

SERFF Tracking Number: ZURC-125330668 State: Arkansas
First Filing Company: Assurance Company of America, ... State Tracking Number: AR-PC-07-026519
Company Tracking Number: AR-WC-26493
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: AR-WC-26493 Adoption of Advisory Loss Costs Impacted by Approval of Act 1415 and 1599
Project Name/Number: AR-WC-26493 Adoption of Advisory Loss Costs Impacted by Approval of Act 1415 and 1599/AR-WC-26493

Filing at a Glance

Companies: Assurance Company of America, Northern Insurance Company of New York, Maryland Casualty Company, American Zurich Insurance Company, American Guarantee and Liability Insurance Company, Colonial American Casualty & Surety Company, Fidelity and Deposit Company of Maryland, Zurich American Insurance Company of Illinois, Zurich American Insurance Company, Universal Underwriters Life Insurance Company

Product Name: AR-WC-26493 Adoption of Advisory Loss Costs Impacted by Approval of Act 1415 and 1599
SERFF Tr Num: ZURC-125330668 State: Arkansas

TOI: 16.0 Workers Compensation SERFF Status: Pending Industry Response State Tr Num: AR-PC-07-026519

Sub-TOI: 16.0004 Standard WC Co Tr Num: AR-WC-26493 State Status:
Filing Type: Rate Co Status: Not Applicable Reviewer(s): Betty Montesi, Carol Stiffler

Author: Linda Kulpa Disposition Date:
Date Submitted: 10/23/2007 Disposition Status:

Effective Date Requested (New): 01/01/2008 Effective Date (New):
Effective Date Requested (Renewal): 01/01/2007 Effective Date (Renewal):

General Information

Project Name: AR-WC-26493 Adoption of Advisory Loss Costs Impacted by Approval of Act 1415 and 1599

Project Number: AR-WC-26493

Reference Organization: NCCI

Reference Title: AR-2007-10

Filing Status Changed: 10/24/2007

State Status Changed: 10/23/2007

Corresponding Filing Tracking Number:

Filing Description:

Zurich North America Workers' Compensation Arkansas

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number: AR-2007-10

Advisory Org. Circular:

Deemer Date:

Item Filing # AR-2007-10

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Zurich North America is proposing to adopt the January 1, 2008 NCCI advisory loss costs and rating values for use with Arkansas workers' compensation business. A base loss cost multiplier of 1.482 is proposed (same as existing one). Company deviations are stated in Exhibit 6. Current rates are based on loss costs adopted on July 1, 2007.

The overall premium level impact of this filing is 2.9% as shown below:

Premium Level

Proposed Changes Change

January 1, 2008 Loss Cost Change 2.9%

Loss Cost Multiplier Change 0.0%

Total Proposed Change 2.9%

Exhibit 1- Summary of Loss Cost Multiplier Underlying Expense Provisions

This exhibit shows the expense provisions used in the calculation of the loss cost multiplier. All expense ratios to premium are on a standard premium basis.

Exhibit 2- Historical Expense Data

Company historical expense data is provided on this exhibit. Also shown is the adjustment of expenses from a net premium basis to a standard premium basis.

Exhibit 3 - Impact of Size of Risk Discounts

The exhibit shows the average premium discount.

Exhibit 4 - Calculation of Profit & Contingency Provision

The derivation of the profit and contingency provision in this filing is displayed in this exhibit and includes explanatory information regarding this calculation.

Exhibit 5 - Calculation of State and Federal Tax Multipliers

The calculation of the state and federal tax multipliers is shown in this exhibit.

Exhibit 6 - Summary of Proposed Change By Company

This exhibit summarizes the proposed loss cost change, loss cost multiplier change, and total change by company.

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Exhibit 7 - Determination of Premium Reduction Percentage for Deductible Insurance

This exhibit shows how the factor applied to advisory loss elimination ratios to generate the deductible discount is derived.

Exhibit 8 - Impact of Expense Constant and Minimum Premium

The premium effect that expense constants and minimum premiums cause is calculated in this exhibit.
Zurich North America Workers' Compensation Arkansas

Following are comments regarding the rate page generation process for this program.

1. The minimum premiums are calculated as shown below, where the minimum premium multiplier is 135, the expense constant is \$160, the maximum minimum premium is \$750, and the minimum minimum premium is \$500.
rate * minimum premium multiplier + expense constant, limited to the maximum minimum premium and the minimum minimum premium.

Exceptions:

- a. Maritime classes - the minimum premiums are \$100 or \$200, unchanged from the prior Zurich filing.
- b. Per capita classes - the minimum premium is calculated as the rate plus the expense constant, limited to the maximum minimum premium and the minimum minimum premium.
- c. Minimum premiums are not calculated for the non-ratable element codes and supplementary disease rate class codes (0065, 0066, 0067, and 0059).
- d. Minimum premiums for the classes which have non-ratable element codes associated with them are determined as shown below.

(rate for class which has non-ratable element + rate for the corresponding non-ratable element) * minimum premium multiplier + expense constant, limited to the maximum minimum premium and the minimum minimum premium
The values in the Table of Specific Disease Loadings have been adjusted by the loss cost multiplier.

It is mandatory that the most recently approved NCCI hazard group differentials, table of expected loss ranges, state special hazard classification by hazard group, and experience rating plan values apply to Zurich North America.

The excess loss factors and retrospective development factors are calculated by adjusting the advisory excess loss pure premium factors and retrospective pure premium development factors by 0.668 where 0.668 is the proposed expected loss and LAE ratio.

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The advisory loss elimination ratios are converted to premium reduction percentages using the formula noted on Exhibit 7.

