

SERFF Tracking Number: FEMC-125332658 State: Arkansas
First Filing Company: Federated Mutual Insurance Company, ... State Tracking Number: AR-PC-07-026536
Company Tracking Number: WC-AR-08-1
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: WC-AR-08-1/WC-AR-08-1

Filing at a Glance

Companies: Federated Mutual Insurance Company, Federated Service Insurance Company

Product Name: Workers Compensation SERFF Tr Num: FEMC-125332658 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: AR-PC-07-026536
Sub-TOI: 16.0004 Standard WC Co Tr Num: WC-AR-08-1 State Status:
Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Carol Stiffler
Author: Carolyn Stursa Disposition Date: 10/25/2007
Date Submitted: 10/23/2007 Disposition Status: Approved
Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal):

General Information

Project Name: WC-AR-08-1 Status of Filing in Domicile:
Project Number: WC-AR-08-1 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 10/25/2007
State Status Changed: 10/24/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

We ask for your approval of this filing. The revised rates and rating values are based upon the NCCI January 1, 2008 advisory pure premiums. We wish to implement this filing for all policies effective on and after January 1, 2008. We are revising our pure premium multipliers for Federated Mutual Insurance Co. and Federated Service Insurance Co. See our explanatory memorandum for further details of this filing.

Company and Contact

Filing Contact Information

Carolyn Stursa, Property & Casualty Product cmstursa@fedins.com
Specialist

SERFF Tracking Number: FEMC-125332658 State: Arkansas
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Project Name/Number: WC-AR-08-1/WC-AR-08-1

121 E Park Square (800) 533-0472 [Phone]
Owatonna, MN 55060 (507) 444-6691[FAX]

Filing Company Information

Federated Mutual Insurance Company CoCode: 13935 State of Domicile: Minnesota
121 East Park Square Group Code: 7 Company Type:
PO Box 328
Owatonna, MN 55060 Group Name: State ID Number:
(800) 533-0472 ext. [Phone] FEIN Number: 41-0417460

Federated Service Insurance Company CoCode: 28304 State of Domicile: Minnesota
121 East Park Square Group Code: 7 Company Type:
PO Box 328
Owatonna, MN 55060 Group Name: State ID Number:
(800) 533-0472 ext. [Phone] FEIN Number: 41-0984698

SERFF Tracking Number: FEMC-125332658 State: Arkansas
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Product Name: Workers Compensation
Project Name/Number: WC-AR-08-1/WC-AR-08-1

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federated Mutual Insurance Company	\$100.00	10/23/2007	16260573
Federated Service Insurance Company	\$0.00	10/23/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	10/25/2007	10/25/2007
Approved	Carol Stiffler	10/25/2007	10/25/2007

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	10/24/2007	10/24/2007	Carolyn Stursa	10/25/2007	10/25/2007

Industry
Response

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Adoption of CW Item R- 1396 2007 Update to Retrospective Rating Plan Parameters	Supporting Document	Carolyn Stursa	10/25/2007	10/25/2007
Uniform Transmittal Document- Property & Casualty	Supporting Document	Carolyn Stursa	10/23/2007	10/23/2007

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 Product Name: Workers Compensation
 Project Name/Number: WC-AR-08-1/WC-AR-08-1

Disposition

Disposition Date: 10/25/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment: This will acknowledge that R-1396 is also included on this filing and is approved.

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:
Federated Mutual Insurance Company	0.100%	\$3,255	432	\$3,254,679	%	%	0.000%
Federated Service Insurance Company	-0.700%	\$-646	6	\$92,298	%	%	0.000%

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

\$2,609

Effect of Rate Filing - Number of Policyholders Affected

438

SERFF Tracking Number: FEMC-125332658 State: Arkansas
 First Filing Company: Federated Mutual Insurance Company, ... State Tracking Number: AR-PC-07-026536
 Company Tracking Number: WC-AR-08-1
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: WC-AR-08-1/WC-AR-08-1

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Withdrawn	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document (revised)	NAIC loss cost data entry document	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Withdrawn	Yes
Supporting Document	Adoption of CW Item R-1396 2007 Update to Retrospective Rating Plan Parameters		Yes
Rate	Mutual Workers Compensation & Employers Liability Manual rates, misc values & retro rating plan, state specific pages	Approved	Yes
Rate	Service Workers Compensation & Employers Liability Manual rates, misc values & retro rating plan, state specific pages	Approved	Yes

SERFF Tracking Number: FEMC-125332658 State: Arkansas
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 Product Name: Workers Compensation
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Disposition

Disposition Date: 10/25/2007
 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:
Federated Mutual Insurance Company	0.100%	\$3,255	432	\$3,254,679	%	%	0.000%
Federated Service Insurance Company	-0.700%	\$-646	6	\$92,298	%	%	0.000%

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	\$2,609
Effect of Rate Filing - Number of Policyholders Affected	438

SERFF Tracking Number: FEMC-125332658 State: Arkansas
 First Filing Company: Federated Mutual Insurance Company, ... State Tracking Number: AR-PC-07-026536
 Company Tracking Number: WC-AR-08-1
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: WC-AR-08-1/WC-AR-08-1

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Withdrawn	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document (revised)	NAIC loss cost data entry document	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Withdrawn	Yes
Supporting Document	Adoption of CW Item R-1396 2007 Update to Retrospective Rating Plan Parameters		Yes
Rate	Mutual Workers Compensation & Employers Liability Manual rates, misc values & retro rating plan, state specific pages	Approved	Yes
Rate	Service Workers Compensation & Employers Liability Manual rates, misc values & retro rating plan, state specific pages	Approved	Yes

SERFF Tracking Number: FEMC-125332658 State: Arkansas
First Filing Company: Federated Mutual Insurance Company, ... State Tracking Number: AR-PC-07-026536
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Product Name: Workers Compensation
Project Name/Number: WC-AR-08-1/WC-AR-08-1

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/24/2007
Submitted Date 10/24/2007
Respond By Date

Dear Carolyn Stursa,

This will acknowledge receipt of the captioned filing.

This filing adopts Circular AR-2007-13 but does not state the Item Filing number which is often different than the Circular number. On several forms in the Supporting Documentation it refers to AR-2006-04 which is a 2006 NCCI filing. 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.

Please feel free to contact me if you have questions.

Sincerely,
Carol Stiffler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/25/2007
Submitted Date 10/25/2007

Dear Carol Stiffler,

Comments:

Response 1

Comments: Carol Stiffler,

I have removed the incorrect RF-WC forms for Mutual and Service and replaced with a revised copy for each company. I have shown Item number AR-2007-10 on forms.

SERFF Tracking Number: FEMC-125332658 *State:* Arkansas
First Filing Company: Federated Mutual Insurance Company, ... *State Tracking Number:* AR-PC-07-026536
Company Tracking Number: WC-AR-08-1
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: WC-AR-08-1/WC-AR-08-1

Thank you,
Carolyn Stursa

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: NAIC loss cost data entry document
Comment: Carol Stiffler,

I have removed the incorrect RF-WC forms for Mutual and Service and replaced with a revised copy for each company. I have shown Item number AR-2007-10 on forms.

Thank you,
Carolyn Stursa

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Carolyn Stursa

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TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: WC-AR-08-1/WC-AR-08-1

Amendment Letter

Amendment Date:

Submitted Date: 10/25/2007

Comments:

Carol Stiffler,

Thank you for reopening this filing.

Also included in this filing is the adoption of approved NCCI Countrywide-Item R1396-2007 Update to Retrospective Rating Plan Parameters.

Thank you,
Carolyn Stursa

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Adoption of CW Item R-1396 2007 Update to Retrospective Rating Plan Parameters

Comment: Carol Stiffler,

Thank you for reopening this filing.

Also included in this filing is the adoption of approved NCCI Countrywide-Item R1396-2007 Update to Retrospective Rating Plan Parameters.

Thank you,
Carolyn Stursa

SERFF Tracking Number: FEMC-125332658 State: Arkansas
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Product Name: Workers Compensation
Project Name/Number: WC-AR-08-1/WC-AR-08-1

Amendment Letter

Amendment Date:

Submitted Date: 10/23/2007

Comments:

I inadvertently attached the wrong transmittal document and rate/rule filing schedule. They are for the state of SD. I am attaching the correct forms to this amendment for AR.

Sincerely,
Carolyn Stursa

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Comment: I inadvertently attached the wrong transmittal document and rate/rule filing schedule. They are for the state of SD. I am attaching the correct forms to this amendment for AR.

Sincerely,
Carolyn Stursa

2007 P&C Transmittal Document PC TD-1.pdf
2007 Rate-Rule Filing Schedule PC RRFS-1.pdf

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 Product Name: Workers Compensation
 Project Name/Number: WC-AR-08-1/WC-AR-08-1

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.100%
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):
Federated Mutual Insurance Company	0.000%	0.100%	\$3,255	432	\$3,254,679	%	%
Federated Service Insurance Company	0.000%	-0.700%	-\$646	6	\$92,298	%	%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated: 0.000%
Overall Percentage Rate Impact For This Filing: 0.000%
Effect of Rate Filing - Written Premium Change For This Program: \$2,609

<i>SERFF Tracking Number:</i>	<i>FEMC-125332658</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Federated Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026536</i>
<i>Company Tracking Number:</i>	<i>WC-AR-08-1</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>WC-AR-08-1/WC-AR-08-1</i>		

Effect of Rate Filing - Number of Policyholders Affected: 438

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 Company Tracking Number: WC-AR-08-1
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: WC-AR-08-1/WC-AR-08-1

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Mutual Workers Compensation & Employers Liability Manual rates, misc values & retro rating plan, state specific pages	F1-F8 (1-1-08) & Replacement RR1-RR2 (1-1-08)		Mutual Co Rates, Misc Values & Retro Rating Plan, State Specific pages.pdf
Approved	Service Workers Compensation & Employers Liability Manual rates, misc values & retro rating plan, state specific pages	F1-F8 (1-1-08) & Replacement RR1-RR2 (1-1-08)		Service Co Rates, Misc Values & Retro Rating Plan, state specific pages.pdf

LEGEND

C Classification is a chemical code.

