

SERFF Tracking Number: BALG-125300975 State: Arkansas  
Filing Company: Protective Insurance Company State Tracking Number: AR-PC-07-026258  
Company Tracking Number: ARPIC07-02  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: Workers Compensation/ARPIC07-02

## Filing at a Glance

Company: Protective Insurance Company

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rate

SERFF Tr Num: BALG-125300975 State: Arkansas

SERFF Status: Closed

Co Tr Num: ARPIC07-02

Co Status: Submit

Author: Jeremy Jaynes

Date Submitted: 09/28/2007

State Tr Num: AR-PC-07-026258

State Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Disposition Date: 10/03/2007

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

## General Information

Project Name: Workers Compensation

Project Number: ARPIC07-02

Reference Organization: NCCI

Reference Title: Voluntary Advisory Loss Costs & Rating Values

Filing Status Changed: 10/03/2007

State Status Changed: 09/28/2007

Corresponding Filing Tracking Number:

Filing Description:

Protective Insurance Company is a licensed insurer in the state of Arkansas for Workers' Compensation business.

Protective is also a member of the National Council on Compensation Insurance (NCCI). As such, we desire to adopt, by reference, the approved loss costs referenced in NCCI Circular AR-2007-13 with an effective date of January 1, 2008. We have updated our loss cost multiplier to 1.535 and included this information in our Calculation of Loss Cost Multiplier Form in the Supporting Documentation section.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number: AR-2007-10

Advisory Org. Circular: AR-2007-13

Deemer Date:

## Company and Contact

### Filing Contact Information

Jeremy Jaynes, Compliance Analyst

[jjaynes@baldwinandlyons.com](mailto:jjaynes@baldwinandlyons.com)

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1099 N Meridian St (800) 231-6024 [Phone]  
Indianapolis, IN 46204 (317) 715-9615[FAX]

**Filing Company Information**

Protective Insurance Company CoCode: 12416 State of Domicile: Indiana  
1099 N Meridian St Group Code: 867 Company Type: Property &  
Casualty  
Indianapolis, IN 46204 Group Name: Baldwin & Lyons, Inc. State ID Number:  
(317) 636-9800 ext. 416[Phone] FEIN Number: 35-6021485  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation: \$100.00 per company for filing by reference to NCCI advisory prospective loss costs with changes to LCM.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Protective Insurance Company	\$100.00	09/28/2007	15860073

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	10/03/2007	10/03/2007

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	10/02/2007	10/02/2007	Jeremy Jaynes	10/03/2007	10/03/2007
Industry Response						

SERFF Tracking Number: BALG-125300975 State: Arkansas  
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 Company Tracking Number: ARPIC07-02  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: Workers Compensation  
 Project Name/Number: Workers Compensation/ARPIC07-02

## Disposition

Disposition Date: 10/03/2007  
 Effective Date (New): 01/01/2008  
 Effective Date (Renewal):  
 Status: Approved  
 Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Protective Insurance Company	26.500%	\$1,106	45	\$4,176	30.000%	25.100%	26.500%

*SERFF Tracking Number:* BALG-125300975      *State:* Arkansas  
*Filing Company:* Protective Insurance Company      *State Tracking Number:* AR-PC-07-026258  
*Company Tracking Number:* ARPIC07-02  
*TOI:* 16.0 Workers Compensation      *Sub-TOI:* 16.0004 Standard WC  
*Product Name:* Workers Compensation  
*Project Name/Number:* Workers Compensation/ARPIC07-02

<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>	Arkansas Workers Compensation Rates	Approved	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 10/02/2007  
Submitted Date 10/02/2007  
Respond By Date

Dear Jeremy Jaynes,

This will acknowledge receipt of the captioned filing.

In the Filing Description you adopt Circular AR-2007-13. On Line 17 in the Transmittal Document you refer to AR-2007-10 and in the Filing Description on the Transmittal Document you refer to Circular AR-2007-10. In other documents you refer to Item Filing #AR-2007-10.