Company and Contact

Filing Contact Information

Linda Kulpa, Filing Analyst linda.kulpa@zurichna.com
 1400 American Lane (847) 605-3763 [Phone]
 Schaumburg, IL 60196 (847) 605-7768[FAX]

Filing Company Information

Assurance Company of America	CoCode: 19305	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 13-6081895	

Northern Insurance Company of New York	CoCode: 19372	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 13-5283360	

Maryland Casualty Company	CoCode: 19356	State of Domicile: Maryland
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 52-0403120	

American Zurich Insurance Company	CoCode: 40142	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-3141762	

American Guarantee and Liability Insurance Company	CoCode: 26247	State of Domicile: New York
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1400 American Lane Group Code: 212 Company Type:
 Schaumburg, IL 60196 Group Name: State ID Number:
 (847) 605-6000 ext. [Phone] FEIN Number: 36-6071400

Colonial American Casualty & Surety Company CoCode: 34347 State of Domicile: Maryland
 1400 American Lane Group Code: 212 Company Type:
 Schaumburg, IL 60196 Group Name: State ID Number:
 (847) 605-6000 ext. [Phone] FEIN Number: 52-1096670

Fidelity and Deposit Company of Maryland CoCode: 39306 State of Domicile: Maryland
 1400 American Lane Group Code: 212 Company Type:
 Schaumburg, IL 60196 Group Name: State ID Number:
 (847) 605-6000 ext. [Phone] FEIN Number: 13-3046577

Zurich American Insurance Company of Illinois CoCode: 27855 State of Domicile: Illinois
 1400 American Lane Group Code: 212 Company Type:
 Schaumburg, IL 60196 Group Name: State ID Number:
 (847) 605-6000 ext. [Phone] FEIN Number: 36-2781080

Zurich American Insurance Company CoCode: 16535 State of Domicile: New York
 1400 American Lane Group Code: 212 Company Type:
 Schaumburg, IL 60102 Group Name: State ID Number:
 (847) 605-6000 ext. [Phone] FEIN Number: 36-4233459

Universal Underwriters Life Insurance Company CoCode: 70173 State of Domicile: Kansas
 7045 College Blvd. Group Code: 212 Company Type: Property and
 Casualty

Overland Park, KS 66211 Group Name: Zurich North America State ID Number:
 (800) 821-7803 ext. [Phone] FEIN Number: 43-0824418

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Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: Revised Loss Cost Filing, Item Filing #AR-2007-10
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Zurich American Insurance Company	\$100.00	10/23/2007	16256143
Assurance Company of America	\$0.00	10/23/2007	
Maryland Casualty Company	\$0.00	10/23/2007	
Northern Insurance Company of New York	\$0.00	10/23/2007	
American Guarantee and Liability Insurance Company	\$0.00	10/23/2007	
Zurich American Insurance Company of Illinois	\$0.00	10/23/2007	
Colonial American Casualty & Surety Company	\$0.00	10/23/2007	
Fidelity and Deposit Company of Maryland	\$0.00	10/23/2007	
American Zurich Insurance Company	\$0.00	10/23/2007	
Universal Underwriters Life Insurance Company	\$0.00	10/23/2007	

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Correspondence Summary

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			
Industry						
Response						

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Objection Letter

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

Dear Linda Kulpa,

This will acknowledge receipt of the captioned filing.

In your Filing Description in the General Information and in the Explanatory Memorandum you indicate that the loss cost multiplier is 1.482 but you have attached the loss cost data entry document that gives loss cost multipliers for each company in the filing and some of them are different. Please confirm which is correct.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
	Exhibits		New	AR Filing Exhibits.pdf
	Rate Pages		New	ARWCratesAGNOCA CS010108.pdf ARWCratesAZ010108 .pdf ARWCratesUUIC0101 08.pdf ARWCratesZAICACA FD010108.pdf ARWCratesZAIMCC0 10108.pdf

**Zurich North America
Workers' Compensation
Arkansas**

Summary of Loss Cost Multiplier Underlying Expense Provisions

Selected Expense Provisions Shown as a % of Standard Premium

(1) Commissions	6.3% (a)
(2) Taxes, Licenses & Fees	5.3% (a)
(3) General Expense	0.0% (a)
(4) Other Acquisition Expense	5.4% (a)
(5) Profit/Contingency inc. Investment Income	6.8% (b)
(6) Effect of Expense Gradation	<u>9.4%</u>
(7) Total	33.2%
(8) Expected Loss and LAE Ratio	66.8%
(9) Expense Constant & Minimum Premium	1.010
(10) Expense Based Multiplier	1.482
(11) Loss Modification Factor	1.000
Proposed Loss Cost Multiplier Prior to Company Deviations	1.482

Notes:

a) See Exhibit 2.

b) See Exhibit 4 for the calculation of the profit/contingency provision as a percent of collected premium (7.5%). This is converted to a percentage of standard premium by multiplying this provision by the ratio of collected premium to standard premium. See Exhibit 3 for the calculation of the ratio to standard premium.

**Zurich North America
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Determination of Expense Provisions

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	<u>Company Data/Direct Basis</u>					3-Year	Selected	Selected
	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>Average</u>	Ratio	Ratio to
							to	Premium
							Collected	Inc. Prem.
							<u>Premium</u>	<u>Discount</u>
General Expense (IEE % of DEP)	0.1%	-0.5%	-1.1%	-1.0%	-0.2%	-0.8%	0.0%	0.0%
Other Acquisition Expense (IEE % of DWP)	5.9%	6.6%	5.3%	5.8%	5.9%	5.7%	6.0%	5.4%
Commissions (IEE % of DWP)	7.4%	7.8%	7.1%	6.2%	7.4%	6.9%	7.0%	6.3%
Taxes, Lic., Fees (Tax & Assessment Directory)							5.8%	5.3%
Profit and Contingency Provision							7.5%	6.8%

Notes:

Column (7): The general expense provision, commission, and other acquisition expense are based on a 3-year average. See Exhibit 5 for the TLF provision. See Exhibit 4 for the Profit and Contingency Provision.

Column (8): Column (7) times the Impact of Expense Gradation on Exhibit 3.

**Zurich North America
Workers Compensation
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Overall Impact of Size-of-Risk Discounts

Impact of size-of-risk discounts

<u>Layer</u>	<u>Premium Distribution</u>	<u>Prem Disc for Layer</u>
First 10,000	11.1%	0.0%
Next 190,000	35.9%	9.1%
Next 1,550,000	41.9%	11.3%
<u>Above 1,750,000</u>	<u>11.1%</u>	<u>12.3%</u>
All	100.0%	9.4%
 Overall Impact		 0.906

**Zurich North America
Workers' Compensation
Notes to Exhibit 4**

The purpose of this document is to describe the method used to calculate a profit and contingency factor for Workers' Compensation as shown in this exhibit.

