt from Review

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MNLM-125709049 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Filing Memo	Accepted for Informational Purposes	Yes
Supporting Document	Authorization Letter	Accepted for Informational Purposes	Yes
Supporting Document	Transmittal	Accepted for Informational Purposes	Yes
Supporting Document	Rate/Rule Schedule	Accepted for Informational Purposes	Yes
Rate	Management Liability Insurance - ML 26300 (rev. 12-05)	Accepted for Informational Purposes	Yes
Rate	Management Liability Insurance - ML 26300 (rev. 12-05)	Accepted for Informational Purposes	Yes

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MNLM-125709049 State: Arkansas
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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	Management Liability Insurance - ML 26300 (rev. 12-05)	page 24 (rev. 05-08)	Replacement	AR-02.00-ML-Carolina 26300 Rates-rev0508-pg2426.pdf
Accepted for Informational Purposes	Management Liability Insurance - ML 26300 (rev. 12-05)	page 26 (05-08)	New	02.00-ML-Carolina 26300 Rates-rev0508-pg26.pdf

Exhibit 2: Special Endorsements and/or Coverage Modifier

The individual risk has the option to purchase several special endorsements and/or coverages. The following table outlines the possible debit / credit modification to be used based on the particular special endorsement and/or coverage purchased. This adjustment is applied on an aggregate basis.

Special Endorsements and/or Coverage	Endorsement #	Debit / Credit
Addition of Additional Insured(s) / Entity(ies)	CT 263031; CT 263033; CT 263034; CT 263035; EPL 263072; ML 263061; ML 263063; ML 263065; ML 263066; ML 263067; ML 263068	+ 25 %
Addition of Employee Benefit Plan(s) and / or Defined Benefit Pension Plan(s) Coverage	FL 263061; FL 263063; FL 263064	+ 10 %
Addition of Employee Stock Ownership Plan(s)	FL 263065; FL 263066	+ 25 %
Addition of Subsidiary(ies)	CT 263091; CT 263093; CT 263094; CT 263095	+ 10 %
Additional Excess Limit of Liability Dedicated for Insured Persons	ML 267020; ML 267030	+ 25 %
Administration Coverage	FL 263021	+ 25 %
Backdate Prior and Pending Litigation Date	N/A	+ 10 %
Compliance Resolution Penalties Coverage	FL 263110; FL 263111	+ 10 %
Choice of Legal Counsel	CT 266011; CT 266013; CT 266014; CT 266015	+ 25 %
Co-Defendant Coverage	EPL 263080; ML 263080	+ 10 %
Coinsurance (Partial Policy only)	CT 265012	- 30 %
Continuity	N/A	- 10 %
Cooperation Clause	CT 266052; CT 266054; CT 266055; CT 266056	+ 10 % - 25 %
Costs of Defense in Addition to the Limit	CT 265052	+ 25 %
Downsizing Coverage (absence of exclusion)	N/A	+ 25 %
Duty to Defend Deletion	EPL 261016; ML 261016	+ 25 %
Investigation Coverage	ML 263021; ML 263022 ML 263023; ML 263034	+ 10 %
Known Wrongful Act Exclusion	CT 264318; EPL 264318; FL 264318; ML 264318	- 25 %
Merger / Acquisition Coverage	CT 268053	+ 25 %
Non-Rescindable Coverage	CT 268032; CT 268034; CT 268035	+ 10 %
Outside Directorship Coverage (for-profit)	ML 263090	+ 25 %
Partnership Coverage	EPL 263013; EPL 263014; ML 263013; ML 263014	+ 25 %
Past Acts Coverage (absence of exclusion)	N/A	+ 25 %
Past Acts Exclusion	CT 264310; EPL 264310; FL 264310; ML 264310	- 25 %
Punitive Damages Limitation / Exclusion	EPL 263041; EPL 263042; FL 263051; FL 263052; ML 263041; ML 263042	- 25 %
Renewal Credit	CT 267014	- 10 %
Severability (Limited)	CT 268031	- 25 %
Severability (Full)	CT 268033	+ 25 %
Sub-Limit Specific Coverage	CT 265021; CT 265022; CT 265025; EPL 264101; ML 263025	- 25 %
Third Party Liability Coverage	EPL 263112; EPL 263113; EPL 263114; EPL 263115	+ 25 %
Waiver of Deductible if No Liability	CT 265014	+ 10 %

This Monitor Liability Managers, Inc. document contains information that is privileged, confidential and is intended for internal purposes only.

