

SERFF Tracking Number: CNAB-125799763 State: Arkansas
First Filing Company: Continental Insurance Company, ... State Tracking Number: EFT \$100
Company Tracking Number: 08-R3215
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: Adoption of ISO Rules & Loss Costs Revisions
Project Name/Number: Adoption of ISO Rules and Loss Costs Revisions/08-R3215

Filing at a Glance

Companies: Continental Insurance Company, American Casualty Company of Reading PA, National Fire Insurance Company of Hartford, Transportation Insurance Company, Valley Forge Insurance Company, Continental Casualty Company

Product Name: Adoption of ISO Rules & Loss Costs Revisions SERFF Tr Num: CNAB-125799763 State: Arkansas

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: 08-R3215

State Status: Fees verified and received

Filing Type: Rate/Rule

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: Mercy Marasigan

Disposition Date: 09/10/2008

Date Submitted: 09/02/2008

Disposition Status: Filed

Effective Date Requested (New): 10/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 10/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Adoption of ISO Rules and Loss Costs Revisions

Status of Filing in Domicile: Not Filed

Project Number: 08-R3215

Domicile Status Comments: State of domicile does not require filing.

Reference Organization: ISO

Reference Number: GL-2006-OCTRU & GL-2006-RCTLC

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/10/2008

Deemer Date:

State Status Changed: 09/10/2008

Corresponding Filing Tracking Number:

Filing Description:

We are companies are proposing to adopt the ISO rules (GL-2006-OCTRU) and loss costs (GL-2006-RCTLC) revisions of the ISO.

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Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$100 per group
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Insurance Company	\$0.00	09/02/2008	
American Casualty Company of Reading PA	\$0.00	09/02/2008	
National Fire Insurance Company of Hartford	\$0.00	09/02/2008	
Transportation Insurance Company	\$0.00	09/02/2008	
Valley Forge Insurance Company	\$0.00	09/02/2008	
Continental Casualty Company	\$100.00	09/02/2008	22241240

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	09/10/2008	09/10/2008

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Disposition

Disposition Date: 09/10/2008
 Effective Date (New):
 Effective Date (Renewal):
 Status: Filed
 Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Continental Insurance Company	0.000%	\$0	123	\$1,744,644	0.000%	0.000%	0.000%
American Casualty Company of Reading PA	0.000%	\$0	47	\$246,481	0.000%	0.000%	0.000%
National Fire Insurance Company of Hartford	0.000%	\$0	137	\$2,500,829	0.000%	0.000%	0.000%
Transportation Insurance Company	0.000%	\$0	38	\$857,131	0.000%	0.000%	0.000%
Valley Forge Insurance Company	0.000%	\$0	142	\$1,948,868	0.000%	0.000%	0.000%
Continental Casualty	0.000%	\$0	104	\$3,302,404	0.000%	0.000%	0.000%

<i>SERFF Tracking Number:</i>	<i>CNAB-125799763</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>08-R3215</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Adoption of ISO Rules & Loss Costs Revisions</i>		
<i>Project Name/Number:</i>	<i>Adoption of ISO Rules and Loss Costs Revisions/08-R3215</i>		
Company			

<i>SERFF Tracking Number:</i>	<i>CNAB-125799763</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>08-R3215</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Adoption of ISO Rules & Loss Costs Revisions</i>		
<i>Project Name/Number:</i>	<i>Adoption of ISO Rules and Loss Costs Revisions/08-R3215</i>		

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	591

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Item Type	Item Name	Item Status	Public Access
Supporting Document	P & C Trans. doc/Sched	Filed	Yes
Supporting Document	Filing Memo	Filed	Yes
Supporting Document	Ref. Adoption form	Filed	Yes

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Rate Information

Rate data applies to filing.

Filing Method: File & Use
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: Neutral
Effective Date of Last Rate Revision:
Filing Method of Last Filing: N/A

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Continental Insurance Company	0.000%	0.000%	\$0	123	\$1,744,644	0.000%	0.000%
American Casualty Company of Reading PA	0.000%	0.000%	\$0	47	\$246,481	0.000%	0.000%
National Fire Insurance Company of Hartford	0.000%	0.000%	\$0	137	\$2,500,829	0.000%	0.000%
Transportation Insurance Company	0.000%	0.000%	\$0	38	\$857,131	0.000%	0.000%
Valley Forge Insurance	0.000%	0.000%	\$0	142	\$1,948,868	0.000%	0.000%

SERFF Tracking Number: CNAB-125799763 *State:* Arkansas
First Filing Company: Continental Insurance Company, ... *State Tracking Number:* EFT \$100
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Company

