Filing at a Glance

Company: Dallas National Insurance Company

Product Name: Workers' Compensation	SERFF Tr Num: WESA-125987079	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: #? $100
Sub-TOI: 16.0004 Standard WC	Co Tr Num: DNIC-09-003	State Status: Fees verified
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Author: Westmont Associates	Disposition Date: 01/14/2009
	Date Submitted: 01/14/2009	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 01/14/2009
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Submission of Workers' Compensation Premium Discount Table	Status of Filing in Domicile: Not Filed
Project Number: DNIC-09-003	Domicile Status Comments: Not filed in Texas
Reference Organization: None	Reference Number: None
Reference Title: None	Advisory Org. Circular: None
Filing Status Changed: 01/14/2009	
State Status Changed: 01/14/2009	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

The Company is submitting its Workers' Compensation Premium Discount Table for your review and approval.

Company and Contact

Filing Contact Information

(This filing was made by a third party - westmontassociatesinc)

Wesley Pohler, AVP wes@westmontlaw.com

25 Chestnut Street
Haddonfield, NJ 08033
(856) 216-0220 [Phone]
(856) 216-0303[FAX]

Filing Company Information

Dallas National Insurance Company	CoCode: 32271	State of Domicile: Texas
14160 Dallas Parkway	Group Code:	Company Type:
Suite 500		
Dallas, TX 75254	Group Name:	State ID Number:
(800) 533-0457 ext. [Phone]	FEIN Number: 95-4139154	

Filing Fees

Fee Required?	Yes
Fee Amount:	$100.00
Retaliatory?	No
Fee Explanation:	Arkansas Fee
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Dallas National Insurance Company	$0.00	01/14/2009	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
32098	$100.00	01/13/2009

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/14/2009	01/14/2009

Disposition

Disposition Date: 01/14/2009

Effective Date (New): 01/14/2009

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*WESA-125987079*	*State:*	*Arkansas*
Filing Company:	*Dallas National Insurance Company*	*State Tracking Number:*	*#? $100*
Company Tracking Number:	*DNIC-09-003*		
TOI:	*16.0 Workers Compensation*	*Sub-TOI:*	*16.0004 Standard WC*
Product Name:	*Workers' Compensation*		
Project Name/Number:	*Submission of Workers' Compensation Premium Discount Table/DNIC-09-003*		

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
Supporting Document	Letter of Authorization	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Rate	Arkansas Workers' Compensation Premium Discount Table	Approved	Yes

Rate Information

Rate data does NOT apply to filing.

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
Approved	Arkansas Workers' Compensation Premium Discount Table	Pages 1 and 2	New		Arkansas Rule Pages.pdf

Dallas National Insurance Company

WORKERS COMPENSATION PREMIUM DISCOUNT

I. Premium discount is a percentage discount that is based on the size of the total standard premium.

II. Premium discount is determined by applying the appropriate discount percentages to the total standard premium in excess of the authorized threshold amount.