E Classification involving specific disease loading. Refer to Home Office for amount.

D Special Disease Rule for this classification - see Rule IV of Manual Supplement - Treatment of Disease Coverage.

P Per Capita

X Refer to special classification phraseology in these pages which is applicable in this state.

Class Code	Manual Rate	Min. Prem.	Class Code	Manual Rate	Min. Prem.	Class Code	Manual Rate	Min. Prem.
0005	5.06	750	1322	12.32	750	2041	4.17	750
0008	3.10	619	1430	5.55	750	2065	1.29	374
0016	6.51	750	1438	2.85	585	2070	5.31	750
0034	4.44	750	1452	1.96	465	2081	4.59	750
0035	2.58	548	1463	12.20	750	2089	2.86	586
0036	4.29	750	1472	3.71	701	2095	3.40	659
0037	4.64	750	1624 E	8.03	750	2105	2.63	555
0042	7.52	750	1642	4.02	743	2110	2.36	519
0050	5.73	750	1654	8.68	750	2111	2.14	489
0059 D	0.31		1655 D	4.84	750	2112	2.72	567
0065 D	0.06		1699	2.24	502	2114	3.26	640
0066 D	0.06		1701	3.72	702	2121	2.08	481
0067 D	0.06		1710 E	6.96	750	2130	3.06	613
0079	3.34	651	1741 E	1.86	451	2131	1.87	452
0083	8.77	750	1745 X	3.06	613	2143	2.32	513
0106	14.87	750	1747	2.55	544	2157	4.01	741
0113	4.97	750	1748	5.98	750	2172	2.27	506
0170	2.76	573	1803 D	5.73	750	2174	2.95	598
0251	5.59	750	1852 D	2.34	516	2211	5.55	750
0400	8.92	750	1853	2.79	577	2220	2.11	485
0401	13.01	750	1860	1.60	416	2286	1.56	411
0771 N	0.33		1924	3.40	659	2288	4.87	750
0908 P	132.00	332	1925	2.80	578	2300	2.27	506
0913 P	353.19	750	2001	2.54	543	2302	1.99	469
0917	3.90	727	2002	3.52	675	2305	2.63	555
1005 *	10.37	750	2003	2.95	598	2361	1.42	392
1016 *	38.38	750	2014	5.57	750	2362	1.91	458
1164 E	7.60	750	2016	2.55	544	2380	6.53	750
1165 E	7.24	750	2021	3.53	677	2386	1.28	373
1320	3.06	613	2039	4.85	750	2388	2.02	473

* **1005** - Includes a non-ratable disease element of \$4.23. (For coverage written separately for federal benefits only, \$3.19. For coverage written separately for state benefits only, \$1.04.) See Exception Rules.

* **1016** - Includes a non-ratable disease element of \$16.92. (For coverage written separately for federal benefits only, \$12.74. For coverage written separately for state benefits only, \$4.17), and a catastrophe load of \$0.15.

Non-Ratable Code and Rate to be used with:

b 4771

<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>	<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>	<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>
2402	2.43	528	2960	3.19	631	3257	2.83	582
2413	1.94	462	3004	2.72	567	3270	4.64	750
2416	2.02	473	3018	3.26	640	3300	3.89	725
2417	1.87	452	3022	3.50	673	3303	3.83	717
2501	1.59	415	3027	3.18	629	3307	3.75	706
2503	1.42	392	3028	3.34	651	3315	2.80	578
2534	2.52	540	3030	4.41	750	3334	2.67	560
2570	5.12	750	3040	4.38	750	3336	2.60	551
2585	2.82	581	3041	3.78	710	3365	10.25	750
2586	1.07	344	3042	3.43	663	3372	2.88	589
2587	2.29	509	3064	4.90	750	3373	3.59	685
2589	1.69	428	3069	6.04	750	3383	1.02	338
2600	5.12	750	3076	2.92	594	3385	0.93	326
2623	2.66	559	3081 D	2.69	563	3400	2.73	569
2651	2.36	519	3082 D	4.26	750	3507	3.09	617
2660	1.66	424	3085 D	3.15	625	3515	2.49	536
2670	2.48	535	3110	3.21	633	3548	1.32	378
2683	2.14	489	3111	3.19	631	3559	2.29	509
2688	3.06	613	3113	2.29	509	3574	1.26	370
2701	8.33	750	3114	2.70	565	3581	1.28	373
2702 X	28.58	750	3118	1.51	404	3612	2.34	516
2710	8.80	750	3119	1.14	354	3620	6.44	750
2714	5.30	750	3122	1.22	365	3629	1.71	431
2719 X	11.55	750	3126	2.08	481	3632	2.77	574
2731	3.87	722	3131	0.95	328	3634	2.02	473
2735	3.15	625	3132	2.17	493	3635	1.88	454
2759	7.85	750	3145	2.02	473	3638	1.68	427
2790	1.48	400	3146	2.72	567	3642	0.98	332
2802	6.84	750	3169	2.79	577	3643	3.18	629
2812	4.59	750	3175 D	3.07	614	3647	3.41	660
2835	1.75	436	3179	2.51	539	3648	2.23	501
2836	2.49	536	3180	2.24	502	3681	1.48	400
2841	4.35	750	3188	1.50	403	3685	1.94	462
2881	2.40	524	3220	2.12	486	3719	3.59	685
2883	4.56	750	3223	3.43	663	3724	6.01	750
2913	3.28	643	3224	2.80	578	3726	3.78	710
2915	4.07	749	3227	1.87	452	3803	1.96	465
2916	2.60	551	3240	3.52	675	3807	1.69	428
2923	2.15	490	3241	3.12	621	3808	2.89	590
2942	2.55	544	3255	2.76	573	3821	4.45	750

<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>	<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>	<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>
3822	2.91	593	4304	2.94	597	4777	1.87	452
3824	5.10	750	4307	2.85	585	4825	0.80	308
3826	1.10	349	4351	1.16	357	4828	1.51	404
3827	1.26	370	4352	1.08	346	4829	1.65	423
3830	1.22	365	4360	0.85	315	4902	1.81	444
3851	3.03	609	4361	1.42	392	4923	1.20	362
3865	1.37	385	4362	1.14	354	5020	6.10	750
3881	4.02	743	4410	3.10	619	5022	6.66	750
4000	7.84	750	4420	3.68	697	5037	18.59	750
4021	4.75	750	4431	1.56	411	5040	21.73	750
4024 E	1.80	443	4432	1.68	427	5057	17.11	750
4034	7.29	750	4439	1.97	466	5059	24.56	750
4036	2.79	577	4452	3.62	689	5069	23.61	750
4038	2.24	502	4459	2.23	501	5102	4.54	750
4053	3.41	660	4470	2.40	524	5146	5.37	750
4061	4.57	750	4484	2.48	535	5160	4.78	750
4062	3.31	647	4493	2.98	602	5183	2.94	597
4101	2.09	482	4511	0.73	299	5188	5.76	750
4111	2.46	532	4557	1.93	461	5190	2.86	586
4112	1.01	336	4558	1.99	469	5191 X	1.88	454
4113	1.78	440	4561	2.02	473	5192	4.24	750
4114	2.55	544	4568	2.83	582	5213	8.16	750
4130	5.94	750	4581	1.78	440	5215	4.27	750
4131	2.86	586	4583	4.85	750	5221	4.35	750
4133	2.73	569	4611	0.99	334	5222	10.70	750
4150	1.38	386	4635	4.07	749	5223	5.85	750
4206	4.21	750	4653	1.42	392	5348	4.08	750
4207	1.22	365	4665	7.23	750	5402	5.36	750
4239	1.41	390	4670	4.64	750	5403	10.91	750
4240	3.10	619	4683	4.93	750	5437	5.00	750
4243	1.51	404	4686	1.22	365	5443	3.98	737
4244	2.49	536	4692	0.39	253	5445	5.06	750
4250	1.57	412	4693	0.92	324	5462	6.59	750
4251	1.75	436	4703	2.45	531	5472	5.45	750
4263	2.52	540	4717	2.57	547	5473	5.55	750
4273	1.72	432	4720	4.20	750	5474	7.72	750
4279	1.87	452	4740	1.59	415	5478	4.73	750
4282	2.30	511	4741	1.90	457	5479	11.06	750
4283	2.48	535	4751	2.02	473	5480	10.80	750
4299	1.35	382	4771 N	1.88	454	5491	2.32	513