The approach relies on a model which simulates cash flows for this type of business. The internal rate of return (IRR) for these cash flows is equal to the target return on equity (ROE). Using a trial and error process, the permissible loss and all loss adjustment ratio is varied until the target ROE is reached. Given the loss and loss adjustment ratio which produces the target ROE, the profit/contingency factor is then determined (profit/contingency = $100\% - (\text{Loss} + \text{LAE}) - \text{Underwriting Expenses}$).

Key assumptions used in this model are as follows:

- * Target ROE is 15%.
- * All premium is collected at policy inception.
- * Expenses are paid at policy inception (production, general, taxes, licenses & fees).
- * Losses paid and loss reserves set according to payment patterns for Workers' Compensation.
- * All sources of investment income including surplus are reflected.
- * The investment rate for reserves (policyholder dividend reserves, UEPR, loss and LAE reserves) is based on an average of five-year T-note rates.
- * The investment rate for policyholders' surplus is a one-year rolling average of five-year T-notes multiplied by the factor of 1.05. The latter adjustment assumes a slightly less conservative investment strategy on surplus versus policy reserves.
- * One dollar of surplus is committed for each \$5.29 of loss and loss adjustment reserves. An additional dollar of surplus is committed for each \$3.28 of earned premium.
- * Federal Income Tax is charged against investment income, underwriting income, 20% of the change in the unearned premium reserve and the change in the reserve discount—a 35% tax rate applies in all instances.
- * The 2006 IRS rate--3.98%--was used to discount reserves.
- * The IRR is determined by "Excess Cash Flows" which equal Operating Income + Change in Surplus.

Expense provisions (as a % of collected premium) are as follows:

Commissions	7.0%
General	0.0%
Other Acquisition	6.0%
Taxes, Licenses & Fees	5.8%
<u>Profit/Contingency</u>	<u>7.5%</u>
Sub-total	26.3%

A more detailed explanation of each line of the model is provided on the following pages.

**Zurich North America
Workers' Compensation
Notes to Exhibit 4**

1. Written Premium: Annual written premium.
2. Change in UEP: Change in unearned premium reserve assuming even distribution of writings through the year.
3. Earned Premium: Calculated by assuming an even distribution of writings.
4. Loss & LAE Paid: Line (6) x Line (25).
5. Chg in Loss Reserve: Line (6) - Line (4).
6. Losses Incurred: Line (3) x Line (26).
7. Expenses Paid: Line (1) x Line (27).
8. Res. Mkt Assmnt Pd: Does not apply.
9. Commissions Paid: Line (1) x Line (28).
10. Underwriting Income: Line (3) - Line (6) - Line (7) - Line (8) - Line (9).
11. Investment Income: {Average of Lines (12), (16), and (17) for current & prior year} x Line (30a) + {Average of Line (18) for current & prior year} x Line (30b).
12. Policyholder Div Reserve: Not Applicable.
13. P-H Dividends Paid: Not Applicable.
14. Federal Income Tax: $0.35 \times \{ \text{Line (5)} - [\text{Change in Line (20)}] + [0.20 \times \text{Line (2)}] + \text{Line (10)} + \text{Line(11)} \} - \{ \text{Change in Line (12)} \} - \text{Line (13)}$.
15. Operating Income: Line (1) + Line (11) - Line (13).
16. UE Prem Reserve: 50% of written premium for the year (assumes premiums are written equally throughout the year).
17. Loss & LAE Reserve: Inception-to-date total of Line (5).
18. Surplus: $\{ \text{Line (17)} / \text{Line (31a)} + \text{Line (3)} / \text{Line (31b)} \}$.
19. Total Liabilities (including Surplus): Line (12) + Line (16) + Line (17) + Line (18).
20. Tax Basis Reserve: Future paid losses discounted by the rate in Line (32).
21. Change in Surplus: Change in Line (18) from prior year.
22. Excess Cash Flow: Line (15) - Line (21).

**Zurich North America
Workers' Compensation
Notes to Exhibit 4**

- 22.1. Internal ROR: Rate which causes the net present value of the cash flows in Line (22) to be equal to 0.
23. Prem Earning Pattern: Assumes that 50% of written premiums are earned in the first year and 50% in the
24. Prem Coll. Pattern: Assumes that all premiums are collected in the year written.
25. Loss Payout Pattern: Loss payment patterns based on company data are assumed.
26. Loss/LAE Ratio: Adjusted until target IRR is achieved.
27. Expense Ratio: Provision for general, other acquisition and premium taxes.
- 27.1. Indicated Profit/Contingency Provision: $100\% - \text{Line (26)} - \text{Line (27)} - \text{Line (28)} - \text{Line (28.1)} - \text{Line (29)}$.
28. Commission Ratio: Provision for commissions.
- 28.1. Residual Mkt Load: State specific.
29. Dividend Ratio: Not Applicable.
- 30a. Investment Rate on Reserves: Pretax return for duration matched treasury securities.
- 30b. Investment Rate on Surplus: Pretax return based on current market conditions of an investment-grade security.
- 31a. Reserve-to-Surplus Ratio: Reflects amount of surplus committed to reserves based on historical company averages.
- 31b. Premium-to-Surplus Ratio: Reflects amount of surplus committed to premium based on historical company averages.
32. Discount Rate: Current IRS discount rate.
33. Tax Rate: Current IRS corporate tax rate.

**Zurich North America
Workers' Compensation
Arkansas**

Calculation Of State and Federal Tax Multipliers

A.	Proposed overall State loss assessments + 1		1.000
B.	Proposed State premium taxes and assessments		
	1. Premium Tax	0.0250	
	2. Combined Fund Allowance	0.0300	
	3. P&C Ins Guaranty	0.0000	
	4. Miscellaneous Tax	0.0032	
			0.058
C.	Proposed Residual Market Subsidy		0.000
D.	Total of Taxes and Residual Market Subsidy (B) + (C)		0.058
E.	Permissible Loss Ratio		0.636
F.	State Tax Multiplier = $(0.2+E*A)/(0.2+E)*(1/(1-D))$		1.062
G.	Proposed overall Federal Assessment + 1		1.162
H.	State Weight		0.350
I.	Federal Weight		0.650
J.	Weighted Federal Assessment $(H*A)+(G*I)$		1.105
K.	Permissible Loss Ratio		0.636
L.	Federal Tax Multiplier = $(0.2+K*J)/(0.2+K)*(1/(1-D))$		1.147

NOTE: A, B, G, H, and I are based upon the NCCI's Tax & Assessment Directory and NCCI state filing circulars.
E and K are based upon the NCCI Table of Expense Ratios XXVI-E.

