

SERFF Tracking Number: NWCM-125753180 State: Arkansas  
First Filing Company: Nationwide Mutual Fire Insurance Company, ... State Tracking Number: EFT \$25  
Company Tracking Number: P-2008AJKA-7GNNQM  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers' Compensation  
Project Name/Number: Combined Terrorism/P-2008AJKA-7GNNQM

## Filing at a Glance

Companies: Nationwide Mutual Fire Insurance Company, Nationwide Mutual Insurance Company, Nationwide Property & Casualty Insurance Company

Product Name: Workers' Compensation SERFF Tr Num: NWCM-125753180 State: Arkansas  
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$25  
Sub-TOI: 16.0004 Standard WC Co Tr Num: P-2008AJKA-7GNNQM State Status: Fees verified and received  
Filing Type: Rate/Rule Co Status: Pending - Submitted Reviewer(s): Betty Montesi, Carol Stiffler  
Author: Duane Hartley Disposition Date: 08/12/2008  
Date Submitted: 08/12/2008 Disposition Status: Approved  
Effective Date Requested (New): 08/01/2009 Effective Date (New): 08/01/2009  
Effective Date Requested (Renewal): 08/01/2009 Effective Date (Renewal):  
State Filing Description:

## General Information

Project Name: Combined Terrorism Status of Filing in Domicile:  
Project Number: P-2008AJKA-7GNNQM Domicile Status Comments:  
Reference Organization: NCCI Reference Number: Item B-1407  
Reference Title: Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes Advisory Org. Circular: CIF-2008-05  
Filing Status Changed: 08/12/2008  
State Status Changed: 08/12/2008 Deemer Date:  
Corresponding Filing Tracking Number: P-2008AJKA-7GNNQM  
Filing Description:

The above companies would like to adopt NCCI Circular CIF-2008-05, with an effective date of August 1, 2009.

The changes in this NCCI circular are as follows:

Eliminate the distinction between foreign and domestic terrorism by:

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- Producing separate miscellaneous values by state to address losses resulting from “Terrorism” and “Catastrophe (other than Certified Acts of Terrorism)”
- Replacing the references of “Foreign Terrorism” and “Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents (DTEC)” in NCCI manuals with the terms “Terrorism” and “Catastrophe (other than Certified Acts of Terrorism)”
- Providing new descriptions for Statistical Codes 9740 and 9741.

By implementing this change at a later date, we will not incur the cost of making changes to our current processing system, but instead will allow us to include this change in our new processing system.

## Company and Contact

### Filing Contact Information

Duane Hartley, Sr. Filing Analyst hartled@nationwide.com  
 One Nationwide Plaza (614) 249-6346 [Phone]  
 Columbus, OH 43215 (614) 249-3922[FAX]

### Filing Company Information

Nationwide Mutual Fire Insurance Company CoCode: 23779 State of Domicile: Ohio  
 One Nationwide Plaza Group Code: 140 Company Type: Property & Casualty

1-17-02  
 Columbus, OH 43215 Group Name: State ID Number:  
 (614) 249-2271 ext. [Phone] FEIN Number: 31-4177110  
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Nationwide Mutual Insurance Company CoCode: 23787 State of Domicile: Ohio  
 One Nationwide Plaza Group Code: 140 Company Type: Property & Casualty

1-17-02  
 Columbus, OH 43215 Group Name: State ID Number:  
 (614) 249-2271 ext. [Phone] FEIN Number: 31-4177100  
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Nationwide Property & Casualty Insurance CoCode: 37877 State of Domicile: Ohio  
 Company

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One Nationwide Plaza Group Code: 140 Company Type: Property & Casualty

1-17-02

Columbus, OH 43215  
(614) 249-2271 ext. [Phone]

Group Name:  
FEIN Number: 31-0970750  
-----

State ID Number:

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$25.00  
Retaliatory? No  
Fee Explanation: Reference Filing = \$25  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Mutual Insurance Company	\$25.00	08/12/2008	21896470
Nationwide Mutual Fire Insurance Company	\$0.00	08/12/2008	
Nationwide Property & Casualty Insurance Company	\$0.00	08/12/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08/12/2008	08/12/2008

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## Disposition

Disposition Date: 08/12/2008  
Effective Date (New): 08/01/2009  
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	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes

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## **Rate Information**

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 08/12/2008

**Comments:**

**Attachment:**

Arkansas - PC Transmittal - Rates and Rules.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document  
for Workers' Compensation **Review Status:** Approved 08/12/2008

**Bypass Reason:** Not Applicable - Not a loss cost filing

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document **Review Status:** Approved 08/12/2008

**Bypass Reason:** Not Applicable - not a loss cost filing

**Comments:**

## Property &amp; Casualty Transmittal Document

Reset Form

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	<input type="checkbox"/> New Business	
	<input type="checkbox"/> Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	Nationwide Insurance Companies			<b>Group NAIC #</b>	140
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	
Nationwide Mutual Insurance Company	Ohio	23787	31-4177100		
Nationwide Mutual Fire Insurance Co.	Ohio	23779	31-4177110		
Nationwide Property & Casualty Ins. Co.	Ohio	37877	31-0970750		

<b>5. Company Tracking Number</b>	P-2008AJKA-7GNNQM
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Duane Hartley One Nationwide Plaza Columbus, Ohio 43215	Sr. Filing Analyst	614-249-6346	614-249-3922	hartled@nationwide.com
<b>7. Signature of authorized filer</b>	Duane Hartley			
<b>8. Please print name of authorized filer</b>	Duane Hartley			

Digitally signed by Duane Hartley  
DN: cn=Duane Hartley, c=US, o=Nationwide Insurance, ou=Commercial Insurance,  
email=hartled@nationwide.com  
Date: 2008.08.12 10:11:23 -0400

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

<b>9. Type of Insurance (TOI)</b>	16.0 Workers Compensation
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0004 Standard WC
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	N/A
<b>12. Company Program Title (Marketing title)</b>	Workers' Compensation
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New: August 1, 2009   Renewal: August 1, 2009
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	NCCI
<b>17. Reference Organization # &amp; Title</b>	Item B-1407- Catastrophe Provisions Miscellaneous Values, Rules a
<b>18. Company's Date of Filing</b>	August 12, 2008
<b>19. Status of filing in domicile</b>	<input checked="" 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 # P-2008AJKA-7GNNQM

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

The above companies would like to adopt NCCI Circular CIF-2008-05, with an effective date of August 1, 2009.

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Eliminate the distinction between foreign and domestic terrorism by:

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[View Complete Filing Description](#)

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 #: None

Amount: 25.00

Reference Filing - \$25

**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>	P-2008AJKA-7GNNQM
<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	P-2008AJKA-7GNNQM

Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	Prior Approval
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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)
Not Applicable							

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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)			
		COMPANY USE	STATE USE
<b>5a</b>	Overall percentage rate indication (when applicable)	N/A	
<b>5b</b>	Overall percentage rate impact for this filing	N/A	
<b>5c</b>	Effect of Rate Filing – Written premium change for this program	N/A	
<b>5d</b>	Effect of Rate Filing – Number of policyholders affected	N/A	

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

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	N/A	<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	