For Non-Ratable portion of Rate, refer to:
b 0771

Class Code	Manual Rate	Min. Prem.	Class Code	Manual Rate	Min. Prem.	Class Code	Manual Rate	Min. Prem.
5506	4.73	750	6854	5.64	750	7705	2.94	597
5507	6.19	750	6882	6.46	750	7710	7.09	750
5508 D	7.87	750	6884	14.17	750	7711	7.09	750
5535	6.04	750	7133	3.72	702	7720 X	2.94	597
5537	5.70	750	7222	10.63	750	7855	6.41	750
5551	15.49	750	7228 X	8.33	750	8001	2.61	552
5606	1.78	440	7229 X	8.28	750	8002	3.43	663
5610	7.35	750	7230	4.05	747	8006	2.40	524
5645	12.27	750	7231	8.95	750	8008	1.25	369
5651	9.94	750	7232	15.23	750	8010	2.30	511
5703	106.94	750	7360	6.28	750	8013	0.45	261
5705	5.39	750	7370	5.43	750	8015	0.74	300
5951	0.40	254	7380 X	4.41	750	8017	1.28	373
6003	11.06	750	7382	2.98	602	8018 X*	2.86	586
6005	7.29	750	7390	3.77	709	8021	1.84	448
6017	4.60	750	7403 X	3.03	609	8031	3.34	651
6018	2.34	516	7405 N	1.60	416	8032	1.72	432
6045	3.15	625	7420 X*	23.11	750	8033	2.09	482
6204	10.27	750	7421	2.40	524	8039	1.56	411
6206	7.91	750	7422	2.66	559	8044	3.43	663
6213	12.24	750	7423 X	3.03	609	8045	0.49	266
6214	2.95	598	7425	3.74	705	8046	3.04	610
6216	5.58	750	7431 N	2.08	481	8047	1.31	377
6217	5.21	750	7445 N	0.86		8058	2.61	552
6229	4.36	750	7453 N	1.11		8072	0.70	295
6233	8.01	750	7502	3.15	625	8102	2.83	582
6235	12.12	750	7515	1.16	357	8103	5.00	750
6236	13.85	750	7520	3.22	635	8105	5.06	750
6237	3.80	713	7538	10.30	750	8106	4.72	750
6251 D	8.25	750	7539	6.54	750	8107	4.35	750
6252 D	7.48	750	7540	4.35	750	8111	3.38	656
6260 D	5.67	750	7580	2.20	497	8116	4.41	750
6306	5.86	750	7590	4.67	750	8203	6.62	750
6319	5.86	750	7600	3.18	629	8204	6.68	750
6325	5.45	750	7601	12.73	750	8209	3.28	643
6400	7.32	750	7605	3.56	681	8215	5.88	750
6504	2.55	544	7610	0.50	268	8227	4.66	750
6811	5.98	750	7611	6.31	750	8232	5.86	750
6834	4.47	750	7612	17.56	750	8233	5.21	750
6836	9.79	750	7613	5.05	750	8235	4.36	750

* 7409 Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005.

* 7420 Payroll is subject to a maximum of \$600 per week per employee effective July 1, 2006.

* 8018 See Arkansas Special Classification for Warehousing-groceries exclusively.

Non-Ratable Code and Rate to be used with:

d 7405 e 7431

For Non-Ratable portion of Rate, refer to:

b 7445 c 7453

<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>	<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>	<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>
8263	9.79	750	8864	1.26	370	9519	2.64	556
8264	4.35	750	8868	0.43	258	9521	5.67	750
8265	10.31	750	8869	0.80	308	9522	1.65	423
8279	11.14	750	8871	0.27	236	9534	8.03	750
8288	7.23	750	8901	0.31	242	9554	9.28	750
8291	2.63	555	9012	1.80	443	9586	0.79	307
8292	3.19	631	9014	2.51	539	9600	1.74	435
8293	8.81	750	9015 X	2.97	601	9620	1.11	350
8295 X	6.40	750	9016	5.31	750			
8304	7.63	750	9019	3.58	683			
8350	5.02	750	9033	1.94	462			
8380	3.20	632	9040 *	3.75	706			
8381	1.50	403	9052	1.88	454			
8385	2.88	589	9058	1.84	448			
8392	3.71	701	9059	3.16	627			
8393	1.75	436	9060	1.93	461			
8500	5.42	750	9061	1.47	398			
8601	0.74	300	9063	1.17	358			
8606	3.84	718	9082	1.77	439			
8719	1.91	458	9083	1.57	412			
8720	1.28	373	9084	2.18	494			
8721	0.43	258	9089	1.41	390			
8742 X	0.55	274	9093	1.57	412			
8745	5.00	750	9101	3.28	643			
8748	0.45	261	9102	3.22	635			
8755	0.31	242	9154	2.63	555			
8799	1.04	340	9156	1.50	403			
8800	1.04	340	9170	2.51	539			
8803	0.09	212	9178	26.82	750			
8810	0.27	236	9179	46.81	750			
8820	0.24	232	9180	4.64	750			
8824	3.04	610	9182	2.86	586			
8825	2.52	540	9186	58.34	750			
8826	2.42	527	9220	4.05	747			
8829	2.88	589	9402	5.64	750			
8831	3.19	631	9403	6.93	750			
8832	0.30	241	9410	2.11	485			
8833 X*	1.20	362	9501	5.18	750			
8835	2.32	513	9505	3.80	713			
8842	1.26	370	9516	3.03	609			

* 8833 & 9040 A charge of \$0.15 is to added to this class' rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

MISCELLANEOUS VALUES

Basis of Premium applicable in accordance with the footnote instructions for Code 7370 - "Taxicab Co. - Drivers" and "Limousine Co. - Drivers":

Employee Operated Vehicles	\$46,220.00
Leased or Rented Vehicles	\$30,813.00

Expense Constant applicable in accordance with Basic Manual Rule 3-A-11 \$200.00

Premium Discount Percentages - (See Basic Manual Rule 3-A-19-a). The following premium discounts are applicable to Standard Premiums.

			Premium Discount
First \$	5,000	-	-
Next	95,000	"a"	10.9%
Next	400,000	"b"	12.6%
Over	500,000	"c"	14.4%

Maximum Payroll applicable in accordance with Basic Manual Rule 2-E-1 --

"Executive Officers" and the footnote instructions for Code 9178--"Athletic Team: Non-Contact Sports," Code 9179 "Athletic Team: Contact Sports" and Code 9186"Carnival--Traveling" \$2,400.00

Minimum Payroll applicable in accordance with Basic Manual Rule 2-E-1 "Executive Officers" \$300.00

7420 -"Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew" maximum payroll per week per employee \$600.00

Per Passenger Seat Surcharge - In accordance with the footnote instructions for Classification Code 7421, the surcharge is \$100 per passenger seat
\$1,000 maximum surcharge per aircraft

Premium Determination for Partners and Sole Proprietors applicable in accordance with Basic Manual Rule 2-E-3 \$30,800.00

Terrorism Risk Insurance Act of 2002 - Losses subject to the Act
Terrorism premium charge per \$100 of total policy payroll \$0.03

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents
Terrorism premium charge per \$100 of total policy payroll \$0.01

Per Claim Deductible Credits : The following are applicable by hazard group:

Deductible Credit	Hazard Group						
	A	B	C	D	E	F	G
500	7.8%	6.4%	5.5%	4.6%	3.9%	2.7%	2.1%
1,000	10.4%	8.5%	7.3%	6.1%	5.2%	3.6%	2.7%
1,500	12.7%	10.4%	9.0%	7.6%	6.4%	4.6%	3.5%
2,000	14.5%	11.9%	10.4%	8.8%	7.5%	5.4%	4.2%
2,500	16.0%	13.3%	11.6%	9.9%	8.5%	6.2%	4.8%
3,000	17.4%	14.4%	12.6%	10.9%	9.3%	6.9%	5.3%
3,500	18.6%	15.5%	13.6%	11.8%	10.1%	7.5%	5.8%
4,000	19.8%	16.6%	14.6%	12.7%	10.9%	8.2%	6.3%
4,500	20.9%	17.5%	15.5%	13.5%	11.6%	8.7%	6.8%
5,000	21.9%	18.4%	16.3%	14.2%	12.3%	9.3%	7.2%

MISCELLANEOUS VALUES

Indemnity Only Deductible Credits : The following are applicable by hazard group:

Deductible Credit	Hazard Group						
	A	B	C	D	E	F	G
500	1.7%	1.4%	1.3%	1.2%	1.0%	0.9%	0.7%
1,000	2.2%	1.8%	1.7%	1.6%	1.4%	1.2%	0.9%
1,500	3.1%	2.6%	2.4%	2.2%	1.9%	1.6%	1.3%
2,000	3.9%	3.2%	3.0%	2.8%	2.4%	2.1%	1.6%
2,500	4.5%	3.8%	3.5%	3.3%	2.9%	2.5%	1.9%
3,000	5.1%	4.3%	4.0%	3.7%	3.3%	2.8%	2.2%
3,500	5.7%	4.8%	4.5%	4.2%	3.7%	3.1%	2.4%
4,000	6.2%	5.3%	4.9%	4.6%	4.1%	3.5%	2.7%
4,500	6.7%	5.7%	5.3%	5.0%	4.4%	3.8%	2.9%
5,000	7.2%	6.1%	5.7%	5.3%	4.7%	4.0%	3.2%

Medical Only Deductible Credits : The following are applicable by hazard group:

Deductible Credit	Hazard Group						
	A	B	C	D	E	F	G
500	7.6%	6.2%	5.3%	4.4%	3.7%	2.6%	2.0%
1,000	10.1%	8.2%	7.0%	5.9%	5.0%	3.4%	2.6%
1,500	12.1%	9.9%	8.5%	7.2%	6.1%	4.3%	3.3%
2,000	13.6%	11.2%	9.7%	8.2%	7.0%	5.0%	3.8%
2,500	14.9%	12.3%	10.7%	9.1%	7.7%	5.6%	4.3%
3,000	16.0%	13.3%	11.6%	9.9%	8.4%	6.1%	4.7%
3,500	17.0%	14.1%	12.3%	10.6%	9.0%	6.6%	5.1%
4,000	17.9%	14.9%	13.0%	11.2%	9.6%	7.1%	5.5%
4,500	18.7%	15.6%	13.7%	11.8%	10.1%	7.5%	5.8%
5,000	19.4%	16.3%	14.3%	12.4%	10.6%	7.9%	6.1%

United States Longshore and Harbor Workers' Compensation Coverage Percentage

applicable only in connection with Rule 3-A-4 "U.S. Longshore and Harbor Workers' Compensation Act" of the Basic Manual

90%

(Multiply a Non-F classification rate by a factor of 1.67)

EXPERIENCE RATING ELIGIBILITY

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the Experience Rating Plan Manual should be referenced for the latest approved eligibility amounts by state.