III. To determine the applicable premium discount the attached schedule will be used.

Standard Premium	Discount	Standard Premium	Discount	Standard Premium	Discount
$ 0–10,055	0.0%	$ 19,570– 19,999	4.5%	$ 225,958– 235,999	9.0%
10,056–10,167	0.1	20,000– 20,449	4.6	236,000– 246,976	9.1
10,168–10,282	0.2	20,450– 20,919	4.7	246,977– 259,024	9.2
10,283–10,399	0.3	20,920– 21,411	4.8	259,025– 272,307	9.3
10,400–10,520	0.4	21,412– 21,927	4.9	272,308– 287,027	9.4
10,521–10,643	0.5	21,928– 22,469	5.0	287,028– 303,428	9.5
10,644–10,769	0.6	22,470– 23,037	5.1	303,429– 321,818	9.6
10,770–10,898	0.7	23,038– 23,636	5.2	321,819– 342,580	9.7
10,899–11,030	0.8	23,637– 24,266	5.3	342,581– 366,206	9.8
11,031–11,165	0.9	24,267– 24,931	5.4	366.207– 393,333	9.9
11,166–11,304	1.0	24,932– 25,633	5.5	393,334– 424,799	10.0
11,305–11,446	1.1	25,634– 26,376	5.6	424,800– 461,739	10.1
11,447–11,592	1.2	26,377– 27,164	5.7	461,740– 505,714	10.2
11,593–11,741	1.3	27,165– 27,999	5.8	505,715– 558,947	10.3
11,742–11,895	1.4	28,000– 28,888	5.9	558,948– 624,705	10.4
11,896–12,052	1.5	28,889– 29,836	6.0	624,706– 707,999	10.5
12,053–12,214	1.6	29,837– 30,847	6.1	708,000– 816,923	10.6
12,215–12,380	1.7	30,848– 31,929	6.2	816,924– 965,454	10.7
12,381–12,551	1.8	31,930– 33,090	6.3	965,455– 1,179,999	10.8
12,552–12,727	1.9	33,091– 34,339	6.4	1,180,000– 1,517,142	10.9
12,728–12,907	2.0	34,340– 35,686	6.5	1,517,143– 1,824,799	11.0
12,908–13,093	2.1	35,687– 37,142	6.6	1,824,800– 1,983,478	11.1
13,094–13,284	2.2	37,143– 38,723	6.7	1,983,479– 2,172,380	11.2
13,285–13,481	2.3	38,724– 40,444	6.8	2,172,381– 2,401,052	11.3
13,482–13,684	2.4	40,445– 42,325	6.9	2,401,053– 2,683,529	11.4
13,685–13,893	2.5	42,326– 44,390	7.0	2,683,530– 3,041,333	11.5
13,894–14,108	2.6	44,391– 46,666	7.1	3,041,334– 3,509,230	11.6
14,109–14,330	2.7	46,667– 49,189	7.2	3,509,231– 4,147,272	11.7
14,331–14,559	2.8	49,190– 51,999	7.3	4,147,273– 5,068,888	11.8
14,560–14,796	2.9	52,000– 55,151	7.4	5,068,889– 6,517,142	11.9
14,797–15,041	3.0	55,152– 58,709	7.5	6,517,143– 9,123,999	12.0
15,042–15,294	3.1	58,710– 62,758	7.6	9,124,000–15,206,666	12.1
15,295–15,555	3.2	62,759– 67,407	7.7	15,206,667–45,619,999	12.2
15,556–15,826	3.3	67,408– 72,799	7.8	45,620,000 and over	12.3
15,827–16,106	3.4	72,800– 79,130	7.9		
16,107–16,396	3.5	79,131– 86,666	8.0		
16,397–16,697	3.6	86,667– 95,789	8.1		
16,698–17,009	3.7	95,790–107,058	8.2		
17,010–17,333	3.8	107,059–121,333	8.3		
17,334–17,669	3.9	121,334–139,999	8.4		
17,670–18,019	4.0	140,000–165,454	8.5		
18,020–18,383	4.1	165,455–200,377	8.6		
18,384–18,762	4.2	200,378–208,235	8.7		
18,763–19,157	4.3	208,236–216,734	8.8		
19,158–19,569	4.4	216,735–225,957	8.9		

Above Table Based on the Following Discounts

First $10,000	0.0%
Next $190,000	9.1
Next $1,550,000	11.3
Over $1,750,000	12.3

© Copyright 2000–2008 National Council on Compensation Insurance, Inc. All Rights Reserved.

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Review Status: Approved 01/14/2009

Comments:
Attached is the NAIC form.

Attachment:
ARK NAIC Form.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation

Review Status: Approved 01/14/2009

Bypass Reason: Not applicable - independent rule filing.

Comments:

Bypassed -Name: NAIC loss cost data entry document

Review Status: Approved 01/14/2009

Bypass Reason: Not applicable - independent rule filing.

Comments:

Satisfied -Name: Letter of Authorization

Review Status: Approved 01/14/2009

Comments:
Attached is the letter of authorization.

Attachment:
Letter of Auth 2008.pdf

Satisfied -Name: Cover Letter

Review Status: Approved 01/14/2009

Comments:
Attached is the cover letter.