Item Filing numbers are often different than the Circular number. We do not receive circulars which are issued after the Item Filing is approved. Often Circulars and Item Filings have the same numbers but are not related to each other. We CANNOT accept the Circular number in lieu of the Item Filing Number. You must state the Item Filing Number. I believe you are trying to adopt Item Filing #AR-2007-10 which NCCI has an effective date of 1/1/08. Please confirm that is the correct Item Filing Number.

The cover form and NAIC Loss Cost Data Entry Document indicate that the Requested Rate Level Change is 26.5%

Please feel free to contact me if you have questions.

Sincerely,  
Carol Stiffler

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 10/03/2007  
Submitted Date 10/03/2007

Dear Carol Stiffler,

### Comments:

*SERFF Tracking Number:*      *BALG-125300975*                      *State:*                      *Arkansas*  
*Filing Company:*              *Protective Insurance Company*                      *State Tracking Number:*      *AR-PC-07-026258*  
*Company Tracking Number:*      *ARPIC07-02*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*                      *Workers Compensation*  
*Project Name/Number:*              *Workers Compensation/ARPIC07-02*

## **Response 1**

Comments: Thank you for your prompt response to our filing. You are correct. The filing description in the general information tab should reflect that we wish to adopt Item Filing # AR-2007-10 with an effective date of 1/1/08. Please disregard our reference to circular AR-2007-13.

### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Jeremy Jaynes

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State: Arkansas  
 State Tracking Number: AR-PC-07-026258  
 Sub-TOI: 16.0004 Standard WC

## Rate Information

Rate data applies to filing.

**Filing Method:** Prior Approval  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** -5.400%  
**Effective Date of Last Rate Revision:** 07/01/2007  
**Filing Method of Last Filing:** Prior Approval

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Protective Insurance Company	26.500%	26.500%	\$1,106	45	\$4,176	30.000%	25.100%

<i>SERFF Tracking Number:</i>	<i>BALG-125300975</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Protective Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026258</i>
<i>Company Tracking Number:</i>	<i>ARPIC07-02</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation/ARPIC07-02</i>		

## Rate/Rule Schedule

<b>Review Status:</b>	<b>Exhibit Name:</b>	<b>Rule # or Page #:</b>	<b>Rate Action</b>	<b>Previous State Filing Attachments Number:</b>
Approved	Arkansas Workers Compensation Rates		Replacement	AR-PC-07-024046 Rates Page.pdf

# PROTECTIVE INSURANCE COMPANY

## ARKANSAS WORKERS' COMPENSATION RATES

January 1, 2008

Expense Multiplier: 1.535  
Maximum Minimum Premium: 750

Class Code	Loss Cost	1/1/08 Rate	Minimum Premium
3632	2.20	3.38	571
7222	7.16	10.99	750
7228	5.61	8.61	750
7229	5.58	8.57	750
7230	2.73	4.19	661
7231	6.03	9.26	750
7360	4.23	6.49	750
7380	2.97	4.56	701

Class Code	Loss Cost	1/1/08 Rate	Minimum Premium
7421	1.62	2.49	473
8291	1.77	2.72	499
8292	2.15	3.30	563
8293	5.94	9.12	750
8380	2.54	3.90	629
8393	1.18	1.81	399
8742	0.37	0.57	262
8810	0.18	0.28	230

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/03/2007

**Comments:**

**Attachment:**

Transmittal - signed.pdf

**Satisfied -Name:** NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 10/03/2007

**Comments:**

**Attachments:**

Cover Form.pdf

Calc of Loss Cost Mult.pdf

**Satisfied -Name:** NAIC loss cost data entry document **Review Status:** Approved 10/03/2007

**Comments:**

**Attachment:**

Loss Cost Data.pdf

**Property & Casualty Transmittal Document**

**Reset Form**

**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 #:

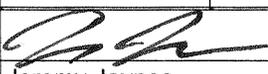
h. Subject Codes

<b>3. Group Name</b>	<b>Group NAIC #</b>
Baldwin & Lyons, Inc.	867

<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
Protective Insurance Company	IN	12416	35-6021485	