1. Hazard Group Differentials

A	B	C	D	E	F	G
1.890	1.420	1.260	1.130	0.980	0.790	0.590

2. Tax Multiplier

1.020

4. Table of Expense Ratios

Stock
XXIII-A

3. Expected Loss Ratio

70.6%

5. 2008 - Table of Expected Loss Ranges

Effective January 1, 2008

6. Excess Loss Factors

Per Accident Limitation	Hazard Groups						
	A	B	C	D	D	D	D
25,000	0.272	0.314	0.338	0.361	0.388	0.426	0.462
30,000	0.250	0.292	0.317	0.340	0.369	0.409	0.446 *
35,000	0.232	0.273	0.298	0.322	0.352	0.393	0.433 *
40,000	0.216	0.256	0.282	0.306	0.335	0.378	0.419 *
50,000	0.191	0.229	0.254	0.278	0.309	0.352	0.397 *
75,000	0.150	0.183	0.207	0.229	0.260	0.304	0.352 *
100,000	0.124	0.153	0.177	0.197	0.226	0.268	0.319 *
125,000	0.107	0.132	0.155	0.174	0.201	0.242	0.294
150,000	0.095	0.118	0.138	0.156	0.183	0.222	0.274
175,000	0.085	0.106	0.126	0.142	0.167	0.205	0.256
200,000	0.078	0.097	0.116	0.131	0.154	0.191	0.241
250,000	0.067	0.083	0.101	0.114	0.135	0.169	0.219
300,000	0.059	0.073	0.090	0.102	0.121	0.152	0.201
500,000	0.042	0.052	0.064	0.073	0.088	0.112	0.155
1,000,000	0.028	0.034	0.042	0.048	0.057	0.074	0.107
2,000,000	0.016	0.020	0.027	0.030	0.037	0.048	0.071
5,000,000	0.007	0.009	0.012	0.014	0.018	0.024	0.038

7. Retrospective Development Factors

With Loss Limit

Without Loss Limit

<u>1st Adj.</u>	<u>2nd Adj.</u>	<u>3rd Adj.</u>	<u>1st Adj.</u>	<u>2nd Adj.</u>	<u>3rd Adj.</u>	<u>4th & Subsequent Adjustment</u>
0.06	0.04	0.04	0.15	0.11	0.11	0

(Reserved for Future Use)

LEGEND

C Classification is a chemical code.

E Classification involving specific disease loading. Refer to Home Office for amount.

D Special Disease Rule for this classification - see Rule IV of Manual Supplement - Treatment of Disease Coverage.

P Per Capita

X Refer to special classification phraseology in these pages which is applicable in this state.

Class Code	Manual Rate	Min. Prem.	Class Code	Manual Rate	Min. Prem.	Class Code	Manual Rate	Min. Prem.
0005	4.56	750	1322	11.09	750	2041	3.75	706
0008	2.79	577	1430	5.00	750	2065	1.16	357
0016	5.87	750	1438	2.57	547	2070	4.78	750
0034	3.99	739	1452	1.76	438	2081	4.13	750
0035	2.32	513	1463	10.98	750	2089	2.58	548
0036	3.86	721	1472	3.34	651	2095	3.06	613
0037	4.18	750	1624 E	7.23	750	2105	2.36	519
0042	6.77	750	1642	3.62	689	2110	2.12	486
0050	5.16	750	1654	7.82	750	2111	1.92	459
0059 D	0.28		1655	4.36	750	2112	2.44	529
0065 D	0.05		1699	2.02	473	2114	2.94	597
0066 D	0.05		1701	3.35	652	2121	1.87	452
0067 D	0.05		1710 E	6.27	750	2130	2.75	571
0079	3.01	606	1741 E	1.67	425	2131	1.68	427
0083	7.90	750	1745 X	2.75	571	2143	2.08	481
0106	13.39	750	1747	2.30	511	2157	3.61	687
0113	4.48	750	1748	5.38	750	2172	2.04	475
0170	2.48	535	1803 D	5.16	750	2174	2.66	559
0251	5.04	750	1852 D	2.11	485	2211	5.00	750
0400	8.03	750	1853	2.51	539	2220	1.90	457
0401	11.72	750	1860	1.44	394	2286	1.40	389
0771 N	0.29		1924	3.06	613	2288	4.38	750
0908 P	119.00	319	1925	2.53	542	2300	2.04	475
0913 P	317.97	750	2001	2.28	508	2302	1.79	442
0917	3.51	674	2002	3.17	628	2305	2.36	519
1005 *	9.34	750	2003	2.66	559	2361	1.28	373
1016 *	34.55	750	2014	5.01	750	2362	1.72	432
1164 E	6.84	750	2016	2.30	511	2380	5.88	750
1165 E	6.52	750	2021	3.18	629	2386	1.15	355
1320	2.75	571	2039	4.37	750	2388	1.82	446

* 1005 - Includes a non-ratable disease element of \$3.81. (For coverage written separately for federal benefits only, \$2.87. For coverage written separately for state benefits only, \$0.94.) See Exception Rules.

* 1016 - Includes a non-ratable disease element of \$15.23. (For coverage written separately for federal benefits only, \$11.47. For coverage written separately for state benefits only, \$3.75), and a catastrophe load of \$0.13.

Non-Ratable Code and Rate to be used with:

b 4771

<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>	<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>	<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>
2402	2.19	496	2960	2.87	587	3257	2.55	544
2413	1.75	436	3004	2.44	529	3270	4.18	750
2416	1.82	446	3018	2.94	597	3300	3.50	673
2417	1.68	427	3022	3.15	625	3303	3.45	666
2501	1.43	393	3027	2.86	586	3307	3.38	656
2503	1.28	373	3028	3.01	606	3315	2.53	542
2534	2.27	506	3030	3.97	736	3334	2.40	524
2570	4.61	750	3040	3.94	732	3336	2.34	516
2585	2.54	543	3041	3.41	660	3365	9.23	750
2586	0.96	330	3042	3.09	617	3372	2.59	550
2587	2.06	478	3064	4.41	750	3373	3.23	636
2589	1.52	405	3069	5.44	750	3383	0.92	324
2600	4.61	750	3076	2.63	555	3385	0.84	313
2623	2.39	523	3081 D	2.42	527	3400	2.46	532
2651	2.12	486	3082 D	3.83	717	3507	2.78	575
2660	1.50	403	3085 D	2.83	582	3515	2.24	502
2670	2.23	501	3110	2.89	590	3548	1.19	361
2683	1.92	459	3111	2.87	587	3559	2.06	478
2688	2.75	571	3113	2.06	478	3574	1.14	354
2701	7.49	750	3114	2.43	528	3581	1.15	355
2702 X	25.73	750	3118	1.36	384	3612	2.11	485
2710	7.92	750	3119	1.03	339	3620	5.80	750
2714	4.77	750	3122	1.10	349	3629	1.54	408
2719 X	10.39	750	3126	1.87	452	3632	2.50	538
2731	3.49	671	3131	0.86	316	3634	1.82	446
2735	2.83	582	3132	1.95	463	3635	1.70	430
2759	7.07	750	3145	1.82	446	3638	1.51	404
2790	1.34	381	3146	2.44	529	3642	0.88	319
2802	6.16	750	3169	2.51	539	3643	2.86	586
2812	4.13	750	3175 D	2.77	574	3647	3.07	614
2835	1.58	413	3179	2.26	505	3648	2.00	470
2836	2.24	502	3180	2.02	473	3681	1.34	381
2841	3.91	728	3188	1.35	382	3685	1.75	436
2881	2.16	492	3220	1.91	458	3719	3.23	636
2883	4.10	750	3223	3.09	617	3724	5.42	750
2913	2.95	598	3224	2.53	542	3726	3.41	660
2915	3.66	694	3227	1.68	427	3803	1.76	438
2916	2.34	516	3240	3.17	628	3807	1.52	405
2923	1.94	462	3241	2.81	579	3808	2.61	552
2942	2.30	511	3255	2.48	535	3821	4.01	741

<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>	<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>	<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>
3822	2.62	554	4304	2.65	558	4777	1.68	427
3824	4.60	750	4307	2.57	547	4825	0.72	297
3826	0.99	334	4351	1.04	340	4828	1.36	384
3827	1.14	354	4352	0.98	332	4829	1.48	400
3830	1.10	349	4360	0.76	303	4902	1.63	420
3851	2.73	569	4361	1.28	373	4923	1.08	346
3865	1.23	366	4362	1.03	339	5020	5.49	750
3881	3.62	689	4410	2.79	577	5022	6.00	750
4000	7.05	750	4420	3.31	647	5037	16.74	750
4021	4.28	750	4431	1.40	389	5040	19.56	750
4024 E	1.62	419	4432	1.51	404	5057	15.40	750
4034	6.56	750	4439	1.78	440	5059	22.11	750
4036	2.51	539	4452	3.26	640	5069	21.26	750
4038	2.02	473	4459	2.00	470	5102	4.09	750
4053	3.07	614	4470	2.16	492	5146	4.84	750
4061	4.11	750	4484	2.23	501	5160	4.30	750
4062	2.98	602	4493	2.69	563	5183	2.65	558
4101	1.88	454	4511	0.65	288	5188	5.18	750
4111	2.22	500	4557	1.74	435	5190	2.58	548
4112	0.91	323	4558	1.79	442	5191 X	1.70	430
4113	1.60	416	4561	1.82	446	5192	3.82	716
4114	2.30	511	4568	2.55	544	5213	7.35	750
4130	5.34	750	4581	1.60	416	5215	3.85	720
4131	2.58	548	4583	4.37	750	5221	3.91	728
4133	2.46	532	4611	0.90	322	5222	9.63	750
4150	1.24	367	4635	3.66	694	5223	5.26	750
4206	3.79	712	4653	1.28	373	5348	3.67	695
4207	1.10	349	4665	6.51	750	5402	4.82	750
4239	1.27	371	4670	4.18	750	5403	9.82	750
4240	2.79	577	4683	4.44	750	5437	4.50	750
4243	1.36	384	4686	1.10	349	5443	3.58	683
4244	2.24	502	4692	0.35	247	5445	4.56	750
4250	1.42	392	4693	0.83	312	5462	5.93	750
4251	1.58	413	4703	2.20	497	5472	4.90	750
4263	2.27	506	4717	2.31	512	5473	5.00	750
4273	1.55	409	4720	3.78	710	5474	6.95	750
4279	1.68	427	4740	1.43	393	5478	4.26	750
4282	2.07	479	4741	1.71	431	5479	9.95	750
4283	2.23	501	4751	1.82	446	5480	9.73	750
4299	1.22	365	4771 N	1.70	430	5491	2.08	481