**Zurich North America
Workers' Compensation
Arkansas**

Summary of Proposed Change By Company

	<u>Proposed Deviation</u>	<u>Proposed LCM</u>	<u>Proposed Terrorism LCM</u>	<u>Annual Written Premium*</u>	<u>Loss Cost Change</u>	<u>LC Multiplier Change</u>	<u>Overall Proposed Change</u>
Maryland Casualty Co.	10%	1.630	1.482	\$529,638	2.2%	0.0%	2.2%
Northern Ins. Co. of NY	-10%	1.334	1.482	354,688	1.9%	0.0%	1.9%
Assurance Co. of Amer.	0%	1.482	1.482	190,018	2.7%	0.0%	2.7%
Zurich Amer. Ins. Co.	0%	1.482	1.482	2,545,482	3.4%	0.0%	3.4%
Amer. Zurich Ins Co.	-20%	1.186	1.482	1,597,504	2.5%	0.0%	2.5%
Amer. Guar. & Liab.	-10%	1.334	1.482	186,720	2.9%	0.0%	2.9%
Zurich Amer. Ins. Co. of IL	10%	1.630	1.482	105,570	2.9%	0.0%	2.9%
Fidelity and Deposit Co.	0%	1.482	1.482	65,700	5.8%	0.0%	5.8%
Colonial American Cas. Co.	-10%	1.334	1.482	0	2.9%	0.0%	2.9%
Univ. Underwriters Ins. Co.	5%	1.556	1.482	109,058	1.9%	0.0%	1.9%
Total:				\$5,684,378	2.9%	0.0%	2.9%

* Written Premium on policies with effective dates from 04/01/06 to 09/30/07

**Zurich North America
Workers' Compensation
Arkansas**

Determination of Premium Reduction Percentage for Deductible Insurance

The premium reduction percentages for deductible insurance were derived from the advisory loss elimination ratios using the following formula:

$$[LR/(LR*(1+LAE)+G+OA+TG)]*LER$$

LER = Loss Elimination Ratio

LR = Loss Ratio = ((1-0.332)/1.169)	<u>Ratio</u> 57.2%
LAE = Loss Adjustment Expense	16.9%
TG = Taxes applicable to deductible credit	5.3%
G = General Expense Ratio	0.0%
OA = Other Acquisition Expense Ratio	5.4%
Factor to be applied to advisory loss elimination ratios	0.737

Premium Reduction Percentage for Deductible Insurance

Total Losses:

	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	9.9%	8.0%	6.9%	5.8%	4.9%	3.4%	2.6%
\$1,500	12.0%	9.9%	8.6%	7.2%	6.1%	4.3%	3.3%
\$2,000	13.7%	11.3%	9.8%	8.4%	7.2%	5.2%	4.0%
\$2,500	15.2%	12.6%	11.0%	9.4%	8.0%	5.8%	4.5%
\$3,000	16.5%	13.7%	12.0%	10.3%	8.8%	6.5%	5.0%
\$3,500	17.7%	14.7%	13.0%	11.2%	9.6%	7.2%	5.5%
\$4,000	18.8%	15.7%	13.9%	12.0%	10.3%	7.7%	6.0%
\$4,500	19.8%	16.6%	14.7%	12.8%	11.0%	8.3%	6.4%
\$5,000	20.8%	17.5%	15.5%	13.5%	11.6%	8.8%	6.9%

**Zurich North America
Workers' Compensation
Arkansas**

Premium Reduction Percentage for Deductible Insurance (continue)

Medical Losses Only:

	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	9.6%	7.8%	6.7%	5.6%	4.7%	3.2%	2.5%
\$1,500	11.4%	9.4%	8.1%	6.9%	5.8%	4.1%	3.1%
\$2,000	12.9%	10.6%	9.2%	7.8%	6.6%	4.7%	3.6%
\$2,500	14.2%	11.6%	10.2%	8.6%	7.4%	5.3%	4.1%
\$3,000	15.2%	12.6%	11.0%	9.4%	8.0%	5.8%	4.5%
\$3,500	16.1%	13.4%	11.7%	10.0%	8.6%	6.3%	4.9%
\$4,000	17.0%	14.2%	12.4%	10.7%	9.1%	6.7%	5.2%
\$4,500	17.7%	14.8%	13.0%	11.2%	9.7%	7.2%	5.5%
\$5,000	18.4%	15.5%	13.6%	11.7%	10.1%	7.5%	5.8%

Indemnity Losses Only:

	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	2.1%	1.8%	1.6%	1.5%	1.3%	1.1%	0.8%
\$1,500	2.9%	2.4%	2.2%	2.1%	1.8%	1.5%	1.2%
\$2,000	3.7%	3.0%	2.8%	2.6%	2.3%	2.0%	1.5%
\$2,500	4.3%	3.6%	3.3%	3.1%	2.7%	2.4%	1.8%
\$3,000	4.9%	4.1%	3.8%	3.5%	3.2%	2.7%	2.1%
\$3,500	5.5%	4.6%	4.3%	4.0%	3.5%	3.0%	2.3%
\$4,000	5.9%	5.0%	4.6%	4.3%	3.8%	3.3%	2.6%
\$4,500	6.4%	5.5%	5.0%	4.7%	4.2%	3.5%	2.8%
\$5,000	6.9%	5.8%	5.4%	5.0%	4.5%	3.8%	3.0%

**Zurich North America
Workers' Compensation
Arkansas**

Impact of Expense Constants and Minimum Premiums*

	<u>Written Premium</u>
(1) All Classes	1,036,356,552
(2) Expense Constant Classes	8,834,949
(3) Minimum Premium Classes	1,039,402
(4) Overall Impact of Expense Constant and Minimum Premiums $[(2)+(3)/((1)-(2)-(3))]$	1.0%

* Uses voluntary direct countrywide workers' compensation business excluding retrospectively rated, deductible, and excess business.

