

SERFF Tracking Number: EVST-125971196 State: Arkansas
Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CW-WC-20025625
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Retrospective Rating Plan
Project Name/Number: /

Filing at a Glance

Company: Everest National Insurance Company

Product Name: Retrospective Rating Plan SERFF Tr Num: EVST-125971196 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 16.0004 Standard WC Co Tr Num: CW-WC-20025625 State Status: Fees verified and received
Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Carol Stiffler
Author: Shiranie Fernandez Disposition Date: 01/05/2009
Date Submitted: 12/31/2008 Disposition Status: Approved
Effective Date Requested (New): 01/01/2009 Effective Date (New): 01/05/2009
Effective Date Requested (Renewal): 01/01/2009 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Domicile Status Comments:
Reference Organization: NCCI Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 01/05/2009
State Status Changed: 12/31/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

We are filing to adopt NCCI's Items R1397 Update to Retrospective Rating Plan Parameters – Excess Loss Factors and R1398 Update to Retrospective Rating Plan Parameter – State Hazard Group Relativities applicable to new and renewal policies effective January 1, 2009.

Company and Contact

Filing Contact Information

SERFF Tracking Number: EVST-125971196 State: Arkansas
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Shiranie Fernandez, Associate Manager shiranie.fernandez@everestre.com
477 Martinsville Road (908) 604-7232 [Phone]
Liberty Corner, NJ 07938-0830 (908) 604-3526[FAX]

Filing Company Information

Everest National Insurance Company CoCode: 10120 State of Domicile: Delaware
477 Martinsville Road Group Code: 1120 Company Type:
P.O. Box 830
Liberty Corner, NJ 07938-0830 Group Name: Everest Re Group, State ID Number:
Ltd.
(908) 604-3000 ext. [Phone] FEIN Number: 22-2660372

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Everest National Insurance Company	\$50.00	12/31/2008	24784698

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/05/2009	01/05/2009

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	01/05/2009	01/05/2009

Response Letters

Responded By	Created On	Date Submitted
Shiranie Fernandez	01/05/2009	01/05/2009

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Disposition

Disposition Date: 01/05/2009

Effective Date (New): 01/05/2009

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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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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Product Name: Retrospective Rating Plan
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/05/2009
Submitted Date 01/05/2009
Respond By Date

Dear Shiranie Fernandez,

This will acknowledge receipt of the captioned filing.

All workers' compensation filings in Arkansas are prior approval and cannot be approved retroactively. There is also a 30 day waiting period once the filing is approved. However, that waiting period may be waived by the Commissioner if requested by the insurer. I cannot approve this filing back to 1/1/09 but if you request it, I can approve it effective 1/5/09.

Please feel free to contact me if you have questions.

Sincerely,
Carol Stiffler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/05/2009
Submitted Date 01/05/2009

Dear Carol Stiffler,

Comments:

Response 1

Comments: Good morning

OK to use 1/5/09.

Thank you for your help,
Shiranie Fernandez

Changed Items:

SERFF Tracking Number: EVST-125971196

State: Arkansas

Filing Company: Everest National Insurance Company

State Tracking Number: EFT \$50

Company Tracking Number: CW-WC-20025625

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Product Name: Retrospective Rating Plan

Project Name/Number: /

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Shiranie Fernandez

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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 01/05/2009

Comments:

Attachment:

TRANSMITTAL FORM R1397 & R1398.pdf

Bypassed -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 01/05/2009

Bypass Reason: N/A

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 01/05/2009

Bypass Reason: N/A

Comments:

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 #
EVEREST REINSURANCE GROUP	1120-26921

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
EVEREST NATIONAL INSURANCE COMPANY	DE	1120-10120	22-2660372	

5. Company Tracking Number	CW-WC-20025625
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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
	SHIRANIE FERNANDEZ 477 MARTINSVILLE ROAD LIBERTY CORNER, NJ 07938	ASSOCIATE MANAGER	908-604-7232	908-604-3526	SHIRANIE.FERNA NDEZ@EVEREST RE.COM
7.	Signature of authorized filer				
8.	Please print name of authorized filer		SHIRANIE FERNANDEZ		

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

9. Type of Insurance (TOI)	WC
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<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)
14. Effective Date(s) Requested	New: 01/01/2009 Renewal: 01/01/2009
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	12/31/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	CW-WC-20025625
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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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Everest National Insurance Company hereby files to adopt NCCI's Items R1397 Update to Retrospective Rating Plan Parameters – Excess Loss Factors and R1398 Update to Retrospective Rating Plan Parameter – State Hazard Group Relativities applicable to new and renewal policies effective January 1, 2009.

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 #:
Amount:

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.)**