For Non-Ratable portion of Rate, refer to:
b 0771

Class Code	Manual Rate	Min. Prem.	Class Code	Manual Rate	Min. Prem.	Class Code	Manual Rate	Min. Prem.
5506	4.26	750	6854	5.08	750	7705	2.65	558
5507	5.57	750	6882	5.81	750	7710	6.39	750
5508 D	7.08	750	6884	12.76	750	7711	6.39	750
5535	5.44	750	7133	3.35	652	7720 X	2.65	558
5537	5.13	750	7222	9.57	750	7855	5.77	750
5551	13.95	750	7228 X	7.49	750	8001	2.35	517
5606	1.60	416	7229 X	7.45	750	8002	3.09	617
5610	6.61	750	7230	3.65	693	8006	2.16	492
5645	11.05	750	7231	8.06	750	8008	1.12	351
5651	8.95	750	7232	13.71	750	8010	2.07	479
5703	96.27	750	7360	5.65	750	8013	0.41	255
5705	4.85	750	7370	4.89	750	8015	0.67	290
5951	0.36	249	7380 X	3.97	736	8017	1.15	355
6003	9.95	750	7382	2.69	563	8018 X*	2.58	548
6005	6.56	750	7390	3.39	658	8021	1.66	424
6017	4.14	750	7403 X	2.73	569	8031	3.01	606
6018	2.11	485	7405 N	1.44	394	8032	1.55	409
6045	2.83	582	7420 X*	20.80	750	8033	1.88	454
6204	9.25	750	7421	2.16	492	8039	1.40	389
6206	7.12	750	7422	2.39	523	8044	3.09	617
6213	11.02	750	7423 X	2.73	569	8045	0.44	259
6214	2.66	559	7425	3.37	655	8046	2.74	570
6216	5.02	750	7431 N	1.87	452	8047	1.18	359
6217	4.69	750	7445 N	0.77		8058	2.35	517
6229	3.93	731	7453 N	1.00		8072 N	0.63	285
6233	7.21	750	7502	2.83	582	8102	2.55	544
6235	10.92	750	7515	1.04	340	8103	4.50	750
6236	12.46	750	7520	2.90	592	8105	4.56	750
6237	3.42	662	7538	9.27	750	8106	4.25	750
6251 D	7.43	750	7539	5.89	750	8107	3.91	728
6252 D	6.73	750	7540	3.91	728	8111	3.05	612
6260 D	5.10	750	7580	1.98	467	8116	3.97	736
6306	5.28	750	7590	4.21	750	8203	5.96	750
6319	5.28	750	7600	2.86	586	8204	6.01	750
6325	4.90	750	7601	11.46	750	8209	2.95	598
6400	6.59	750	7605	3.21	633	8215	5.29	750
6504	2.30	511	7610	0.45	261	8227	4.20	750
6811	5.38	750	7611	5.68	750	8232	5.28	750
6834	4.02	743	7612	15.80	750	8233	4.69	750
6836	8.82	750	7613	4.54	750	8235	3.93	731

* 7409 Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005.

* 7420 Payroll is subject to a maximum of \$600 per week per employee effective July 1, 2006.

* 8018 See Arkansas Special Classification for Warehousing-groceries exclusively.

Non-Ratable Code and Rate to be used with:

d 7405 e 7431

For Non-Ratable portion of Rate, refer to:

b 7445 c 7453

Class Code	Manual Rate	Min. Prem.	Class Code	Manual Rate	Min. Prem.	Class Code	Manual Rate	Min. Prem.
8263	8.82	750	8864	1.14	354	9519	2.38	521
8264	3.91	728	8868	0.39	253	9521	5.10	750
8265	9.29	750	8869	0.72	297	9522	1.48	400
8279	10.03	750	8871	0.24	232	9534	7.23	750
8288	6.51	750	8901	0.28	238	9554	8.35	750
8291	2.36	519	9012	1.62	419	9586	0.71	296
8292	2.87	587	9014	2.26	505	9600	1.56	411
8293	7.94	750	9015 X	2.67	560	9620	1.00	335
8295 X	5.76	750	9016	4.78	750			
8304	6.87	750	9019	3.22	635			
8350	4.52	750	9033	1.75	436			
8380	2.89	590	9040 *	3.38	656			
8381	1.35	382	9052	1.70	430			
8385	2.59	550	9058	1.66	424			
8392	3.34	651	9059	2.85	585			
8393	1.58	413	9060	1.74	435			
8500	4.88	750	9061	1.32	378			
8601	0.67	290	9063	1.06	343			
8606	3.46	667	9082	1.59	415			
8719	1.72	432	9083	1.42	392			
8720	1.15	355	9084	1.96	465			
8721	0.39	253	9089	1.27	371			
8742 X	0.49	266	9093	1.42	392			
8745	4.50	750	9101	2.95	598			
8748	0.40	254	9102	2.90	592			
8755	0.28	238	9154	2.36	519			
8799	0.94	327	9156	1.35	382			
8800	0.94	327	9170	2.26	505			
8803	0.08	211	9178	24.14	750			
8810	0.24	232	9179	42.14	750			
8820	0.21	228	9180	4.18	750			
8824	2.74	570	9182	2.58	548			
8825	2.27	506	9186	52.52	750			
8826	2.18	494	9220	3.65	693			
8829	2.59	550	9402	5.08	750			
8831	2.87	587	9403	6.24	750			
8832	0.27	236	9410	1.90	457			
8833 X*	1.08	346	9501	4.66	750			
8835	2.08	481	9505	3.42	662			
8842	1.14	354	9516	2.73	569			

* 8833 & 9040 A charge of \$0.13 is to added to this class' rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

MISCELLANEOUS VALUES

Basis of Premium applicable in accordance with the footnote instructions for Code 7370 - "Taxicab Co. - Drivers" and "Limousine Co. - Drivers":

Employee Operated Vehicles	\$46,220.00
Leased or Rented Vehicles	\$30,813.00

Expense Constant applicable in accordance with Basic Manual Rule 3-A-11 \$200.00

Premium Discount Percentages - (See Basic Manual Rule 3-A-19-a). The following premium discounts are applicable to Standard Premiums.

			Premium Discount
First \$	5,000	-	-
Next	95,000	"a"	10.9%
Next	400,000	"b"	12.6%
Over	500,000	"c"	14.4%

Maximum Payroll applicable in accordance with Basic Manual Rule 2-E-1 --

"Executive Officers" and the footnote instructions for Code 9178--"Athletic Team: Non-Contact Sports," Code 9179
"Athletic Team: Contact Sports" and Code 9186"Carnival--Traveling" \$2,400.00

Minimum Payroll applicable in accordance with Basic Manual Rule 2-E-1 "Executive Officers" \$300.00

7420 -"Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew"
maximum payroll per week per employee \$600.00

Per Passenger Seat Surcharge - In accordance with the footnote instructions for Classification Code 7421,
the surcharge is \$100 per passenger seat
\$1,000 maximum surcharge per aircraft

Premium Determination for Partners and Sole Proprietors applicable in accordance with Basic Manual Rule
2-E-3 \$30,800.00

Terrorism Risk Insurance Act of 2002 - Losses subject to the Act
Terrorism premium charge per \$100 of total policy payroll \$0.03

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents
Terrorism premium charge per \$100 of total policy payroll \$0.01

Per Claim Deductible Credits : The following are applicable by hazard group:

Deductible Credit	Hazard Group						
	A	B	C	D	E	F	G
500	7.8%	6.4%	5.5%	4.6%	3.9%	2.7%	2.1%
1,000	10.4%	8.5%	7.3%	6.1%	5.2%	3.6%	2.7%
1,500	12.7%	10.4%	9.0%	7.6%	6.4%	4.6%	3.5%
2,000	14.5%	11.9%	10.4%	8.8%	7.5%	5.4%	4.2%
2,500	16.0%	13.3%	11.6%	9.9%	8.5%	6.2%	4.8%
3,000	17.4%	14.4%	12.6%	10.9%	9.3%	6.9%	5.3%
3,500	18.6%	15.5%	13.6%	11.8%	10.1%	7.5%	5.8%
4,000	19.8%	16.6%	14.6%	12.7%	10.9%	8.2%	6.3%
4,500	20.9%	17.5%	15.5%	13.5%	11.6%	8.7%	6.8%
5,000	21.9%	18.4%	16.3%	14.2%	12.3%	9.3%	7.2%

MISCELLANEOUS VALUES

Indemnity Only Deductible Credits : The following are applicable by hazard group:

Deductible Credit	Hazard Group						
	A	B	C	D	E	F	G
500	1.7%	1.4%	1.3%	1.2%	1.0%	0.9%	0.7%
1,000	2.2%	1.8%	1.7%	1.6%	1.4%	1.2%	0.9%
1,500	3.1%	2.6%	2.4%	2.2%	1.9%	1.6%	1.3%
2,000	3.9%	3.2%	3.0%	2.8%	2.4%	2.1%	1.6%
2,500	4.5%	3.8%	3.5%	3.3%	2.9%	2.5%	1.9%
3,000	5.1%	4.3%	4.0%	3.7%	3.3%	2.8%	2.2%
3,500	5.7%	4.8%	4.5%	4.2%	3.7%	3.1%	2.4%
4,000	6.2%	5.3%	4.9%	4.6%	4.1%	3.5%	2.7%
4,500	6.7%	5.7%	5.3%	5.0%	4.4%	3.8%	2.9%
5,000	7.2%	6.1%	5.7%	5.3%	4.7%	4.0%	3.2%

Medical Only Deductible Credits : The following are applicable by hazard group:

Deductible Credit	Hazard Group						
	A	B	C	D	E	F	G
500	7.6%	6.2%	5.3%	4.4%	3.7%	2.6%	2.0%
1,000	10.1%	8.2%	7.0%	5.9%	5.0%	3.4%	2.6%
1,500	12.1%	9.9%	8.5%	7.2%	6.1%	4.3%	3.3%
2,000	13.6%	11.2%	9.7%	8.2%	7.0%	5.0%	3.8%
2,500	14.9%	12.3%	10.7%	9.1%	7.7%	5.6%	4.3%
3,000	16.0%	13.3%	11.6%	9.9%	8.4%	6.1%	4.7%
3,500	17.0%	14.1%	12.3%	10.6%	9.0%	6.6%	5.1%
4,000	17.9%	14.9%	13.0%	11.2%	9.6%	7.1%	5.5%
4,500	18.7%	15.6%	13.7%	11.8%	10.1%	7.5%	5.8%
5,000	19.4%	16.3%	14.3%	12.4%	10.6%	7.9%	6.1%

United States Longshore and Harbor Workers' Compensation Coverage Percentage

applicable only in connection with Rule 3-A-4 "U.S. Longshore and Harbor Workers' Compensation Act" of the Basic Manual

90%

(Multiply a Non-F classification rate by a factor of 1.67)

EXPERIENCE RATING ELIGIBILITY

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the Experience Rating Plan Manual should be referenced for the latest approved eligibility amounts by state.