Additional Coverage

The underwriter will charge the following premium according to the limit of liability selected. The resulting premium will be added to the Gross Premium at the end of the rating calculation.

Identity Theft Expense Supplemental Coverage

Coverage Provided	Endorsement #	Limit	Premium
Identity Theft Expense Supplemental Coverage	ML 261120	\$5,000	\$50.00
Identity Theft Expense Supplemental Coverage	ML 261120	\$10,000	\$100.00

Kidnap Expense Supplemental Coverage

Coverage Provided	Endorsement #	Limit	Premium
Kidnap Expense Supplemental Coverage	ML 261130	\$25,000	\$25.00
Kidnap Expense Supplemental Coverage	ML 261130	\$50,000	\$50.00

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Additional Coverage

The underwriter will charge the following premium according to the limit of liability selected. The resulting premium will be added to the Gross Premium at the end of the rating calculation.

Identity Theft Expense Supplemental Coverage

Coverage Provided	Endorsement #	Limit	Premium
Identity Theft Expense Supplemental Coverage	ML 261120	\$5,000	\$50.00
Identity Theft Expense Supplemental Coverage	ML 261120	\$10,000	\$100.00

Kidnap Expense Supplemental Coverage

Coverage Provided	Endorsement #	Limit	Premium
Kidnap Expense Supplemental Coverage	ML 261130	\$25,000	\$25.00
Kidnap Expense Supplemental Coverage	ML 261130	\$50,000	\$50.00

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Supporting Document Schedules

Satisfied -Name: Filing Memo

Review Status:

Accepted for Informational 08/26/2008
Purposes

Comments:

Attachment:

Filing Memo Rates (Flat).pdf

Satisfied -Name: Authorization Letter

Review Status:

Accepted for Informational 08/26/2008
Purposes

Comments:

Attachment:

Authorization Letter.pdf

Satisfied -Name: Transmittal

Review Status:

Accepted for Informational 08/26/2008
Purposes

Comments:

Attachment:

Transmittal PC TD-1 1-07 Rates.pdf

Satisfied -Name: Rate/Rule Schedule

Review Status:

Accepted for Informational 08/26/2008
Purposes

Comments:

Attachment:

RateRule Filing Schedule PC RRFS-1 2007.pdf

**CAROLINA CASUALTY INSURANCE COMPANY
MANAGEMENT LIABILITY PROGRAM
05-08 RATE/RULE & FORM REVISION**

FILING MEMORANDUM

Carolina Casualty Insurance Company currently has on file with your Department its program for Management Liability Insurance. At this time, we wish to amend our program through this submission, which consists of the following:

RATES/RULES:

The Rates and Rules have been revised as follows:

- Revised Page 24, Special Endorsements and/or Coverage Modifier Section:
 - Revised to include the following endorsements: CT 237014 and ML 263034, as these endorsements were not previously listed, and to add new endorsements: CT 268035, ML 263025 and ML 263068.
 - Revised to include items and/or previously filed endorsements, which had been omitted in the original filing.
 - The leading “2” was inadvertently left off of the endorsement numbers.
 - Addition of Additional Insured(s) / Entity(ies): Amended to include, ML 263067 Addition to Section III. E. Addition of Employee Coverage.
 - Investigation Coverage: Amended to include, ML 263021 Addition to Section III. A. Claim for FDA Proceedings and ML 263023 Addition to Section III. A. Investigative Proceeding Coverage with Sub-Limit and Deductible.
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 - Renewal Credit: Revised to include a Renewal Credit.
 - Severability (Limited): Amended title to include (Limited).
 - Severability (Full): Amended to include debit for CT 268033 Modification to Section VIII. B. Full Severability.
 - Sub-Limit Specific Coverage: Amended to include: CT 265021 Addition to Section V. A. Sub-Limit Specific Endorsement, CT 265022 Addition to Section V. A. Sub-Limit Specific Exposure, and EPL 264101 Modification to Section IV. I. Wage and Hour Laws Exclusion with Costs of Defense Sub-Limit.
 - Please note that we have reduced many of the debits/credits on page 24 of our rating manual in order to offer more accurate pricing to our insureds in states requiring flat rates. This does not, however, impact the overall rating basis of this program.