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

LCM: **1.334**
 Exp Cons **160**

Company: **AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY**
NORTHERN INSURANCE COMPANY OF NEW YORK
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
0005	4.55	750	1452	1.76	500	2111	1.92	500
0008	2.79	537	1463	10.97	750	2112	2.44	500
0016	5.86	750	1472	3.34	611	2114	2.93	556
0034	3.99	699	1624E	7.22	750	2121	1.87	500
0035	2.32	500	1642	3.62	649	2130	2.75	531
0036	3.86	681	1654	7.80	750	2131	1.68	500
0037	4.18	724	1655	4.35	747	2143	2.08	500
0042	6.76	750	1699	2.01	500	2150	-	-
0050	5.15	750	1701	3.35	612	2156	-	-
0059D	0.28	-	1710E	6.26	750	2157	3.60	646
0065D	0.05	-	1741E	1.67	500	2172	2.04	500
0066D	0.05	-	1745X	2.75	531	2174	2.65	518
0067D	0.05	-	1747	2.29	500	2211	4.99	750
0079	3.00	565	1748	5.38	750	2220	1.89	500
0083	7.88	750	1803D	5.15	750	2286	1.40	500
0106	13.37	750	1852D	2.11	500	2288	4.38	750
0113	4.47	750	1853	2.51	500	2300	2.04	500
0170	2.48	500	1860	1.44	500	2302	1.79	500
0251	5.03	750	1924	3.05	572	2305	2.36	500
0400	8.02	750	1925	2.52	500	2361	1.28	500
0401	11.70	750	2001	2.28	500	2362	1.72	500
0771N	0.29	-	2002	3.16	587	2380	5.87	750
0908P	118.73	500	2003	2.65	518	2386	1.15	500
0909P	-	-	2014	5.00	750	2388	1.81	500
0912P	-	-	2016	2.29	500	2402	2.19	500
0913P	317.49	500	2021	3.17	588	2413	1.75	500
0917	3.51	634	2039	4.36	749	2416	1.81	500
1005*	9.32	750	2041	3.75	666	2417	1.68	500
1016*	34.50	750	2065	1.16	500	2501	1.43	500
1164E	6.83	750	2070	4.78	750	2503	1.28	500
1165E	6.51	750	2081	4.12	716	2534	2.27	500
1320	2.75	531	2089	2.57	507	2570	4.60	750
1322	11.07	750	2095	3.05	572	2576	-	-
1430	4.99	750	2105	2.36	500	2578	-	-
1438	2.56	506	2110	2.12	500	2585	2.53	502

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: Arkansas
Effective Date: 01/01/2008

LCM: 1.334
 Exp Cons 160

Company: AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY
 NORTHERN INSURANCE COMPANY OF NEW YORK
 COLONIAL AMERICAN CASUALTY AND SURETY COMPANY

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
2586	0.96	500	3027	2.85	545	3241	2.80	538
2587	2.05	500	3028	3.00	565	3255	2.48	500
2589	1.52	500	3030	3.96	695	3257	2.55	504
2600	4.60	750	3040	3.94	692	3270	4.18	724
2623	2.39	500	3041	3.40	619	3300	3.50	633
2651	2.12	500	3042	3.08	576	3303	3.44	624
2660	1.49	500	3064	4.40	750	3307	3.38	616
2670	2.23	500	3066	-	-	3315	2.52	500
2683	1.92	500	3069	6.39	750	3334	2.40	500
2688	2.75	531	3076	2.63	515	3336	2.33	500
2701	7.48	750	3081D	2.41	500	3365	9.22	750
2702X	25.69	750	3082D	3.83	677	3372	2.59	510
2710	7.91	750	3085D	2.83	542	3373	3.23	596
2714	4.76	750	3110	2.88	549	3383	0.92	500
2719X	10.38	750	3111	2.87	547	3385	0.84	500
2731	3.48	630	3113	2.05	500	3400	2.45	500
2735	2.83	542	3114	2.43	500	3507	2.77	534
2759	7.06	750	3118	1.36	500	3515	2.24	500
2790	1.33	500	3119	1.03	500	3548	1.19	500
2802	6.15	750	3122	1.09	500	3559	2.05	500
2812	4.12	716	3126	1.87	500	3574	1.13	500
2835	1.57	500	3131	0.85	500	3581	1.15	500
2836	2.24	500	3132	1.95	500	3612	2.11	500
2841	3.91	688	3145	1.81	500	3620	5.79	750
2881	2.16	500	3146	2.44	500	3629	1.81	500
2883	4.10	714	3169	2.51	500	3632	2.93	556
2913	2.95	558	3175D	2.76	533	3634	1.81	500
2915	3.66	654	3179	2.25	500	3635	1.69	500
2916	2.33	500	3180	2.01	500	3638	1.51	500
2923	1.93	500	3188	1.35	500	3642	0.88	500
2942	2.29	500	3220	1.91	500	3643	2.85	545
2960	2.87	547	3223	3.08	576	3647	3.07	574
3004	2.44	500	3224	2.52	500	3648	2.00	500
3018	2.93	556	3227	1.68	500	3681	1.33	500
3022	3.15	585	3240	3.16	587	3685	1.75	500