1. Hazard Group Differentials

A	B	C	D	E	F	G
1.890	1.420	1.260	1.130	0.980	0.790	0.590

2. Tax Multiplier

1.020

4. Table of Expense Ratios

Stock
XXIII-A

3. Expected Loss Ratio

70.6%

5. 2008 - Table of Expected Loss Ranges

Effective January 1, 2008

6. Excess Loss Factors

Per Accident Limitation	Hazard Groups						
	A	B	C	D	D	D	D
25,000	0.272	0.314	0.338	0.361	0.388	0.426	0.462
30,000	0.250	0.292	0.317	0.340	0.369	0.409	0.446 *
35,000	0.232	0.273	0.298	0.322	0.352	0.393	0.433 *
40,000	0.216	0.256	0.282	0.306	0.335	0.378	0.419 *
50,000	0.191	0.229	0.254	0.278	0.309	0.352	0.397 *
75,000	0.150	0.183	0.207	0.229	0.260	0.304	0.352 *
100,000	0.124	0.153	0.177	0.197	0.226	0.268	0.319 *
125,000	0.107	0.132	0.155	0.174	0.201	0.242	0.294
150,000	0.095	0.118	0.138	0.156	0.183	0.222	0.274
175,000	0.085	0.106	0.126	0.142	0.167	0.205	0.256
200,000	0.078	0.097	0.116	0.131	0.154	0.191	0.241
250,000	0.067	0.083	0.101	0.114	0.135	0.169	0.219
300,000	0.059	0.073	0.090	0.102	0.121	0.152	0.201
500,000	0.042	0.052	0.064	0.073	0.088	0.112	0.155
1,000,000	0.028	0.034	0.042	0.048	0.057	0.074	0.107
2,000,000	0.016	0.020	0.027	0.030	0.037	0.048	0.071
5,000,000	0.007	0.009	0.012	0.014	0.018	0.024	0.038

7.

Retrospective Development Factors

With Loss Limit

Without Loss Limit

<u>1st Adj.</u>	<u>2nd Adj.</u>	<u>3rd Adj.</u>	<u>1st Adj.</u>	<u>2nd Adj.</u>	<u>3rd Adj.</u>	<u>4th & Subsequent Adjustment</u>
0.06	0.04	0.04	0.15	0.11	0.11	0

(Reserved for Future Use)

SERFF Tracking Number: FEMC-125332658 State: Arkansas
First Filing Company: Federated Mutual Insurance Company, ... State Tracking Number: AR-PC-07-026536
Company Tracking Number: WC-AR-08-1
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: WC-AR-08-1/WC-AR-08-1

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/25/2007

Comments:

I inadvertently attached the wrong transmittal document and rate/rule filing schedule. They are for the state of SD. I am attaching the correct forms to this amendment for AR.

Sincerely,
Carolyn Stursa

Attachments:

2007 P&C Transmittal Document PC TD-1.pdf
2007 Rate-Rule Filing Schedule PC RRFs-1.pdf

Satisfied -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 10/25/2007

Comments:

Attachments:

AR Cover Letter.pdf
Explanatory Memorandum Arkansas 2008 01 01 Mutual.pdf
AR WC Calculation of Company LCM Mutual -4%.pdf
AR WC Calculation of Company LCM Mutual -10%.pdf
AR WC Calculation of Company LCM Mutual -15%.pdf
AR WC Calculation of Company LCM Mutual Base.pdf
Explanatory Memorandum Arkansas 2008 01 01 Service.pdf
AR WC Calculation of Company LCM Service -4%.pdf
AR WC Calculation of Company LCM Service -10%.pdf
AR WC Calculation of Company LCM Service -15%.pdf
AR WC Calculation of Company LCM Service Base.pdf

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Approved 10/25/2007

Comments:

Carol Stiffler,

SERFF Tracking Number: FEMC-125332658 *State:* Arkansas
First Filing Company: Federated Mutual Insurance Company, ... *State Tracking Number:* AR-PC-07-026536
Company Tracking Number: WC-AR-08-1
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: WC-AR-08-1/WC-AR-08-1

I have removed the incorrect RF-WC forms for Mutual and Service and replaced with a revised copy for each company. I have shown Item number AR-2007-10 on forms.

Thank you,
Carolyn Stursa

Attachments:

Form RF-1 Rev. 4-96 AR Rate Filing Abstract Mutual.pdf
Form RF-1 Rev. 4-96 AR Rate Filing Abstract Service.pdf
Target Loss Ratio.pdf
Revised Arkansas RF WC Page 1 Mutual.pdf
Revised Arkansas RF WC Page 1 Service.pdf

SERFF Tracking Number: FEMC-125332658 State: Arkansas
First Filing Company: Federated Mutual Insurance Company, ... State Tracking Number: AR-PC-07-026536
Company Tracking Number: WC-AR-08-1
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: WC-AR-08-1/WC-AR-08-1

Review Status:

Satisfied -Name: Adoption of CW Item R-1396 2007 10/25/2007
Update to Retrospective Rating
Plan Parameters

Comments:

Carol Stiffler,

Thank you for reopening this filing.

Also included in this filing is the adoption of approved NCCI Countrywide-Item R1396-2007 Update to Retrospective Rating Plan Parameters.

Thank you,
Carolyn Stursa

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: <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">New Business</td> <td style="border: none; width: 40%;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Federated Insurance Companies	007

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Federated Mutual Insurance Company	MN	13935	41-0417460	
Federated Service Insurance Company	MN	28304	41-0984698	

5. Company Tracking Number	WC-AR-08-1
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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
	Carolyn Stursa PO Box 328 Owatonna MN 55060	P & C Product Specialist	800-533-0472 Ext.: 5290	507-444-6691	cmstursa@fedins.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Carolyn Stursa

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

9.	Type of Insurance (TOI)	16.0 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]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<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)
14.	Effective Date(s) Requested	New: 1-1-2008 Renewal: 1-1-2008
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI
17.	Reference Organization # & Title	AR-2007-13 Arkansas Voluntary Advisory Loss Costs and Rating Values effective January 1, 2008
18.	Company's Date of Filing	October 23, 2007
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 #	WC-AR-08-1
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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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This Arkansas workers' compensation rate submission is applicable to policies effective on and after January 1, 2008. The revised rates and rating values are based upon the NCCI January 1, 2008 advisory pure premiums.

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]
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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.)**

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 #	WC-AR-08-1
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a.	Rate Change by Company (As Proposed)
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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)
Federated Mutual	N/A	+0.1%	3,255	432	3,254,679		
Federated Service	N/A	-0.7%	-646	6	92,298		

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)	N/A	
5b	Overall percentage rate impact for this filing	0.0%	
5c	Effect of Rate Filing – Written premium change for this program	2,609	
5d	Effect of Rate Filing – Number of policyholders affected	438	

6.	Overall percentage of last rate revision	0.1%
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7.	Effective Date of last rate revision	7-1-07
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Federated Mutual & Service Workers Compensation & Employers Liability Manual Pages F1-F6 (1-1-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	Federated Mutual & Service Retrospective Rating Plan Manual, State Special Rating Values Pages RR1-RR2 (1-1-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

October 23, 2007

ARKANSAS

**FEDERATED MUTUAL INSURANCE COMPANY
FEDERATED SERVICE INSURANCE COMPANY**

Workers Compensation & Employers Liability

- Revised Federated Mutual Workers Compensation and Employers Liability Manual pages F1 – F8 January 1, 2008
- Revised Federated Mutual Retrospective Rating Plan Manual pages RR1 and RR2 January 1, 2008
- Revised Federated Service Workers Compensation and Employers Liability Manual pages F1 – F8 January 1, 2008
- Revised Federated Service Retrospective Rating Plan Manual pages RR1 and RR2 January 1, 2008

Federated Filing Number: WC-AR-08-1

We ask for your approval of the above listed filing. Please refer to the Explanatory Memorandum for further details of this filing.

We wish to implement this filing for all policies effective on and after January 1, 2008.

We trust that our filing meets your requirements and we appreciate your consideration of our filing.

Thank you,



Carolyn Stursa
P & C Product Specialist
Federated Mutual Insurance Company
Federated Service Insurance Company
cmstursa@fedins.com

**FEDERATED MUTUAL INSURANCE COMPANY
ARKANSAS WORKERS' COMPENSATION RATE LEVEL SUBMISSION**

EXPLANATORY MEMORANDUM

This Arkansas workers' compensation rate submission is applicable to policies effective on and after January 1, 2008. The revised rates and rating values are based upon the NCCI January 1, 2008 advisory pure premiums.

The classification rate schedule was produced using a pure premium multiplier of 1.484 developed as shown on the Arkansas loss cost adoption form. Expenses reflect actual Federated expense levels. Investment income from all sources has been contemplated in the calculations as well.

