

SERFF Tracking Number: TRVD-125802852 State: Arkansas  
First Filing Company: Discover Property and Casualty Insurance State Tracking Number: EFT \$25  
Company, ...  
Company Tracking Number: 2008-08-0023  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation and Employers Liability Rule Filing  
Project Name/Number: Workers Compensation and Employers Liability Rule Filing /2008-08-0023

## Filing at a Glance

Companies: Discover Property and Casualty Insurance Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., United States Fidelity and Guaranty Company

Product Name: Workers Compensation and Employers Liability Rule Filing SERFF Tr Num: TRVD-125802852 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 16.0004 Standard WC

Co Tr Num: 2008-08-0023

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler

Authors: Gene Johnkoski Jr., Elvira Pishkina Disposition Date: 09/08/2008

Pishkina

Date Submitted: 09/04/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2009

Effective Date (New): 01/01/2009

Effective Date Requested (Renewal): 01/01/2009

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Workers Compensation and Employers Liability Rule Filing

Status of Filing in Domicile: Not Filed

Project Number: 2008-08-0023

Domicile Status Comments: N/A

Reference Organization: NCCI

Reference Number: Item R-1398

Reference Title: N/A

Advisory Org. Circular: CIF-2008-11

Filing Status Changed: 09/08/2008

State Status Changed: 09/08/2008

Deemer Date:

Corresponding Filing Tracking Number: N/A

Filing Description:

In compliance with the insurance laws and regulations in your state, we respectfully submit this filing for your review. We are filing this notification to adopt the following NCCI filing contained in Circular CIF-2008-11:

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- Item R-1398 - 2008 Update to the Retrospective Rating Plan Parameters-State Hazard Group Relativities

Enclosed you will find the appropriate state filing fees.

Your approval of this filing would be appreciated. Should you have any questions regarding our submission, please feel free to contact me at your convenience.

## Company and Contact

### Filing Contact Information

Eugene Johnkoski, Senior Regulatory Analyst ERJOHNKO@travelers.com  
 One Tower Square (860) 277-2051 [Phone]  
 Hartford, CT 06183 (860) 954-0580[FAX]

### Filing Company Information

Discover Property and Casualty Insurance CoCode: 36463 State of Domicile: Illinois  
 Company

385 Washington Street Group Code: 3548 Company Type:  
 St. Paul, MN 55102 Group Name: State ID Number:  
 (651) 310-7782 ext. [Phone] FEIN Number: 36-2999370

Fidelity and Guaranty Insurance Company CoCode: 35386 State of Domicile: Iowa

385 Washington Street Group Code: 3548 Company Type:  
 St. Paul, MN 55102 Group Name: State ID Number:  
 (651) 310-7782 ext. [Phone] FEIN Number: 42-1091525

Fidelity and Guaranty Insurance Underwriters, CoCode: 25879 State of Domicile: Wisconsin  
 Inc.

385 Washington Street Group Code: 3548 Company Type:  
 St. Paul, MN 55102 Group Name: State ID Number:  
 (651) 310-7782 ext. [Phone] FEIN Number: 52-0616768

United States Fidelity and Guaranty Company CoCode: 25887 State of Domicile: Maryland  
 385 Washington Street Group Code: 3548 Company Type:





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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/08/2008	09/08/2008

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## Disposition

Disposition Date: 09/08/2008  
Effective Date (New): 01/01/2009  
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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Company, ...  
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*TOI:* 16.0 Workers Compensation      *Sub-TOI:* 16.0004 Standard WC  
*Product Name:* Workers Compensation and Employers Liability Rule Filing  
*Project Name/Number:* Workers Compensation and Employers Liability Rule Filing /2008-08-0023

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 09/08/2008

**Comments:**

**Attachment:**

NAIC Transmittal - AR.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document  
for Workers' Compensation **Review Status:** Approved 09/08/2008

**Bypass Reason:** N/A

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document **Review Status:** Approved 09/08/2008

**Bypass Reason:** N/A

**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>
The Travelers Companies, Inc.	3548

<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
United States Fidelity and Guaranty Company	MD	25887	52-0515280	
Fidelity And Guaranty Insurance Underwriters, Inc.	WI	25879	52-0616768	
Fidelity And Guaranty Insurance Company	IA	35386	42-1091525	
Discover Property and Casualty Insurance Company	IL	36463	36-2999370	

<b>5. Company Tracking Number</b>	<b>2008-08-0023</b>
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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>
Gene Johnkoski, Jr. Travelers One Tower Square Hartford, CT 06183	Senior Regulatory Analyst	(860) 277-2051	(860) 277-9730	ERJOHNKO@Travelers.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Gene Johnkoski, Jr.			

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

<b>9. Type of Insurance (TOI)</b>	16.0
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0004
<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 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: 01/01/2009      Renewal: 01/01/2009
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	NCCI
<b>17. Reference Organization # &amp; Title</b>	Item R-1398
<b>18. Company's Date of Filing</b>	09/04/2008
<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—

<b>20. This filing transmittal is part of Company Tracking #</b>	2008-08-0023
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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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In compliance with the insurance laws and regulations in your state, we respectfully submit this filing for your review. We are filing this notification to adopt the following NCCI filing contained in Circular CIF-2008-11:

- Item R-1398 - 2008 Update to the Retrospective Rating Plan Parameters-State Hazard Group Relativities

Enclosed you will find the appropriate state filing fees.

Your approval of this filing would be appreciated. Should you have any questions regarding our submission, please feel free to contact me at your convenience.

<b>22. Filing Fees</b> (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 #:** N/A - EFT  
**Amount:** \$25.00

**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

(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>	<b>2008-08-0023</b>
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	<b>N/A</b>
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	<b>Prior Approval</b>
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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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)
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

### Overall Rate Information (Complete for Multiple Company Filings only)

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

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