Continental Casualty Company	0.000%	0.000%	\$0	104	\$3,302,404	0.000%	0.000%
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<i>SERFF Tracking Number:</i>	<i>CNAB-125799763</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>08-R3215</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Adoption of ISO Rules & Loss Costs Revisions</i>		
<i>Project Name/Number:</i>	<i>Adoption of ISO Rules and Loss Costs Revisions/08-R3215</i>		

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:	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:	591

SERFF Tracking Number: CNAB-125799763 State: Arkansas
First Filing Company: Continental Insurance Company, ... State Tracking Number: EFT \$100
Company Tracking Number: 08-R3215
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: Adoption of ISO Rules & Loss Costs Revisions
Project Name/Number: Adoption of ISO Rules and Loss Costs Revisions/08-R3215

Supporting Document Schedules

Satisfied -Name: P & C Trans. doc/Sched **Review Status:** Filed 09/10/2008
Comments:
P & C Trans. Doc & RR Schedule attached
Attachment:
AR08-R3215 P & C Trans. Doc-Sched.pdf

Satisfied -Name: Filing Memo **Review Status:** Filed 09/10/2008
Comments:
Filing Memo attached
Attachment:
AR08-R3215 Exp. Memo.pdf

Satisfied -Name: Ref. Adoption form **Review Status:** Filed 09/10/2008
Comments:
Reference Filing Adoption Form attached
Attachment:
AR08-R3215 Adoption Form.pdf

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 #
CNA	218

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Continental Casualty Company	IL	20443	36-2114545	
National Fire Insurance Company of Hartford	IL	20478	06-0464510	
American Casualty Company of Reading, Pa	PA	20427	23-0342560	
Transportation Insurance Company	IL	20494	36-1877247	
Valley Forge Insurance Company	PA	20508	23-1620527	
The Continental Insurance Company	PA	35289	13-5010440	

5. Company Tracking Number	08-R3215
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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
Mercy A. Marasigan	State Filing Analyst	(312) 822-6609	(312) 755-2394	mercedes.marasigan@cna.com
333 S. Wabash Ave. Chicago, IL 60604				

7. Signature of authorized filer	
8. Please print name of authorized filer	Mercy A. Marasigan

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

9. Type of Insurance (TOI)	17.000 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.0001 Commercial General Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	General Liability
13. Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input 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: Earliest permitted Renewal: Earliest perm
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO
17. Reference Organization # & Title	GL-2006-RCTLG Loss Cost Mapping
18. Company's Date of Filing	8/28/08
19. Status of filing in domicile	<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 # 08-R3215

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

The above named companies are proposing to adopt the captioned rules and loss cost revisions of the ISO.

These rules and loss cost revisions are all changes indicated by ISO and it is a top priority for CNA to remain current with ISO.

The loss cost revisions resulting from the new classifications will have a negligible impact on CNA's General Liability premium.

We intend to implement these revisions for all policies with a written date of October 1, 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: \$100.00

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

1. This filing transmittal is part of Company Tracking # 08-R3215

2. This filing corresponds to form filing number _____
 Rate Increase Rate Decrease Rate Neutral (0%)

3. Filing Method (Prior Approval, File & Use, Flex Band, etc.) _____

4a. Rate Change by Company (As Proposed)

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)
American Casualty		0.0%	0	47	246,481		
Continental Casualty		0.0%	0	104	3,302,404		
Continental Insurance		0.0%	0	123	1,744,644		
National Fire		0.0%	0	137	2,500,829		
Transportation		0.0%	0	38	857,131		
Valley Forge		0.0%	0	142	1,948,868		

4b. Rate Change by Company (As Accepted) For State Use Only

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)

Overall Rate Information (Complete for Multiple Company Filings only)

	COMPANY USE	STATE USE
5a. Overall percentage rate indication (when applicable)		
5b. Overall percentage rate impact for this filing	0.0%	
5c. Effect of Rate Filing – Written premium change for	0	
5d. Effect of Rate Filing – Number of policyholders	591	

6. Overall percentage of last rate revision	n/a
7. Effective Date of last rate revision	n/a
8. Filing Method of Last filing	n/a

9. Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	<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	
04	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
05	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

AMERICAN CASUALTY COMPANY OF READING, PA 218-20427
TRANSPORTATION INSURANCE COMPANY 218-20494
CONTINENTAL CASUALTY COMPANY 218-20443
THE CONTINENTAL INSURANCE COMPANY 218-35289
VALLEY FORGE INSURANCE COMPANY 218-20508
NATIONAL FIRE INSURANCE COMPANY 218-20478

STATE OF ARKANSAS
EXPLANATORY MEMORANDUM
COMMERCIAL GENERAL LIABILITY
CNA FILING ID: 08-R3215

OVERVIEW

The captioned CNA companies are filing a revision to their Commercial General Liability program in ARKANSAS, by adopting the circulars listed below. We intend to implement this filing for all policies with a written date on or after October 1, 2008.

