

Filing at a Glance

Companies: Hartford Casualty Insurance Company, Hartford Insurance Company of the Midwest, Hartford Underwriters Insurance Company, Sentinel Insurance Company Limited, Twin City Fire Insurance Company, Hartford Fire Insurance Company, Hartford Accident and Indemnity Company

Product Name: Adopt NCCI Item 02-AR-2007 SERFF Tr Num: HART-125238016 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: AR-PC-07-025512
Sub-TOI: 16.0004 Standard WC Co Tr Num: BF.20.001.2007.AR.03 State Status:
Filing Type: Rule Co Status: Initial Filing Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Authors: Kathleen Czarnecki, Disposition Date: 07-20-2007
Stephanie Wieczorek
Date Submitted: 07-19-2007 Disposition Status: Approved
Effective Date Requested (New): 07-01-2007 Effective Date (New): 07-20-2007
Effective Date Requested (Renewal): 07-01-2007 Effective Date (Renewal):

General Information

Project Name: WC NCCI Item Adoption Status of Filing in Domicile: Not Filed
Project Number: BF.20.001.2007.AR.03 Domicile Status Comments:
Reference Organization: National Council on Compensation Insurance Reference Number: Item 02-AR-2007
Reference Title: Rev to Basic Manual Class 2719-Logging or Tree Advisory Org. Circular:
Removal: Certif Mech Harv Exclus
Filing Status Changed: 07-20-2007
State Status Changed: 07-20-2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Adoption of NCCI Item 02-AR-2007.

Company and Contact

Filing Contact Information

Stephanie Wieczorek, State Filing Analyst Stephanie.Wieczorek@thehartford.com
The Hartford (860) 547-9125 [Phone]
Hartford, CT 06115 (860) 547-3519[FAX]

Filing Company Information

Hartford Casualty Insurance Company CoCode: 29424 State of Domicile: Indiana
Hartford Plaza Group Code: 91 Company Type: Property
Hartford, CT 06115 Group Name: State ID Number:
(860) 547-5000 ext. [Phone] FEIN Number: 06-0294398

Hartford Insurance Company of the Midwest
Hartford Plaza
Hartford, CT 06115
(860) 547-5000 ext. [Phone]

CoCode: 37478
Group Code: 91
Group Name:
FEIN Number: 06-1008026

State of Domicile: Indiana
Company Type: Property
State ID Number:

Hartford Underwriters Insurance Company
Hartford Plaza
Hartford, CT 06115
(860) 547-5000 ext. [Phone]

CoCode: 30104
Group Code: 91
Group Name:
FEIN Number: 06-1222527

State of Domicile: Connecticut
Company Type: Property
State ID Number:

Sentinel Insurance Company Limited
Hartford Plaza
Hartford, CT 06115
(860) 547-5000 ext. [Phone]

CoCode: 11000
Group Code: 91
Group Name:
FEIN Number: 06-1552103

State of Domicile: Connecticut
Company Type: Property
State ID Number:

Twin City Fire Insurance Company
Hartford Plaza
Hartford, CT 06115
(860) 547-5000 ext. [Phone]

CoCode: 29459
Group Code: 91
Group Name:
FEIN Number: 06-0732738

State of Domicile: Indiana
Company Type: Property
State ID Number:

Hartford Fire Insurance Company
Hartford Plaza
690 Asylum Avenue
Hartford, CT 06115
(860) 547-5000 ext. [Phone]

CoCode: 19682
Group Code: 91
Group Name:
FEIN Number: 06-0383750

State of Domicile: Connecticut
Company Type:

State ID Number:

Hartford Accident and Indemnity Company
690 Asylum Ave
Hartford, CT 06115
(860) 547-5000 ext. [Phone]

CoCode: 22357
Group Code: 91
Group Name:
FEIN Number: 06-0383030

State of Domicile: Connecticut
Company Type: Property
State ID Number:

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07-20-2007	07-20-2007

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	07-20-2007	07-20-2007

Response Letters

Responded By	Created On	Date Submitted
Stephanie Wieczorek	07-20-2007	07-20-2007

Disposition

Disposition Date: 07-20-2007

Effective Date (New): 07-20-2007

Effective Date (Renewal):

Status: Approved

Comment: This filing is approved contingent on receiving the filing fee.

Rate data does NOT apply to filing.

Created by SERFF on 07-20-2007 02:37 PM

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	Cover letter	Approved	Yes

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07-20-2007
Submitted Date 07-20-2007

Dear Stephanie Wieczorek,

This will acknowledge receipt of the captioned filing.