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

LCM: **1.334**
 Exp Cons **160**

Company: **AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY**
NORTHERN INSURANCE COMPANY OF NEW YORK
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
3719	3.23	596	4239	1.27	500	4581	1.60	500
3724	6.36	750	4240	2.79	537	4583	4.36	749
3726	3.40	619	4243	1.36	500	4611	0.89	500
3803	1.76	500	4244	2.24	500	4635	3.66	654
3807	1.52	500	4250	1.41	500	4653	1.28	500
3808	2.60	511	4251	1.57	500	4665	6.50	750
3821	4.00	700	4263	2.27	500	4670	4.18	724
3822	2.61	512	4273	1.55	500	4683	4.43	750
3824	4.59	750	4279	1.68	500	4686	1.09	500
3826	0.99	500	4282	2.07	500	4692	0.35	500
3827	1.13	500	4283	2.23	500	4693	0.83	500
3830	1.09	500	4299	1.43	500	4703	2.20	500
3851	2.72	527	4304	2.64	516	4717	2.31	500
3865	1.23	500	4307	2.56	506	4720	3.78	670
3881	3.62	649	4308	-	-	4740	1.43	500
4000	7.04	750	4351	1.04	500	4741	1.71	500
4021	4.27	736	4352	0.97	500	4751	1.81	500
4024E	1.61	500	4360	0.76	500	4771N	1.69	500
4034	6.55	750	4361	1.28	500	4777	1.68	500
4036	2.51	500	4362	1.03	500	4825	0.72	500
4038	2.01	500	4410	2.79	537	4828	1.36	500
4053	3.07	574	4420	3.31	607	4829	1.48	500
4061	4.11	715	4431	1.40	500	4902	1.63	500
4062	2.97	561	4432	1.51	500	4923	1.08	500
4101	1.88	500	4439	1.77	500	5020	5.48	750
4111	2.21	500	4452	3.25	599	5022	5.99	750
4112	0.91	500	4459	2.00	500	5037	16.72	750
4113	1.60	500	4470	2.16	500	5040	19.53	750
4114	2.29	500	4484	2.23	500	5057	15.38	750
4130	5.34	750	4493	2.68	522	5059	22.08	750
4131	2.57	507	4511	0.65	500	5069	21.22	750
4133	2.45	500	4557	1.73	500	5102	4.08	711
4150	1.24	500	4558	1.79	500	5146	4.83	750
4206	3.79	672	4561	1.81	500	5160	4.30	741
4207	1.09	500	4568	2.55	504	5183	3.11	580

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

LCM: **1.334**
 Exp Cons **160**

Company: **AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY**
NORTHERN INSURANCE COMPANY OF NEW YORK
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
5188	5.18	750	5703	96.13	750	6836	8.80	750
5190	3.03	569	5705	4.84	750	6843F	15.45	750
5191X	1.69	500	5951	0.36	500	6845F	18.18	750
5192	3.82	676	6003	9.94	750	6854	5.07	750
5213	7.34	750	6005	6.55	750	6872F	21.00	750
5215	3.84	678	6017	4.14	719	6874F	37.30	750
5221	3.91	688	6018	2.11	500	6882	5.80	750
5222	9.62	750	6045	2.83	542	6884	12.74	750
5223	5.26	750	6204	9.23	750	7016M	5.27	100
5348	3.67	655	6206	7.11	750	7024M	5.86	200
5402	4.82	750	6213	11.01	750	7038M	6.26	100
5403	9.80	750	6214	2.65	518	7046M	27.56	100
5437	4.50	750	6216	5.02	750	7047M	9.28	200
5443	3.58	643	6217	4.68	750	7050M	11.02	200
5445	4.55	750	6229	3.92	689	7090M	6.95	200
5462	5.92	750	6233	7.20	750	7098M	30.63	200
5472	4.90	750	6235	10.90	750	7099M	48.54	200
5473	4.99	750	6236	12.45	750	7133	3.35	612
5474	6.94	750	6237	3.42	622	7151M	4.07	100
5478	4.26	735	6251D	7.42	750	7152M	7.16	200
5479	9.94	750	6252D	6.72	750	7153M	4.52	200
5480	9.71	750	6260D	5.10	750	7222	9.55	750
5491	2.08	500	6306	5.27	750	7228X	7.48	750
5506	4.26	735	6319	5.27	750	7229X	7.44	750
5507	5.56	750	6325	4.90	750	7230	3.64	651
5508D	7.07	750	6400	6.58	750	7231	8.04	750
5535	6.39	750	6504	2.29	500	7232	13.69	750
5536	-	-	6702M*	7.00	100	7309F	25.88	750
5537	5.34	750	6703M*	12.33	200	7313F	5.96	750
5538	-	-	6704M*	7.78	200	7317F	9.55	750
5551	13.93	750	6801F	13.45	750	7327F	20.82	750
5606	1.88	500	6811	5.38	750	7333M	7.10	100
5610	6.60	750	6824F	23.24	750	7335M	7.88	200
5645	11.03	750	6826F	11.25	750	7337M	12.50	200
5651	8.94	750	6834	4.02	703	7350F	22.61	750

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

LCM: **1.334**
 Exp Cons **160**

Company: **AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY**
NORTHERN INSURANCE COMPANY OF NEW YORK
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
7360	5.64	750	7705	2.64	516	8209	2.95	558
7370	4.88	750	7710	6.38	750	8215	5.28	750
7380X	3.96	695	7711	6.38	750	8227	4.19	726
7382	2.68	522	7720X	2.64	516	8232	6.20	750
7390	3.39	618	7855	5.76	750	8233	4.68	750
7394M	14.23	100	8001	2.35	500	8235	3.92	689
7395M	15.81	200	8002	3.08	576	8263	8.80	750
7398M	25.05	200	8006	2.16	500	8264	3.91	688
7403X	2.72	527	8008	1.12	500	8265	9.27	750
7405N	1.44	500	8010	2.07	500	8279	10.02	750
7409*	-	-	8013	0.48	500	8288	6.50	750
7420X*	20.77	750	8015	0.67	500	8291	2.36	500
7421	2.16	500	8017	1.15	500	8292	2.87	547
7422	2.39	500	8018X*	2.57	507	8293	7.92	750
7423X	2.72	527	8021	1.65	500	8295X	5.75	750
7425	3.36	614	8031	3.00	565	8304	6.86	750
7431N	1.87	547	8032	1.55	500	8350	5.02	750
7445N	0.77	-	8033	1.88	500	8380	3.39	618
7453N	1.00	-	8039	1.40	500	8381	1.35	500
7502	2.83	542	8044	3.08	576	8385	2.59	510
7515	1.04	500	8045	0.44	500	8392	3.34	611
7520	2.89	550	8046	2.73	529	8393	1.57	500
7538	9.26	750	8047	1.17	500	8500	4.87	750
7539	5.88	750	8050	-	-	8601	0.67	500
7540	3.91	688	8058	2.76	533	8606	3.46	627
7580	1.97	500	8072	0.63	500	8709F	7.87	750
7590	4.20	727	8102	2.55	504	8719	1.72	500
7600	2.85	545	8103	4.50	750	8720	1.15	500
7601	11.45	750	8105	4.55	750	8721	0.39	500
7605	3.20	592	8106	4.24	732	8726F	9.35	750
7610	0.45	500	8107	3.91	688	8734M	0.67	200
7611	5.67	750	8111	3.04	570	8737M	0.60	100
7612	15.78	750	8116	4.40	750	8738M	1.05	200
7613	4.54	750	8203	5.95	750	8742X	0.49	500
7704	-	-	8204	6.00	750	8745	4.50	750

