

SERFF Tracking Number: TRAX-125788249 State: Arkansas
 Filing Company: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. State Tracking Number: EFT \$25
 Company Tracking Number: WC AR0809510R01
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Adoption of NCCI WC Countrywide Item B-1407--Catas
 Project Name/Number: Adoption of NCCI WC Countrywide Item B-1407--Catastrophe Provisions Miscellaneous Values, Rules and Forms /WC AR0809501R01

Filing at a Glance

Company: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.
 Product Name: Adoption of NCCI WC Countrywide Item B-1407--Catas SERFF Tr Num: TRAX-125788249 State: Arkansas
 TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$25
 Sub-TOI: 16.0004 Standard WC Co Tr Num: WC AR0809510R01 State Status: Fees verified and received
 Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
 Author: SPI Transguard Disposition Date: 08/26/2008
 Date Submitted: 08/23/2008 Disposition Status: Approved
 Effective Date Requested (New): 09/01/2008 Effective Date (New): 09/01/2008
 Effective Date Requested (Renewal): Effective Date (Renewal):
 State Filing Description:

General Information

Project Name: Adoption of NCCI WC Countrywide Item B-1407-- Catastrophe Provisions Miscellaneous Values, Rules and Forms Status of Filing in Domicile:
 Project Number: WC AR0809501R01 Domicile Status Comments:
 Reference Organization: Reference Number:
 Reference Title: Advisory Org. Circular:
 Filing Status Changed: 08/26/2008 Deemer Date:
 State Status Changed: 08/26/2008
 Corresponding Filing Tracking Number:
 Filing Description:
 In accordance with the regulatory provisions of your state, we hereby adopt the National Council on Compensation Insurance, Inc. (NCCI) approval CIF-2008-07 in reference to Item B-1407-Catastrophe Provisions Miscellaneous Values, Rules and Forms (Announcement Circular CIF-2008-06).

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This change eliminates the distinction between foreign and domestic terrorism by:
 Producing separate miscellaneous values by state to address losses resulting from "Terrorism" and "Catastrophe (other than Certified Acts of Terrorism)"

Replacing the references to "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.

Company and Contact

Filing Contact Information

Gloria Goldbranson, Compliance Support Leader
 Gloria.Goldbranson@Transguard.com
 215 Shuman Blvd
 Naperville, IL 60563
 (800) 796-2480 [Phone]
 (630) 864-3579[FAX]

Filing Company Information

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.
 215 Shuman Blvd
 Suite 400
 Naperville, IL 60563
 (800) 796-2480 ext. [Phone]

CoCode: 28886
 Group Code: 225
 Group Name: IAT Reinsurance
 Company Group
 FEIN Number: 36-3529298

State of Domicile: Illinois
 Company Type: Property & Casualty
 State ID Number:

Filing Fees

Fee Required? Yes

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AR0809501R01
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.	\$25.00	08/23/2008	22085499

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AR0809501R01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08/26/2008	08/26/2008

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Disposition

Disposition Date: 08/26/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment: Please note for future workers' compensation filings, all workers' compensation filings are prior approval and have a 30 day waiting period after receipt of the filing by the Department that allows time for review and correspondence, if needed. While that waiting period may be waived by the Commissioner, the Insurance Department strongly encourages companies to make sure they make filings in a timely manner. While I am able to waive the remaining part of the 30 day period on this filing, I will not always be able to do that in the future.

Rate data does NOT apply to filing.

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 AR0809501R01

Item Type	Item Name	Item Status	Public Access
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	AR - EXPD FILING TRANS FOR TER RISK	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Rate	Catastrophe Provisions	Approved	Yes

SERFF Tracking Number: TRAX-125788249 *State:* Arkansas
Filing Company: TRANSGUARD INSURANCE COMPANY OF *State Tracking Number:* EFT \$25
AMERICA, INC.
Company Tracking Number: WC AR0809510R01
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Adoption of NCCI WC Countrywide Item B-1407--Catas
Project Name/Number: Adoption of NCCI WC Countrywide Item B-1407--Catastrophe Provisions Miscellaneous Values, Rules and Forms /WC
AR0809501R01

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TRAX-125788249 State: Arkansas
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 AR0809501R01

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Catastrophe Provisions	Basic Manual, Rule 3.A.24.	Replacement	

SERFF Tracking Number: TRAX-125788249 State: Arkansas
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 AR0809501R01

Supporting Document Schedules

Review Status:
Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation Approved 08/26/2008
Bypass Reason: Adoption of NCCI Rules
Comments:

Review Status:
Bypassed -Name: NAIC loss cost data entry document Approved 08/26/2008
Bypass Reason: Adoption of NCCI Rules
Comments:

Review Status:
Satisfied -Name: Cover Letter Approved 08/26/2008
Comments:
Attachment:
 Cover Letter.PDF

Review Status:
Satisfied -Name: AR - EXPD FILING TRANS FOR TER RISK Approved 08/26/2008
Comments:
Attachment:
 AR - EXPD FILING TRANS FOR TER RISK.PDF

Review Status:
Satisfied -Name: Uniform Transmittal Document-Property & Casualty Approved 08/26/2008
Comments:
Attachments:
 AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