All workers' compensation filings are prior approval in Arkansas. This filing cannot be approved retroactive to the date the filing was received. The earliest I can approve it is today's date, July 20, 2007. In addition, the filing indicates that there is no filing fee required. That is incorrect. The filing fee for a rating rule adoption is \$25.00. It may be submitted by EFT or by sending a check with a copy of the transmittal (or other document) that includes the SERFF #.

Please feel free to contact me if you have questions.

Sincerely,
Carol Stiffler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07-20-2007
Submitted Date 07-20-2007

Dear Carol Stiffler,

Comments:

Response 1

Comments: We wish to amend the effective date of this filing to today. July 20, 2007.

My apologies for not noting the check in the filing fee tab. Check number 25420604 in the amount of \$25.00 was sent yesterday via express mail.

We trust this will enable you to continue your review of our filing. Should you have any additional questions or concerns, please feel free to contact me.

No Supporting Documents have changed.

No Form Schedule items changed.

No Rate/Rule Schedule Item Changes

Sincerely,
Kathleen Czarnecki, Stephanie Wieczorek

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07-20-2007
Comments:			
Attachment:			
NAIC TD1.pdf			
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	07-20-2007
Bypass Reason:	N/A		
Comments:			
Bypassed -Name:	NAIC loss cost data entry document	Review Status: Approved	07-20-2007
Bypass Reason:	N/A		
Comments:			
Satisfied -Name:	Cover letter	Review Status: Approved	07-20-2007
Comments:			
Attachment:			
Cover Ltr Adopt Item 02-AR-2007.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 #
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Hartford Fire Ins. Co.	Connecticut	00914-19682	06-0383750	
Hartford Accident & Indemnity Co.	Connecticut	00914-22357	06-0383030	
Hartford Casualty Ins.Co.	Indiana	00914-29424	06-0294398	
Hartford Underwriters Ins. Co.	Connecticut	00914-30104	06-1222527	
Twin City Fire Ins.Co.	Indiana	00914-29459	06-0732738	
Hartford Ins. Co. of the Midwest	Indiana	00914-37478	06-1008026	
Sentinel Insurance Company	Connecticut	00914-11000	06-1552103	

5. Company Tracking Number	BF.20.001.2007.AR.03
-----------------------------------	----------------------

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Kathleen Czarniecki	Prod. Cons.			kathleen.czarniecki
	Hartford Plaza, Hartford, CT 06115		860-547-6165	860-547-4849	@TheHartford.com

7. Signature of authorized filer	<i>Kathleen Czarniecki</i>
8. Please print name of authorized filer	Kathleen Czarniecki

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

9. Type of Insurance (TOI)	16.0000 WC
10. Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
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 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)
14. Effective Date(s) Requested	New: 7/1/07 Renewal: 7/1/07
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	National Council on Compensation Insurance (NCCI)
17. Reference Organization # & Title	Item Filing # 02-AR-2007-Rev. to Basic Manual Class Code 2719-Logging or Tree Removal:Certif Mech Harvesting Exclusively
18. Company's Date of Filing	7/19/07
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 #	BF.20.001.2007.AR.02
--	----------------------

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

Adoption of NCCI Item Filing 02-AR-2007 effective 7/1/07.

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 #: 25420604
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.)**



July 19, 2007

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
3rd and Cross
Little Rock, AR 72201-1904

Re: **Workers' Compensation and Employers' Liability**
Adoption of National Council on Compensation Insurance (NCCI) Item 02-AR-2007
Revision to Basic Manual Classification 2719- Logging or Tree Removal:
Certified Mechanized Harvesting Exclusively

Our Filing Number: BF.20.001.2007.AR.03	NAIC #
Hartford Fire Insurance Company	19682
Hartford Accident and Indemnity Company	22357
Hartford Casualty Insurance Company	29424
Hartford Underwriters Insurance Company	30104
Twin City Fire Insurance Company	29459
Hartford Insurance Company of the Midwest	37478
Sentinel Insurance Company, Ltd.	11000

Dear Commissioner,

As members of the National Council on Compensation Insurance (NCCI) the above listed companies hereby adopt NCCI Item 02-AR-2007 for an effective date of July 1, 2007.

Enclosed please find an NAIC Transmittal Document and our filing fee check number 25420604 in the amount of \$25.00 which will be sent to you via express mail.

We look forward to your acknowledgement of this matter.

Thank you.

Very truly yours,

Kathleen M. Czarnecki, Product Consultant
Product Support and Compliance HO-2-19
Telephone: (860) 547-6165, FAX No.: (860) 547-4849
E-Mail Address: Kathleen.Czarnecki@thehartford.com

CC: Liz Luzadder, NCCI