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: Arkansas
Effective Date: 01/01/2008

LCM: 1.334
 Exp Cons 160

Company: AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY
 NORTHERN INSURANCE COMPANY OF NEW YORK
 COLONIAL AMERICAN CASUALTY AND SURETY COMPANY

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
8748	0.40	500	9060	1.73	500			
8755	0.28	500	9061	1.32	500			
8799	0.93	500	9063	1.05	500			
8800	0.93	500	9077F	3.83	677			
8803	0.08	500	9082	1.59	500			
8805M	0.32	200	9083	1.41	500			
8810	0.24	500	9084	1.96	500			
8814M	0.29	100	9089	1.27	500			
8815M	0.52	200	9093	1.41	500			
8820	0.21	500	9101	2.95	558			
8824	2.73	529	9102	2.89	550			
8825	2.27	500	9110	-	-			
8826	2.17	500	9154	2.36	500			
8829	2.59	510	9156	1.35	500			
8831	2.87	547	9170	2.25	500			
8832	0.27	500	9178	24.11	750			
8833X*	1.08	500	9179	42.07	750			
8835	2.08	500	9180	4.18	724			
8842	1.13	500	9182	2.57	507			
8861	-	-	9186	52.44	750			
8864	1.13	500	9220	3.64	651			
8868	0.39	500	9402	5.07	750			
8869	0.72	500	9403	6.23	750			
8871	0.24	500	9410	1.89	500			
8901	0.28	500	9501	4.66	750			
9012	1.61	500	9505	3.42	622			
9014	2.25	500	9516	2.72	527			
9015X	2.67	520	9519	2.37	500			
9016	4.78	750	9521	5.10	750			
9019	3.21	593	9522	1.48	500			
9033	1.75	500	9534	7.22	750			
9040*	3.38	616	9554	8.34	750			
9052	1.69	500	9586	0.71	500			
9058	1.65	500	9600	1.56	500			
9059	2.84	543	9620	1.17	500			

Footnotes

State: **Arkansas**
 Effective Date: **01/01/2008**

AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY
NORTHERN INSURANCE COMPANY OF NEW YORK
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY

D Rate for classification already includes the specific disease loading shown in the table below. See Rule 3-A-7.

E Rate for classification already includes the specific disease loading shown in the table below.

Code No.	Disease Disease Loading	Symbol	Code No.	Disease Disease Loading	Symbol	Code No.	Disease Disease Loading	Symbol
0059D	0.28	S	1710E	0.05	S	3175D	0.03	S
0065D	0.05	S	1741E	0.23	S	4024E	0.01	S
0066D	0.05	S	1803D	0.23	S	5508D	0.03	S
0067D	0.05	S	1852D	0.04	Asb	6251D	0.05	S
1164E	0.08	S	3081D	0.04	S	6252D	0.04	S
1165E	0.04	S	3082D	0.05	S	6260D	0.03	S
1624E	0.04	S	3085D	0.05	S			

F Rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Rate contains a provision for federal assessment.

M Rate provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for the USL&HW assessment is included for those classifications under Program II USL Act.

N This code is part of a ratable/non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

Footnotes

State: **Arkansas**
Effective Date: **01/01/2008**

AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY
NORTHERN INSURANCE COMPANY OF NEW YORK
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY

P Classification is computed on a per capita basis.
X Refer to special classification phraseology in these pages applicable in this state.

Class Codes with Specific Footnotes

- 1005 Rate includes a non-ratable disease element of \$3.80 (for coverage written separately for federal benefits only, \$2.87. For coverage written separately for state benefits only, \$0.93).
- 1016 Rate includes a non-ratable disease element of \$15.21 (for coverage written separately for federal benefits only, \$11.46. For coverage written separately for state benefits only, \$3.75). Includes a catastrophe loading of \$0.13. Refer to the Manual of Underground Coal Mine Rules, Classifications, and Rates for the rules applicable to the use of the classification code.
- 6702 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way-no work on elevated railroads. Otherwise, assign appropriate construction or erection code rate and elr each X 1.215.
- 6703 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way-no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate X 2.14 and elr X 1.982.
- 6704 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of no work on elevated railroads. Otherwise, assign appropriate construction or erection code rate and elr each X 1.35.
- 7409 Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005. The ELR on the rate page should be applied to policies with effective dates on or after January 1, 2005 (\$600 payroll limitation). An ELR of 11.36 should be applied to policies with effective dates prior to January 1, 2005 (\$300 payroll limitation).
- 7420 Payroll is subject to a maximum of \$600 per week per employee effective July 1, 2006. The ELR on the rate page should be applied to policies with effective dates on or after July 1, 2006 (\$600 payroll limitation). An ELR of 4.16 should be applied to policies with effective dates prior to July 1, 2006 (uncapped payroll).
- 8018 See Arkansas Special Classification for Warehousing-groceries exclusively.
- 8833 The ex-medical rate for this classification is \$0.57.
A charge of \$0.10 is to be added to this class' rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Home Office for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or development.
- 9040 The ex-medical rate for this classification is \$1.65.
A charge of \$0.10 is to be added to this class' rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Home Office for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or development.