We are proposing to revise our current pure premium multiplier from 1.497 to 1.484, and revising our current deviation as follows:

Classification Code	Current Pure Premium Multiplier	Proposed Pure Premium Multiplier
3069	1.272	1.261
3629	1.272	1.261
3632	1.272	1.261
3724	1.272	1.261
4299	1.272	1.261
5183	1.272	1.261
5190	1.272	1.261
5535	1.272	1.261
5537	1.272	1.425
5606	1.272	1.261
8013	1.272	1.261
8058	1.272	1.261
8116	1.272	1.336
8232	1.272	1.261
8350	1.497	1.336
8380	1.272	1.261
9620	1.272	1.261
All Other Classification Codes	1.497	1.484

The impact of the multiplier change is a 0.1% increase in our rate level. The overall premium impact of this filing will be a 2.8% increase.

Thank you for your consideration of this filing.

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME Federated Mutual Insurance Company DATE October 23, 2007

NAIC NO. 13935 GROUP NO. 007

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
Yes No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing (CHECK ONE):

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.) For class code 5537.

B. Loss Cost Modification expressed as a Factor 1.120 (see examples below).

3. 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	10.0%
B. General Expense	8.0%
C. Taxes, Licenses and Fees	2.0%
D. Underwriting Profit and Contingencies*	-3.0%
E. Other (explain) Residual Market Subsidy	0.0%
F. TOTAL	16.6%

* Explain how investment income is taken into account

4. A. Expected Loss and Loss Adjustment Expense Ratio: ELR = 100% - 3F =	83.4%
B. ELR in decimal form =	.834
5. Overall Impact of Expense Constant and Minimum Premiums: (A 2.3% impact would be expressed as 1.023.)	1.022
6. Overall impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.67% average discount would be expressed as 0.914.)	.935
7. Company Formula Loss Cost Multiplier: (2B / [6 - 3F] x 5) =	1.425
8. Company Selected Loss Cost Multiplier = Explain any differences between 7 and 8:	1.425

- | | | |
|--|---------------------------------|---|
| 9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME Federated Mutual Insurance Company DATE October 23, 2007

NAIC NO. 13935 GROUP NO. 007

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
Yes No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing (CHECK ONE):

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.) For class codes 8116, 8350 .

B. Loss Cost Modification expressed as a Factor 1.05 (see examples below).

3. 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	10.0%
B. General Expense	8.0%
C. Taxes, Licenses and Fees	2.0%
D. Underwriting Profit and Contingencies*	-3.0%
E. Other (explain) Residual Market Subsidy	0.0%
F. TOTAL	16.6%

* Explain how investment income is taken into account

4. A. Expected Loss and Loss Adjustment Expense Ratio:
ELR = 100% - 3F = 83.4%

B. ELR in decimal form = .834

5. Overall Impact of Expense Constant and Minimum Premiums:
(A 2.3% impact would be expressed as 1.023.) 1.022

6. Overall impact of Size-of-Risk Discounts plus Expense Graduation
Recognition in Retrospective Rating:
(An 8.67% average discount would be expressed as 0.914.) .935

7. Company Formula Loss Cost Multiplier:
(2B / [6 - 3F] x 5) = 1.336

8. Company Selected Loss Cost Multiplier = 1.336
Explain any differences between 7 and 8:

9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. Yes No

10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. Yes No

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME Federated Mutual Insurance Company DATE October 23, 2007

NAIC NO. 13935 GROUP NO. 007

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
Yes No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing (CHECK ONE):

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.) For class codes 3069, 3629, 3632, 3724, 4299, 5183, 5190, 5535, 5606, 8013, 8058, 8232, 8380, and 9620 .

B. Loss Cost Modification expressed as a Factor 0.9913 (see examples below).

3. 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	10.0%
B. General Expense	8.0%
C. Taxes, Licenses and Fees	2.0%
D. Underwriting Profit and Contingencies*	-3.4%
E. Other (explain) Residual Market Subsidy	0.0%
F. TOTAL	16.6%

* Explain how investment income is taken into account

4. A. Expected Loss and Loss Adjustment Expense Ratio:
ELR = 100% - 3F = 83.4%

B. ELR in decimal form = .834

5. Overall Impact of Expense Constant and Minimum Premiums:
(A 2.3% impact would be expressed as 1.023.) 1.022

6. Overall impact of Size-of-Risk Discounts plus Expense Graduation
Recognition in Retrospective Rating:
(An 8.67% average discount would be expressed as 0.914.) .935

7. Company Formula Loss Cost Multiplier:
(2B / [6 - 3F] x 5) = 1.261

8. Company Selected Loss Cost Multiplier = 1.261
Explain any differences between 7 and 8:

9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME Federated Mutual Insurance Company DATE October 23, 2007

NAIC NO. 13935 GROUP NO. 007

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
Yes No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing (CHECK ONE):

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.) For all class codes except 3069, 3629, 3632, 3724, 4299, 5183, 5190, 5535, 5537, 5606, 8013, 8058, 8116, 8232, 8350, 8380, and 9620 – This will allow our overall rate level to increase 0.1%.

B. Loss Cost Modification expressed as a Factor 1.1664 (see examples below).

3. 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	10.0%
B. General Expense	8.0%
C. Taxes, Licenses and Fees	2.0%
D. Underwriting Profit and Contingencies*	-3.4%
E. Other (explain) Residual Market Subsidy	0.0%
F. TOTAL	16.6%

* Explain how investment income is taken into account

4. A. Expected Loss and Loss Adjustment Expense Ratio:
ELR = 100% - 3F = 83.4%

B. ELR in decimal form = .834

5. Overall Impact of Expense Constant and Minimum Premiums:
(A 2.3% impact would be expressed as 1.023.) 1.022

6. Overall impact of Size-of-Risk Discounts plus Expense Graduation
Recognition in Retrospective Rating:
(An 8.67% average discount would be expressed as 0.914.) .935

7. Company Formula Loss Cost Multiplier:
(2B / [6 - 3F] x 5) = 1.484

8. Company Selected Loss Cost Multiplier =
Explain any differences between 7 and 8: 1.484

9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**FEDERATED SERVICE INSURANCE COMPANY
ARKANSAS WORKERS' COMPENSATION RATE LEVEL SUBMISSION**

EXPLANATORY MEMORANDUM

This Arkansas workers' compensation rate submission is applicable to policies effective on and after January 1, 2008. The revised rates and rating values are based upon the NCCI January 1, 2008 advisory pure premiums.

The classification rate schedule was produced using a pure premium multiplier of 1.336 developed as shown on the Arkansas loss cost adoption form. Expenses reflect actual Federated expense levels. Investment income from all sources has been contemplated in the calculations as well.

We are proposing to revise our current pure premium multiplier from 1.347 to 1.336, and revising our current deviations as follows:

Classification Code	Current Pure Premium Multiplier	Proposed Pure Premium Multiplier
3069	1.145	1.136
3629	1.145	1.136
3632	1.145	1.136
3724	1.145	1.136
4299	1.145	1.136
5183	1.145	1.136
5190	1.145	1.136
5535	1.145	1.136
5537	1.145	1.283
5606	1.145	1.136
8013	1.145	1.136
8058	1.145	1.136
8116	1.145	1.202
8232	1.145	1.136
8350	1.347	1.202
8380	1.145	1.136
9620	1.145	1.136
All Other Classification Codes	1.347	1.336

The impact of the multiplier change is a -0.7% decrease in our rate level. The overall premium impact of this filing will be a 2.0% increase.

Thank you for your consideration of this filing.

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME Federated Service Insurance Company DATE October 23, 2007

NAIC NO. 28304 GROUP NO. 007

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
Yes No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing (CHECK ONE):

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.) For all class code 5537

B. Loss Cost Modification expressed as a Factor 1.0085 (see examples below).

3. 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	10.0%
B. General Expense	8.0%
C. Taxes, Licenses and Fees	2.0%
D. Underwriting Profit and Contingencies*	-3.4%
E. Other (explain) Residual Market Subsidy	0.0%
F. TOTAL	16.6%

* Explain how investment income is taken into account

4. A. Expected Loss and Loss Adjustment Expense Ratio:
ELR = 100% - 3F = 83.4%

B. ELR in decimal form = .834

5. Overall Impact of Expense Constant and Minimum Premiums:
(A 2.3% impact would be expressed as 1.023.) 1.022

6. Overall impact of Size-of-Risk Discounts plus Expense Graduation
Recognition in Retrospective Rating:
(An 8.67% average discount would be expressed as 0.914.) .935

7. Company Formula Loss Cost Multiplier:
(2B / [6 - 3F] x 5) = 1.283

8. Company Selected Loss Cost Multiplier = 1.283
Explain any differences between 7 and 8:

9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. Yes No

10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. Yes No

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME Federated Service Insurance Company DATE October 23, 2007

NAIC NO. 28304 GROUP NO. 007

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
Yes No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing (CHECK ONE):

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.) For all class code 8116, 8350

B. Loss Cost Modification expressed as a Factor .945 (see examples below).

3. 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	10.0%
B. General Expense	8.0%
C. Taxes, Licenses and Fees	2.0%
D. Underwriting Profit and Contingencies*	-3.4%
E. Other (explain) Residual Market Subsidy	0.0%
F. TOTAL	16.6%

* Explain how investment income is taken into account

4. A. Expected Loss and Loss Adjustment Expense Ratio:
ELR = 100% - 3F = 83.4%

B. ELR in decimal form = .834

5. Overall Impact of Expense Constant and Minimum Premiums:
(A 2.3% impact would be expressed as 1.023.) 1.022

6. Overall impact of Size-of-Risk Discounts plus Expense Graduation
Recognition in Retrospective Rating:
(An 8.67% average discount would be expressed as 0.914.) .935

7. Company Formula Loss Cost Multiplier:
(2B / [6 - 3F] x 5) = 1.202

8. Company Selected Loss Cost Multiplier = 1.202
Explain any differences between 7 and 8:

9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. Yes No

10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. Yes No

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME Federated Service Insurance Company DATE October 23, 2007

NAIC NO. 28304 GROUP NO. 007

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
Yes No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing (CHECK ONE):

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.) For all class codes 3069, 3629, 3632, 3724, 4299, 5183, 5190, 5535, 5606, 8013, 8058, 8232, 8380, and 9620.