ISO CIRCULARS ADOPTED

We will adopt the following Insurance Services Office, Inc. reference filing designations:

ISO Filing Designation	Description of Circular
GL-2006-RCTLC	Loss Cost Mapping complimenting Rule Change GL-2006-OCSTRU

LOSS COST MAPPING

The following is a description of the new classifications:

LOSS COST MAPPINGS BY CLASS

New Classification	Premium Base	Class Code	Use Loss Cost(s) For This Class (Description)	I/L Table Assignment
Internet Auctions	Sales s+	16751	16750 (Internet Retailers)	2-
Bed and Breakfasts	Sales s+	45210	45192 (Hotels and Motels - without pools or beaches - less than four stories (Use 75% of Loss Cost)	1-
Event, Party or Wedding Planners	Payroll p+	44280	41677 (Consultants)	3-
Media Mfg. - blank	Sales s	57800	58057 (Plastic or Rubber Goods Mfg. - household)	3B
Portable Toilet Rentals	Sales s+	19061	(a)	2-
Snow and Ice Removal - Contractor	Payroll p	99310	99303 (Street Cleaning) (Use 25% of Prem/Ops Loss Cost) Products/Completed Ops (a) Rated	2B
Towers - telecommunication - existence hazard only (lessor's risk only)	Each Tower t+	49305	(a)	1-

These rules and loss cost revisions mentioned above are all changes indicated by ISO, and it is a top priority for CNA to remain current with ISO.

IMPACT SUMMARY

The Loss Cost revisions resulting from the new classifications indicated in the table above will have a negligible impact on CNA's General Liability premium.

If you have any questions, please feel free to contact Mike Burnett by phone (312)-822-2612, or email michael.burnett@cna.com.

INSURER RATE FILING - ADOPTION OF
RATING ORGANIZATION ADVISORY
PROSPECTIVE LOSS COSTS
REFERENCE FILING ADOPTION FORM

1. INSURER NAME Continental Casualty Company

ADDRESS CNA Plaza
Chicago, IL 60685

PERSON RESPONSIBLE FOR FILING Mike Burnett

TITLE Actuarial Analyst TELEPHONE # (312) 822-2612

2. INSURER NAIC NUMBER: GROUP # 218 COMPANY # 20443

3. LINE/SUBLINE OF INSURANCE: Commercial General Liability

4. RATING ORGANIZATION: Insurance Services Office

5. RATE ORGANIZATION REFERENCE FILING # GL-2006-RCTL

6. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named rating organization for this line of business. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs contained in the indicated reference filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost adjustment multiplier and, if utilized, the expense constants specified in the attachments.

7. PROPOSED RATE LEVEL CHANGE: 0.0% EFFECTIVE DATE 10/1/2008

8. PRIOR RATE LEVEL CHANGE: _____ EFFECTIVE DATE _____

9. SUMMARY OF SUPPORTING INFORMATION ENCLOSED? _____ YES _____ X NO

INSURER RATE FILING - ADOPTION OF
RATING ORGANIZATION ADVISORY
PROSPECTIVE LOSS COSTS
REFERENCE FILING ADOPTION FORM

1. INSURER NAME National Fire Insurance Company of Hartford

ADDRESS CNA Plaza
Chicago, IL 60685

PERSON RESPONSIBLE FOR FILING Mike Burnett

TITLE Actuarial Analyst TELEPHONE # (312) 822-2612

2. INSURER NAIC NUMBER: GROUP # 218 COMPANY # 20478

3. LINE/SUBLINE OF INSURANCE: Commercial General Liability

4. RATING ORGANIZATION: Insurance Services Office

5. RATE ORGANIZATION REFERENCE FILING # GL-2006-RCTLC

6. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named rating organization for this line of business. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs contained in the indicated reference filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost adjustment multiplier and, if utilized, the expense constants specified in the attachments.

