

SERFF Tracking Number: SFCC-125834455 State: Arkansas  
First Filing Company: Safety National Casualty Corporation, ... State Tracking Number: EFT \$25  
Company Tracking Number: 5-SNSFE-08-AR  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: 5-SNSFE-08-AR  
Project Name/Number: /

## Filing at a Glance

Companies: Safety National Casualty Corporation, Safety First Insurance Company

Product Name: 5-SNSFE-08-AR SERFF Tr Num: SFCC-125834455 State: Arkansas  
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$25  
Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: 5-SNSFE-08-AR State Status: Fees verified and received  
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler  
Authors: Marilyn Tinnell, Casey Kruse, Paula Kilen Disposition Date: 09/26/2008  
Date Submitted: 09/26/2008 Disposition Status: Approved  
Effective Date Requested (New): 07/01/2010 Effective Date (New): 07/01/2010  
Effective Date Requested (Renewal): 07/01/2010 Effective Date (Renewal):  
State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Not Filed  
Project Number: Domicile Status Comments:  
Reference Organization: NCCI, Inc. Reference Number: B-1406  
Reference Title: Revisions to Basic Manual Classifications and Rules Advisory Org. Circular: AR-2008-01  
Filing Status Changed: 09/26/2008  
State Status Changed: 09/26/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
Ms. Carol Stiffler  
Senior Rate & Form Analyst  
Property & Casualty Division  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

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RE: Safety National Casualty Corporation (SNCC) and Safety First Insurance Company (SFIC)  
Workers Compensation and Employers Liability – Primary – Adoption of NCCI Item Filing B-1406 – Revisions to  
Basic Manual Classifications and Rules

SNCC FEIN No. 43-0727872 SNCC NAIC No. 0074-15105

SFIC FEIN No. 43-1901552 SFIC NAIC No. 0074-11123

Company File No.: 5-SNSFE-08-AR

Proposed Effective Date: July 1, 2010

Dear Ms. Stiffler:

Safety National Casualty Corporation (SNCC) and Safety First Insurance Company (SFIC) wish to submit the above captioned filing for your consideration and acknowledgement. We are filing to adopt the NCCI Item Filing B-1406 – Revisions to Basic Manual Classifications and Rules when it was filed in our behalf by NCCI, as noted effective July 1, 2010 as published in approval circular AR-2008-01.

In accordance with the requirements of the State of Arkansas, this filing is being submitted via SERFF with the following included:

1. A cover letter

A filing fee of \$25.00 has been forwarded via SERFF Electronic Funds Transfer.

We would like this filing to be effective July 1, 2010. Please acknowledge with your approval via SERFF communications. If you need additional information, please feel free to call me at (314) 692-5774, FAX me at (314) 995-6847, or e-mail me at [marilyn.tinnell@sncc.com](mailto:marilyn.tinnell@sncc.com).

Sincerely,

SERFF Tracking Number: SFCC-125834455 State: Arkansas  
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Marilyn Tinnell, CPCU  
 Compliance Manager

Attachments

## Company and Contact

### Filing Contact Information

Marilyn Tinnell, Compliance Manager  
 2043 Woodland Parkway  
 Saint Louis, MO 63146

marilyn.tinnell@sccc.com  
 (314) 995-5300 [Phone]  
 (314) 995-6847[FAX]

### Filing Company Information

Safety National Casualty Corporation  
 2043 Woodland Parkway

CoCode: 15105  
 Group Code: 74

State of Domicile: Missouri  
 Company Type: Property and  
 Casualty  
 State ID Number:

Saint Louis, MO 63146  
 (314) 995-5300 ext. [Phone]

Group Name: Delphi Financial  
 FEIN Number: 43-0727872

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Safety First Insurance Company  
 2043 Woodland Parkway

CoCode: 11123  
 Group Code: 74

State of Domicile: Illinois  
 Company Type: Property &  
 Casualty

Saint Louis, MO 63146  
 (314) 372-7512 ext. 308[Phone]

Group Name: Delphi Financial  
 Group  
 FEIN Number: 43-1901552

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation: \$25.00 to adopt rules  
 Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Safety National Casualty Corporation	\$25.00	09/26/2008	22751466
Safety First Insurance Company	\$0.00	09/26/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/26/2008	09/26/2008

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## Disposition

Disposition Date: 09/26/2008  
Effective Date (New): 07/01/2010  
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>Rate</b>	Revisions to Basic Manual Classifications and Rules	Approved	Yes

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## **Rate Information**

Rate data does NOT apply to filing.

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Revisions to Basic Manual Classifications and Rules	B-1406	New	

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty  
**Review Status:** Approved 09/26/2008

**Comments:**

**Attachment:**

5-SNSFE-08-AR P&C Transmittal.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document for Workers' Compensation  
**Review Status:** Approved 09/26/2008

**Bypass Reason:** n/a Rule Adoption

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document  
**Review Status:** Approved 09/26/2008

**Bypass Reason:** n/a Rule Adoption

**Comments:**

## Property & Casualty Transmittal Document

<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:			
	New Business			
	Renewal Business			
	f. State Filing #:			
	g. SERFF Filing #:			
	h. Subject Codes			
<b>3. Group Name</b>	<b>Group NAIC #</b>			
Delphi Financial Group, Inc.	0074			
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
Safety National Casualty Corporation	MO	15105	43-0727872	
Safety First Insurance Company	IL	11123	43-1901552	
<b>5. Company Tracking Number</b>	<b>5-SNSFE-08-AR</b>			
<b>Contact Info of Filer(s) or Corporate Officer(s)</b> [include toll-free number]				
<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Marilyn Tinnell, CPCU 1832 Schuetz Road St. Louis, MO 63146	Compliance Manager	(314) 692-5774	(314) 995-6847	marilyn.tinnell@ sncc.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Marilyn Tinnell			
<b>Filing information</b> (see General Instructions for descriptions of these fields)				
<b>9. Type of Insurance (TOI)</b>	16.0000 Workers' Compensation			
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0001 Alt WC, 16.0002 EL and 16.0004 Std WC			
<b>11. State Specific Product code(s) (if applicable)[See State Specific Requirements]</b>	N/A			
<b>12. Company Program Title</b> (Marketing title)	Workers Compensation & Employers Liability			
<b>13. Filing Type</b>	<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)			
<b>14. Effective Date(s) Requested</b>	New: July 1, 2010                      Renewal: July 1, 2010			
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>16. Reference Organization</b> (if applicable)	NCCI, Inc.			
<b>17. Reference Organization # &amp; Title</b>	Adoption of NCCI Item Filing B-1406 – Revisions to Basic Manual Classifications and Rules			
<b>18. Company's Date of Filing</b>	September 26, 2008			
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	<b>5-SNSFE-08-AR</b>
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Ms. Carol Stiffler  
Senior Rate & Form Analyst  
Property & Casualty Division  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

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Sincerely,



Marilyn Tinnell, CPCU  
Compliance Manager

Attachments