<b>5. Company Tracking Number</b>	ARPIC07-02
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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>
Jeremy Jaynes	Compliance Analyst	(800) 231- 6024	(317) 715-9615	jjaynes@baldwinandlyons.com
1099 North Meridian St, Suite 700 Indianapolis, IN 46204		extension 2805		
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Jeremy Jaynes			

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

<b>9. Type of Insurance (TOI)</b>	16.0 Workers Compensation
<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>	
<b>12. Company Program Title (Marketing title)</b>	Workers Compensation
<b>13. Filing Type</b>	<input checked="" type="checkbox"/> Rate/Loss Cost <input 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: 1/1/08      Renewal: 1/1/08
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	NCCI
<b>17. Reference Organization # &amp; Title</b>	AR-2007-10 Voluntary Advisory Loss Costs and Rating Values
<b>18. Company's Date of Filing</b>	9/27/07
<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—

20. This filing transmittal is part of Company Tracking # ARPIC07-02

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

Protective Insurance Company is a licensed insurer in the state of Arkansas for Workers' Compensation business. Protective is also a member of the National Council on Compensation Insurance (NCCI). As such, we desire to adopt, by reference, the approved loss costs referenced in NCCI Circular AR-2007-10 with an effective date of January 1, 2008. We have updated our loss cost multiplier to 1.535 and included this information in our Calculation of Loss Cost Multiplier Form in the Supporting Documentation section.

[View Complete Filing Description](#)

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 #: NA - EFT Payment

Amount: \$100.00

EFT Payment made via SERFF.

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> ARPIC07-02
<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)
<input checked="" type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)	

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>
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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)
Protective	26.5%	26.5%	\$1,106	45	\$4,176	30.0%	25.1%

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	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

<b>6.</b>	Overall percentage of last rate revision	-5.4%
<b>7.</b>	Effective Date of last rate revision	7/1/07
<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Workers' Compensation Rate Page	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AR-PC-024046
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	

Date: September 27, 2007

Space Reserved for Insurance Department Use

**WORKERS' COMPENSATION  
LOSS COST FILING DOCUMENT COVER FORM**

**INSURER RATE FILING  
ADOPTION OF ADVISORY ORGANIZATION  
PROSPECTIVE LOSS COSTS**

1. INSURER NAME Protective Insurance Company  
ADDRESS 1099 North Meridian Street  
Indianapolis, Indiana 46204  
\_\_\_\_\_
2. PERSON RESPONSIBLE FOR FILING Jeremy Jaynes  
TITLE Compliance Analyst TELEPHONE # 800-231-6024 x2805
3. INSURER NAIC # 12416
4. ADVISORY ORGANIZATION National Council on Compensation Insurance
- 5A. PROPOSED RATE LEVEL CHANGE 26.5 % EFFECTIVE DATE 1/1/08  
5B. PROPOSED PREMIUM LEVEL CHANGE\* 26.5 % EFFECTIVE DATE 1/1/08
- 6A. PRIOR RATE LEVEL CHANGE -5.4 % EFFECTIVE DATE 7/1/07  
6B. PRIOR PREMIUM LEVEL CHANGE\* -5.4 % EFFECTIVE DATE 7/1/07
7. ATTACH "NAIC LOSS COST FILING DOCUMENT – WORKERS' COMPENSATION"  
(Attach this document separately for each insurer selected loss cost multiplier.)

\* The premium level change is the change in the insurer's annual collectible premium.

**CALCULATION OF COMPANY LOSS COST MULTIPLIER**

<b>This filing transmittal is part of Company Tracking #</b>	<b>ARPIC07-02</b>
<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	

( X ) **Loss Cost Reference Filing**            NCCI Item AR-2007-10            ( ) **Independent Rate Filing**  
 (Advisory Org. & Reference filing #)

If this is a loss cost filing adopting an advisory organization’s loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

**1. Check one of the following:**

- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization’s prospective loss costs for this line of insurance. The insurer’s rates will be the combination of the advisory organization’s prospective loss costs and the insurer’s loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization’s prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. **Note: Some states have statutes that prohibit this option for some lines of business.**
- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