7. PROPOSED RATE LEVEL CHANGE: 0.0% EFFECTIVE DATE 10/1/2008

8. PRIOR RATE LEVEL CHANGE: _____ EFFECTIVE DATE _____

9. SUMMARY OF SUPPORTING INFORMATION ENCLOSED? _____ YES _____ X NO

INSURER RATE FILING - ADOPTION OF
RATING ORGANIZATION ADVISORY
PROSPECTIVE LOSS COSTS
REFERENCE FILING ADOPTION FORM1. INSURER NAME American Casualty Company of Reading, PAADDRESS CNA Plaza
Chicago, IL 60685

PERSON RESPONSIBLE FOR FILING Mike BurnettTITLE Actuarial Analyst TELEPHONE # (312) 822-26122. INSURER NAIC NUMBER: GROUP # 218 COMPANY # 204273. LINE/SUBLINE OF INSURANCE: Commercial General Liability4. RATING ORGANIZATION: Insurance Services Office5. RATE ORGANIZATION REFERENCE FILING # GL-2006-RCTL

6. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named rating organization for this line of business. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs contained in the indicated reference filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost adjustment multiplier and, if utilized, the expense constants specified in the attachments.

7. PROPOSED RATE LEVEL CHANGE: 0.0% EFFECTIVE DATE 10/1/20088. PRIOR RATE LEVEL CHANGE: EFFECTIVE DATE 9. SUMMARY OF SUPPORTING INFORMATION ENCLOSED? YES X NO

INSURER RATE FILING - ADOPTION OF
RATING ORGANIZATION ADVISORY
PROSPECTIVE LOSS COSTS
REFERENCE FILING ADOPTION FORM

1. INSURER NAME Transportation Insurance Company

ADDRESS CNA Plaza
Chicago, IL 60685

PERSON RESPONSIBLE FOR FILING Mike Burnett

TITLE Actuarial Analyst TELEPHONE # (312) 822-2612

2. INSURER NAIC NUMBER: GROUP # 218 COMPANY # 20494

3. LINE/SUBLINE OF INSURANCE: Commercial General Liability

4. RATING ORGANIZATION: Insurance Services Office

5. RATE ORGANIZATION REFERENCE FILING # GL-2006-RCTL

6. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named rating organization for this line of business. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs contained in the indicated reference filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost adjustment multiplier and, if utilized, the expense constants specified in the attachments.

7. PROPOSED RATE LEVEL CHANGE: 0.0% EFFECTIVE DATE 10/1/2008

8. PRIOR RATE LEVEL CHANGE: _____ EFFECTIVE DATE _____

9. SUMMARY OF SUPPORTING INFORMATION ENCLOSED? _____ YES X NO

INSURER RATE FILING - ADOPTION OF
RATING ORGANIZATION ADVISORY
PROSPECTIVE LOSS COSTS
REFERENCE FILING ADOPTION FORM1. INSURER NAME Valley Forge Insurance CompanyADDRESS CNA Plaza
Chicago, IL 60685

PERSON RESPONSIBLE FOR FILING Mike BurnettTITLE Actuarial Analyst TELEPHONE # (312) 822-26122. INSURER NAIC NUMBER: GROUP # 218 COMPANY # 205083. LINE/SUBLINE OF INSURANCE: Commercial General Liability4. RATING ORGANIZATION: Insurance Services Office5. RATE ORGANIZATION REFERENCE FILING # GL-2006-RCTLC

6. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named rating organization for this line of business. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs contained in the indicated reference filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost adjustment multiplier and, if utilized, the expense constants specified in the attachments.

7. PROPOSED RATE LEVEL CHANGE: 0.0% EFFECTIVE DATE 10/1/20088. PRIOR RATE LEVEL CHANGE: EFFECTIVE DATE 9. SUMMARY OF SUPPORTING INFORMATION ENCLOSED? YES X NO

INSURER RATE FILING - ADOPTION OF
RATING ORGANIZATION ADVISORY
PROSPECTIVE LOSS COSTS
REFERENCE FILING ADOPTION FORM

1. INSURER NAME The Continental Insurance Company

ADDRESS CNA Plaza
Chicago, IL 60685

PERSON RESPONSIBLE FOR FILING Mike Burnett

TITLE Actuarial Analyst TELEPHONE # (312) 822-2612

2. INSURER NAIC NUMBER: GROUP # 218 COMPANY # 35289

3. LINE/SUBLINE OF INSURANCE: Commercial General Liability

4. RATING ORGANIZATION: Insurance Services Office

5. RATE ORGANIZATION REFERENCE FILING # GL-2006-RCTLC

6. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named rating organization for this line of business. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs contained in the indicated reference filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost adjustment multiplier and, if utilized, the expense constants specified in the attachments.

7. PROPOSED RATE LEVEL CHANGE: 0.0% EFFECTIVE DATE 10/1/2008

8. PRIOR RATE LEVEL CHANGE: _____ EFFECTIVE DATE _____

9. SUMMARY OF SUPPORTING INFORMATION ENCLOSED? _____ YES _____ X NO