SERFF Tracking Number: TRAX-125788249 *State:* Arkansas
Filing Company: TRANSGUARD INSURANCE COMPANY OF *State Tracking Number:* EFT \$25
AMERICA, INC.
Company Tracking Number: WC AR0809510R01
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Adoption of NCCI WC Countrywide Item B-1407--Catas
Project Name/Number: Adoption of NCCI WC Countrywide Item B-1407--Catastrophe Provisions Miscellaneous Values, Rules and Forms /WC
AR0809501R01

AR - NAIC RATE RULE FILING SCHEDULE.PDF



215 Shuman Blvd., Suite 400
Naperville, IL 60563

August 23, 2008

Commissioner Julie Benafield Bowman
Attn: Property & Casualty Division
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Sent via SERFF

RE: Workers Compensation
Adoption of NCCI WC Countrywide Item B-1407--Catastrophe Provisions
Miscellaneous Values, Rules and Forms
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.
NAIC#: 0225-28886 FEIN: 36-3529298
Filing#: WC AR0809501R01

Dear Property & Casualty Division:

In accordance with the regulatory provisions of your state, we hereby adopt the National Council on Compensation Insurance, Inc. (NCCI) approval CIF-2008-07 in reference to Item B-1407—Catastrophe Provisions Miscellaneous Values, Rules and Forms (Announcement Circular CIF-2008-06).

This change eliminates the distinction between foreign and domestic terrorism by:

- § Producing separate miscellaneous values by state to address losses resulting from “Terrorism” and “Catastrophe (other than Certified Acts of Terrorism)”
- § Replacing the references to “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.

This filing is being submitted under your Prior Approval statute. We request that this filing be applicable to all policies effective on or after September 1, 2008 or the earliest possible effective date.

Your prompt attention to this matter is appreciated. If you have any questions or require additional information, please do not hesitate to contact me directly.

Sincerely,

A handwritten signature in black ink that reads 'Gloria Goldbranson'. The signature is written in a cursive, flowing style.

Gloria A. Goldbranson
Compliance Support Leader
Phone: 800-796-2480 Ext. 3477
Fax: 630-864-3579
Email: Gloria.Goldbranson@Transguard.com

Enclosure(s)

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

This page applies to the following state(s) AR

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 #
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.	IL	0225-28886	36-3529298

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Gloria A. Goldbranson - Compliance Support Leader 215 Shuman Blvd, Suite 400 Naperville IL 60563	(800--796-2480)	630-864-3579	Gloria.Goldbranson@Transguard.com

Filing information

Line of Insurance (see attachment)	Workers Compensation
Company Program Title (Marketing title) (if applicable)	Adoption of NCCI WC Countrywide Item B-1407--Catastrophe Provisions Miscellaneous Values, Rules and Forms
Filing Type ** see note below	Rules
This application is used with:	Workers Compensation
Effective Date Requested	09/01/08 or earliest possible effective date thereafter
Filing date	08/23/08
Company Tracking Number	WC AR0809501R01
Date filing approved in domiciliary state, if applicable	N/A

	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Basic Manual Rules 3.A.24 Catastrophe Provisions		<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<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 of 2002 and the laws of this state; and
- Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Gloria Goldbranson

Signature

Gloria A. Goldbranson
Print Name

Compliance Support Leader
Title

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 #
IAT Reinsurance Company Group	0225

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.	IL	28886	36-3529298	

5. Company Tracking Number	WC AR0809510R01
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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
	Gloria A. Goldbranson 215 Shuman Blvd, Suite 400 Naperville IL 60563	Compliance Support Leader	800-796-2480 Ext. 3477	630-864-3579	Gloria.Goldbranson@Transguard.com

7. Signature of authorized filer	<i>Gloria Goldbranson</i>
8. Please print name of authorized filer	Gloria A. Goldbranson

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)	Terrorism – Related Filings		
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:	09/01/08 or earliest effective date	Renewal: 09/01/08 or earliest effective date
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
16.	Reference Organization (if applicable)	NCCI - National Council on Compensation Insurance, Inc. (NCCI)		
17.	Reference Organization # & Title	CIF-2008-07 (Announcement Circular CIF-2008-06)		
18.	Company's Date of Filing	08/23/08		
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 #	WC AR0809510R01
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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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In accordance with the regulatory provisions of your state, we hereby adopt the National Council on Compensation Insurance, Inc. (NCCI) approval CIF-2008-07 in reference to Item B-1407—Catastrophe Provisions Miscellaneous Values, Rules and Forms (Announcement Circular CIF-2008-06).

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- § Providing new descriptions for Statistical Codes 9740 and 9741.
- §

This filing is being submitted under your Prior Approval statute. We request that this filing be applicable to all policies effective on or after September 1, 2008 or the earliest possible effective date.

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]
<p>Check #: EFT Amount: \$25.00</p> <p>Reference Adoption</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

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

PROPERTY & CASUALTY 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 #	WC AR0809510R01
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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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)
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.	0	0	0	0	0	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 (where required)	Minimum %Change (where required)

5. Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate indication(when applicable)	0	
5b.	Overall percentage rate impact for this filing	0	
5c.	Effect of Rate Filing – Written premium change for this program	0	
5d.	Effect of Rate Filing - Number of policyholders affected	0	

6.	Overall percentage of last rate revision	-19.2%
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7.	Effective Date of last rate revision	07/01/2008
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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	3-A-24-a 01-08	<input type="checkbox"/> New <input checked="" 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	