- Added Page 26, Additional Coverage Section, to the rating plan to add rate rules for two new supplemental coverage endorsements: NP 231120 and NP 231130.

FORMS:

Please note the related forms are being submitted simultaneously under separate cover.



Filing Authorization Letter

June 17, 2008

RE: Carolina Casualty Insurance Company, NAIC 10510, FEIN 59-0733942
Filing Authorization: Monitor Liability Managers, Inc.

Dear Commissioner:

The purpose of this letter is to authorize Monitor Liability Managers, Inc. ("Monitor") to submit filings for Professional Liability Insurance on behalf of Carolina Casualty Insurance Company.

By way of explanation, we would like to provide background as to the relationship between these two companies. Both Monitor Liability Managers, Inc. and Carolina Casualty Insurance Company are subsidiaries of the W.R. Berkley Corporation, an insurance holding company with insurance company subsidiaries operating throughout the United States. Monitor acts as an underwriting manager on behalf of certain insurance companies within the W.R. Berkley organization, including Carolina Casualty Insurance Company. Monitor has full underwriting and claims settlement authority and is responsible for Professional Liability Insurance product development.

An integral part of Monitor's strategic marketing plan is to make all of its products available in the admitted market through Carolina Casualty Insurance Company. Carolina Casualty already has filings in place, in most states, for the Directors' and Officers' Program, the Lawyers' Professional Liability Program, Excess Professional Liability, Management Liability, Employment Liability Practices and Non-Profit Organization Liability.

To facilitate and streamline current and future filing activities, Carolina Casualty Insurance Company is hereby extending authority to Monitor Liability Managers, Inc. to make Professional Liability filings on its behalf.

Any and all questions regarding Professional Liability submissions should be directed to:

Ms. Penelope Kilberry, CPCU, CPIW, AIS
Assistant Vice President
Regulatory Compliance
Monitor Liability Managers, Inc.
2850 West Golf Road, Suite 800
Rolling Meadows, IL 60008
847.806.6590, ext. 570

In addition to Penny Kilberry, Sandra L. Baggio, Senior Compliance Analyst, and Beth Richards, Senior Compliance Analyst, are authorized to submit filings on our behalf. Douglas J. Powers, CPCU, Assistant Secretary of Carolina Casualty Insurance Company will execute all documents requiring an officer's signature.

If you have questions regarding this authorization, please call Penny Kilberry at 1.800.446.2100, ext. 570, send an e-mail to pkilberry@monitorliability.com or write to Ms. Kilberry at 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008.

Sincerely,



Douglas J. Powers, CPCU
Assistant Secretary
Carolina Casualty Insurance Company
1.800.446.2100, ext. 508

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 #
W.R. Berkley Corporation	098

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Carolina Casualty Insurance Company	Florida	10510	59-0733942	

5. Company Tracking Number	MLI-050108-R
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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
	Beth Richards Monitor Liability Managers, Inc. 2850 W. Golf Road, Ste. 800 Rolling Meadows, IL 60008	Senior Compliance Analyst	800-446-2100, x 568	847-806-6590	brichards@monitorliability.com

7. Signature of authorized filer	<i>Beth Richards</i>
8. Please print name of authorized filer	Beth Richards

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.1000 - Other Liability - Claims Made
10. Sub-Type of Insurance (Sub-TOI)	17.1022 - Other Liability - Claims Made, Other Professional Liability
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Management Liability Insurance
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" 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: Upon Approval Renewal: Upon Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	8/19/08
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 #	MLI-050108-R
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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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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 #: EFT
Amount: \$100

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.)**

PC TD-1 pg 2 of 3

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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 #	MLI-050108-R
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	MLI-050108-F
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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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)
CCIC	0	0	0	5	72,272	0	0

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	Minimum % Change

5. 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	+2.5%
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7.	Effective Date of last rate revision	8/1/06
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	ML 26300 (rev. 12-05), Page 24 (rev. 05-08)	[] New [X] Replacement [] Withdrawn	
02	ML 26300 (rev. 12-05), page 26 (05-08)	[X] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	