**2. Does this filing apply to all class codes?   Y   If no, complete a copy of this form for each affected class with appropriate justification.**

**3. Loss cost modification:**

**A.** The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:  
 (Check One)

- ( X ) Without Modification (factor = 1.000)
- ( ) With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) \_\_\_\_\_

**B.** Loss Cost Modification Expressed as a Factor: (See Examples Below)       1.000      

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 ( 1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH “EXPENSE CONSTANT SUPPLEMENT” OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

**4. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio.** (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)  
**PROJECTED EXPENSES:** Compared to standard premium at company rates.

		Selected Provisions
A.	Total Production Expense	21.3%
B.	General Expense	5.5%
C.	Taxes, Licenses & Fee	3.0%
D.	Underwriting profit & contingencies*	5.0%
E.	Other (explain)	%
F.	Total	34.8%
* Explain how investment income is taken into account		

<b>5.</b>	A.	Expected Loss Ratio: ELR = 100% - 4F =	<b>65.2%</b>
	B.	ELR in Decimal Form =	<b>.652</b>

**NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION**

<b>6.</b>	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	<b>1.000</b>
<b>7.</b>	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	<b>1.000</b>
<b>8.</b>	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	<b>1.535</b>
<b>9.</b>	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	<b>1.535</b>

Yes    No

**10. Are you amending your minimum premium formula?** If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

      ( )    (X)

**11. Are you changing your premium discount schedules?** If yes, attach schedules and support, detailing premium or rate level changes.

      ( )    (X)

## NAIC LOSS COST DATA ENTRY DOCUMENT

<b>1.</b>	This filing transmittal is part of Company Tracking #	<b>ARPIC07-02</b>
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<b>2.</b>	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	<b>NCCI Item AR-2007-10</b>
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	Company Name		Company NAIC Number
<b>3.</b>	<b>A.</b>	<b>Protective Insurance Company</b>	<b>B.</b> <b>12416</b>

	Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
<b>4.</b>	<b>A.</b>	<b>16.0 Workers Compensation</b>	<b>B.</b> <b>16.0004 Standard WC</b>

**5.**

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
<b>Workers Comp</b>	<b>26.5%</b>	<b>26.5%</b>	<b>65.2%</b>	<b>1.0</b>	<b>1.535</b>	<b>200</b>	<b>1.250</b>
TOTAL OVERALL EFFECT	<b>26.5%</b>	<b>26.5%</b>					

**6.**      5 Year History      Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
<b>2006</b>	<b>1</b>	<b>-5.4</b>	<b>7/1/07</b>	<b>4</b>	<b>-1</b>	<b>26.3</b>	<b>71.7</b>
<b>2005</b>	<b>9</b>	<b>-3.8</b>	<b>7/15/06</b>	<b>38</b>	<b>31</b>	<b>81.4</b>	<b>20.1</b>
<b>2004</b>	<b>2</b>	<b>-3.3</b>	<b>7/1/05</b>	<b>8</b>	<b>2</b>	<b>27.6</b>	<b>55.8</b>
<b>2003</b>	<b>7</b>	<b>0.5</b>	<b>7/1/04</b>	<b>29</b>	<b>28</b>	<b>96.2</b>	<b>2.0</b>
<b>2002</b>	<b>1</b>	<b>1.8</b>	<b>7/1/03</b>	<b>3</b>	<b>-13</b>	<b>38.8</b>	<b>193.8</b>

**7.**

Expense Constants	Selected Provisions
A. Total Production Expense	<b>21.3</b>
B. General Expense	<b>5.5</b>
C. Taxes, License & Fees	<b>3.0</b>
D. Underwriting Profit & Contingencies	<b>5.0</b>
E. Other (explain)	
<b>F. TOTAL</b>	<b>34.8</b>

- 8.**      Y   Apply Lost Cost Factors to Future filings? (Y or N)
- 9.**     30.0%  Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): \_\_\_\_\_
- 10.**   NA  Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): \_\_\_\_\_