B. Loss Cost Modification expressed as a Factor .893 (see examples below).

3. 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	10.0%
B. General Expense	8.0%
C. Taxes, Licenses and Fees	2.0%
D. Underwriting Profit and Contingencies*	-3.4%
E. Other (explain) Residual Market Subsidy	0.0%
F. TOTAL	16.6%

* Explain how investment income is taken into account

4. A. Expected Loss and Loss Adjustment Expense Ratio: ELR = 100% - 3F =	83.4%
B. ELR in decimal form =	.834
5. Overall Impact of Expense Constant and Minimum Premiums: (A 2.3% impact would be expressed as 1.023.)	1.022
6. Overall impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.67% average discount would be expressed as 0.914.)	.935
7. Company Formula Loss Cost Multiplier: (2B / [6 - 3F] x 5) =	1.136
8. Company Selected Loss Cost Multiplier = Explain any differences between 7 and 8:	1.136

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME Federated Service Insurance Company DATE October 23, 2007

NAIC NO. 28304 GROUP NO. 007

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
Yes No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing (CHECK ONE):

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.) For all class codes except 3069, 3629, 3632, 3724, 4299, 5183, 5190, 5535, 5537, 5606, 8013, 8058, 8116, 8232, 8350, 8380, and 9620 – This will allow our overall rate level to decrease -0.7%.

B. Loss Cost Modification expressed as a Factor 1.05 (see examples below).

3. 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	10.0%
B. General Expense	8.0%
C. Taxes, Licenses and Fees	2.0%
D. Underwriting Profit and Contingencies*	-3.4%
E. Other (explain) Residual Market Subsidy	0.0%
F. TOTAL	16.6%

* Explain how investment income is taken into account

4. A. Expected Loss and Loss Adjustment Expense Ratio:
ELR = 100% - 3F = 83.4%

B. ELR in decimal form = .834

5. Overall Impact of Expense Constant and Minimum Premiums:
(A 2.3% impact would be expressed as 1.023.) 1.022

6. Overall impact of Size-of-Risk Discounts plus Expense Graduation
Recognition in Retrospective Rating:
(An 8.67% average discount would be expressed as 0.914.) .935

7. Company Formula Loss Cost Multiplier:
(2B / [6 - 3F] x 5) = 1.336

8. Company Selected Loss Cost Multiplier =
Explain any differences between 7 and 8: 1.336

9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT**

Form RF-1
Rev. 4/96

Insurer Name: Federated Mutual Insurance Company
 NAIC Number: 007-13935
 Name of Advisory Organization Whose Filing You Are Referencing NCCI
 Co. Affiliation to Advisory Organization: Member Subscriber Service Purchaser
 Reference Filing #: AR-2006-04 Proposed Effective Date: January 1, 2008

Contact Person: Carolyn Stursa
 Signature: *Carolyn Stursa*
 Telephone No: (800) 533-0472 ext. 5290

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Workers' Compensation	+1.8%	+0.1%	70.6%	1.1664	1.484	200	1.497
				1.1200	1.425		1.272
				1.0500	1.336		1.272
				0.9913	1.261		1.272
TOTAL OVERALL EFFECT		0.1%					

Apply Lost Cost Factors to Future Filings? (Y or N) Yes

15.2% Estimate Maximum Rate Increase for any Arkansas Insured (%)

-8.6% Estimate Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

5 Year History (Mutual & Service Company Combined)

Selected Provisions

Year	Policy Count	Rate Change %	Rate Change Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	A. Total Production Expense	10.0
2002	376	14.5	09/01/2002	3,004	1,578	52.5	76.0	B. General Expense	8.0
2003	361	4.8	10/01/2003	3,355	2,016	60.1	58.5	C. Taxes, License & Fees	2.0
2004	364	-9.0	07/01/2004	3,340	1,530	45.8	55.2	D. Underwriting Profit & Contingencies	-3.4
2005	393	-5.0	09/01/2005	3,443	1,623	47.1	51.2	E. Other (explain)	0.0
2006	438	-1.1	12/01/2006	3,418	2,223	65.0	67.2	F. TOTAL	16.6

**ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT**

Form RF-1
Rev. 4/96

Insurer Name: Federated Service Insurance Company
 NAIC Number: 007-28304
 Name of Advisory Organization Whose Filing You Are Referencing NCCI
 Co. Affiliation to Advisory Organization: Member Subscriber Service Purchaser
 Reference Filing #: AR-2007-13 Proposed Effective Date: January 1, 2008

Contact Person: Carolyn Stursa
 Signature: *Carolyn Stursa*
 Telephone No: (800) 533-0472 ext. 5290

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Workers' Compensation	+1.8%	-0.7%	70.6%	1.0500	1.336	200	1.347
				1.0085	1.283		1.145
				0.9450	1.202		1.145
				0.8930	1.136		1.145
TOTAL OVERALL EFFECT		-0.7%					

Apply Lost Cost Factors to Future Filings? (Y or N) Yes

15.2% Estimate Maximum Rate Increase for any Arkansas Insured (%)
-8.6% Estimate Maximum Rate Decrease for any Arkansas Insured (%) -16.1%

Corresponds to Question 3 on RF-2 or RF-WC

5 Year History (Mutual & Service Company Combined)

Selected Provisions

Year	Policy Count	Rate Change %	Rate Change Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	A. Total Production Expense	10.0
2002	376	14.5	09/01/2002	3,004	1,578	52.5	76.0	B. General Expense	8.0
2003	361	4.8	10/01/2003	3,355	2,016	60.1	58.5	C. Taxes, License & Fees	2.0
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FEDERATED INSURANCE COMPANIES
DEVELOPMENT OF 2006 TARGET LOSS RATIO
ARKANSAS WORKERS COMPENSATION

ITEM	
(1) TARGET RETURN (AFTER TAX)	15.0%
(2) FEDERAL INC. TAX (SEE ATTACHED)	4.6%
(3) TARGET RETURN (BEFORE TAX)	19.6%
(4) PREMIUM/SURPLUS (REPORT 80)	1.25
(5) TARGET OPERATING GAIN (3 / 4)	15.7%
(6) INVESTMENT GAIN (SEE ATTACHED)	19.1%
(7) TARGET UNDERWR. GAIN (5 - 6)	-3.4%
(8) UNDERWRITING EXP (SEE ATTACHED)	19.7%
(9) POLICYHOLDER DIVIDENDS	0.0%
(10) RESIDUAL MARKET SUBSIDY	-0.3%
(11) LOSSES & LAE (100%-7-8-9-10)	84.0%
(12) LAE / LOSSES (SEE ATTACHED)	19.0%
(13) TARGET LOSS RATIO (11/(100%+12))	70.6%

FEDERATED INSURANCE COMPANIES
SELECTED UNDERWRITING EXPENSE RATIOS
ARKANSAS WORKERS COMPENSATION

ITEM	2001	2002	2003	2004	2005	AVERAGE 01-05	SELECTED PROVISION
ACQUISITION EXP	10.01%	9.14%	9.92%	9.98%	9.94%	9.78%	9.80%
GENERAL EXPENSE	6.30%	6.26%	7.05%	8.77%	8.19%	7.28%	7.46%
TOTAL TAXES	3.42%	4.17%	5.02%	3.44%	4.92%	4.20%	2.45%
TOTAL UND EXP	19.73%	19.57%	21.99%	22.19%	23.05%	21.25%	19.71%
LAE / LOSSES	11.80%	11.86%	19.52%	22.17%	20.36%	16.38%	19.00%
INV GAIN (REPT 80)	17.45%	17.54%	18.19%	19.64%	19.47%	18.46%	19.11%

ARKANSAS INSURANCE DEPARTMENT
WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE Revised October 25, 2007

Page 1 of 2

1. INSURER NAME Federated Mutual Insurance CompanyADDRESS 121 East Park SquareOwatonna, MN 55060PERSON RESPONSIBLE FOR FILING Carolyns StursaTITLE P&C Product SpecialistTELEPHONE NO. (800) 533-0472 ext. 52902. INSURER NAIC NO. 13935GROUP NO. 0073. ADVISORY ORGANIZATION NCCI4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2007-10

5. 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, expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE 0.1 % EFFECTIVE DATE January 1, 2008B. PROPOSED PREMIUM LEVEL CHANGE 0.1 % EFFECTIVE DATE January 1, 20087. A. PRIOR RATE LEVEL CHANGE 0.1 % EFFECTIVE DATE July 1, 2007B. PRIOR PREMIUM LEVEL CHANGE 0.1 % EFFECTIVE DATE July 1, 2007

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
 (Use a separate Summary for each insurer-selected loss cost multiplier.)

9. 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.

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.

ARKANSAS INSURANCE DEPARTMENT
WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE Revised October 25, 2007

Page 1 of 2

1. INSURER NAME Federated Service Insurance CompanyADDRESS 121 East Park SquareOwatonna, MN 55060PERSON RESPONSIBLE FOR FILING Carolyns StursaTITLE P&C Product SpecialistTELEPHONE NO. (800) 533-0472 ext. 52902. INSURER NAIC NO. 28304GROUP NO. 0073. ADVISORY ORGANIZATION NCCI4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2007-10

5. 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, expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE -0.7 % EFFECTIVE DATE January 1, 2008B. PROPOSED PREMIUM LEVEL CHANGE -0.7 % EFFECTIVE DATE January 1, 20087. A. PRIOR RATE LEVEL CHANGE -1.1 % EFFECTIVE DATE December 1, 2006B. PRIOR PREMIUM LEVEL CHANGE -1.1 % EFFECTIVE DATE December 1, 2006

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
 (Use a separate Summary for each insurer-selected loss cost multiplier.)

9. 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.

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