Attachment:
Cover Letter.pdf

Effective March 1, 2007

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 #
		1631

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Dallas National Insurance Company	TX	32271	954139154	

5.	Company Tracking Number	DNIC-09-003

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Wesley Pohler	AVP	856-216-0220	856-216-0303	wesq@westmontlaw.com

7.	Signature of authorized filer	Wesley Pohler
8.	Please print name of authorized filer	Wesley Pohler

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

9.	**Type of Insurance (TOI)**	Workers' Compensation
10.	**Sub-Type of Insurance (Sub-TOI)**	**16.0004 Standard Workers' Compensation**
11.	**State Specific Product code(s)**(if applicable)[See State Specific Requirements]	N/A
12.	**Company Program Title** (Marketing title)	Worker's Comp
13.	**Filing Type**	☐ Rate/Loss Cost ☒ Rules ☐ Rates/Rules ☐ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)
14.	**Effective Date(s) Requested**	New: As approved Renewal:

Property & Casualty Transmittal Document---

15.	**Reference Filing?**	☐ Yes ☒ No
16.	**Reference Organization** (if applicable)	
17.	**Reference Organization # & Title**	
18.	**Company's Date of Filing**	1/14/09
19.	**Status of filing in domicile**	☑ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved

20.	**This filing transmittal is part of Company Tracking #**	DNC-09-003

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

Filing is for a workers' compensation for a premium discount table.

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 #: 32098
Amount: 100.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

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

Effective March 1, 2007

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 #**	DNIC-09-003
2.	**This filing corresponds to form filing number** (Company tracking number of form filing, if applicable)	N/A

☐ Rate Increase ☐ Rate Decrease ☑ Rate Neutral (0%)

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

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)
Dal Nat IC	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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)	N/A	
5b.	Overall percentage rate impact for this filing	N/A	
5c.	Effect of Rate Filing – Written premium change for this program	N/A	
5d.	Effect of Rate Filing – Number of policyholders affected	N/A	

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

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	WC premium discount table	☒ New ☐ Replacement ☐ Withdrawn	N/A
02		☐ New ☐ Replacement ☐ Withdrawn	
03		☐ New ☐ Replacement ☐ Withdrawn	

© 2007 National Association of Insurance Commissioners

DALLAS NATIONAL INSURANCE COMPANY

January 18, 2008

RE: Dallas National Insurance Company
NAIC # 32271
FEIN: 95-4139154
Letter of Authorization for Filing of Forms, Rates and Rules

In accordance with the applicable statutes and regulations of your state, Nancy Stepanski, Wesley Pohler and Jennifer Waldron of **Westmont Associates, Inc.**, are hereby authorized to file form, rate and rule filings on behalf of Dallas National Insurance Company.

Sincerely,

Gail A. Lane, Esq.
Corporate Secretary and Director of Compliance

A Texas Stock Insurance Company
14160 Dallas Parkway • Suite 500 • Dallas, Texas 75254
Fax 972-233-8818 • Toll Free 1-800-533-0457

WESTMONT
ASSOCIATES, INC.

January 13, 2009

Commissioner of Insurance
Department of Insurance
Property and Casualty Division
Rule/Rate Review

RE: Dallas National Insurance Company
NAIC #: 32271/ FEIN #: 95-4139154
Workers' Compensation Rule Submission
Introduction of Premium Discount Table
Company Filing #: DNIC-09-003
Effective Date: Upon Earliest Possible Approval

To Whom It May Concern:

Enclosed please find the Company's Workers' Compensation rule submission. A letter permitting Westmont Associates, Inc. to file on behalf of the Company is enclosed for your review.

Please find attached the Company's Workers' Compensation Premium Discount Table. The premium discounts indicated are percentage discounts that are based on the size of the total standard premium.

Should have any questions or concerns regarding the materials enclosed, please do not hesitate to contact me at (856) 216-0220. Thank you for your attention to this matter.

Respectfully Submitted,

Wesley Pohler

Wesley Pohler
AVP
wes@westmontlaw.com

Enc.