Miscellaneous Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

**ZURICH AMERICAN INSURANCE COMPANY
 AMERICAN ZURICH INSURANCE COMPANY
 AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY
 ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS
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 NORTHERN INSURANCE COMPANY OF NEW YORK
 ASSURANCE COMPANY OF AMERICA
 FIDELITY AND DEPOSIT COMPANY OF MARYLAND
 COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
 UNIVERSAL UNDERWRITERS INSURANCE COMPANY**

Basis of Premium applicable in accordance with the footnote instructions for Code 7370 Taxicab Co:
 7370 -- Employee operated vehicles **\$46,220.00**
 Leased or rented vehicles **\$30,813.00**

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

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents - (Rate) \$0.01

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**

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 and Members of Limited Liability Companies in connection with Basic Manual Rule a-A-4..... **\$ 30,800.00**

Foreign Terrorism (Rate)..... \$ 0.03

United States Longshore and Harbor Workers Compensation Coverage Percentage applicable only in connection with Basic Manual Rule 3-A-4..... **90%**

(Multiply a Non-F classification rate by a factor of 1.90. This factor adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and for differences in loss-based expenses (1.139).)

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.

Miscellaneous Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

ZURICH AMERICAN INSURANCE COMPANY
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 UNIVERSAL UNDERWRITERS INSURANCE COMPANY

Premium Deductible Program

TOTAL LOSSES							
DEDUCTIBLE	HAZARD GROUP						
AMOUNT	A	B	C	D	E	F	G
\$1,000	9.9%	8.0%	6.9%	5.8%	4.9%	3.4%	2.6%
\$1,500	12.0%	9.9%	8.6%	7.2%	6.1%	4.3%	3.3%
\$2,000	13.7%	11.3%	9.8%	8.4%	7.2%	5.2%	4.0%
\$2,500	15.2%	12.6%	11.0%	9.4%	8.0%	5.8%	4.5%
\$3,000	16.5%	13.7%	12.0%	10.3%	8.8%	6.5%	5.0%
\$3,500	17.7%	14.7%	13.0%	11.2%	9.6%	7.2%	5.5%
\$4,000	18.8%	15.7%	13.9%	12.0%	10.3%	7.7%	6.0%
\$4,500	19.8%	16.6%	14.7%	12.8%	11.0%	8.3%	6.4%
\$5,000	20.8%	17.5%	15.5%	13.5%	11.6%	8.8%	6.9%

INDEMNITY LOSSES							
DEDUCTIBLE	HAZARD GROUP						
AMOUNT	A	B	C	D	E	F	G
\$1,000	2.1%	1.8%	1.6%	1.5%	1.3%	1.1%	0.8%
\$1,500	2.9%	2.4%	2.2%	2.1%	1.8%	1.5%	1.2%
\$2,000	3.7%	3.0%	2.8%	2.6%	2.3%	2.0%	1.5%
\$2,500	4.3%	3.6%	3.3%	3.1%	2.7%	2.4%	1.8%
\$3,000	4.9%	4.1%	3.8%	3.5%	3.2%	2.7%	2.1%
\$3,500	5.5%	4.6%	4.3%	4.0%	3.5%	3.0%	2.3%
\$4,000	5.9%	5.0%	4.6%	4.3%	3.8%	3.3%	2.6%
\$4,500	6.4%	5.5%	5.0%	4.7%	4.2%	3.5%	2.8%
\$5,000	6.9%	5.8%	5.4%	5.0%	4.5%	3.8%	3.0%

MEDICAL LOSSES							
DEDUCTIBLE	HAZARD GROUP						
AMOUNT	A	B	C	D	E	F	G
\$1,000	9.6%	7.8%	6.7%	5.6%	4.7%	3.2%	2.5%
\$1,500	11.4%	9.4%	8.1%	6.9%	5.8%	4.1%	3.1%
\$2,000	12.9%	10.6%	9.2%	7.8%	6.6%	4.7%	3.6%
\$2,500	14.2%	11.6%	10.2%	8.6%	7.4%	5.3%	4.1%
\$3,000	15.2%	12.6%	11.0%	9.4%	8.0%	5.8%	4.5%
\$3,500	16.1%	13.4%	11.7%	10.0%	8.6%	6.3%	4.9%
\$4,000	17.0%	14.2%	12.4%	10.7%	9.1%	6.7%	5.2%
\$4,500	17.7%	14.8%	13.0%	11.2%	9.7%	7.2%	5.5%
\$5,000	18.4%	15.5%	13.6%	11.7%	10.1%	7.5%	5.8%

Premium Discount Table

State: **Arkansas**
Effective Date: **01/01/2008**

ZURICH AMERICAN INSURANCE COMPANY
AMERICAN ZURICH INSURANCE COMPANY
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MARYLAND CASUALTY COMPANY
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COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
UNIVERSAL UNDERWRITERS INSURANCE COMPANY

Premium Discount Table 9 - Type A

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

State: **Arkansas**
 Effective Date: **01/01/2008**

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 UNIVERSAL UNDERWRITERS INSURANCE COMPANY

**WORKERS' COMPENSATION AND EMPLOYERS LIABILITY
 RETROSPECTIVE RATING VALUES**

HAZARD GROUP DIFFERENTIALS							TAX MULTIPLIERS	
A	B	C	D	E	F	G	State:	1.062
1.89	1.42	1.26	1.13	0.98	0.79	0.59	Federal:	1.147

EXPECTED LOSS RATIO	EXPECTED LOSS AND ALLOCATED EXPENSE RATIO	TABLE OF EXPENSE RATIOS
0.636	0.698	Type A: XXII-E XXII-G

2008 TABLE OF EXPECTED LOSS RANGES
 Effective January 1, 2008

Factor Applied to Excess Loss Pure Premium
 Factors and Excess Loss and Allocated
 Exp. Pure Premium Factors **0.668**

Excess Loss Factors

Per Accident Limitation	Hazard Groups						
	A	B	C	D	E	F	G
\$25,000	0.257	0.297	0.320	0.342	0.367	0.403	0.437
\$30,000	0.236	0.276	0.300	0.322	0.349	0.387	0.422 *
\$35,000	0.220	0.258	0.282	0.305	0.333	0.371	0.409 *
\$40,000	0.204	0.242	0.267	0.289	0.317	0.357	0.397 *
\$50,000	0.181	0.217	0.240	0.263	0.293	0.333	0.375 *
\$75,000	0.142	0.173	0.196	0.217	0.246	0.287	0.333 *
\$100,000	0.118	0.145	0.167	0.186	0.214	0.254	0.302 *
\$125,000	0.102	0.125	0.146	0.164	0.190	0.229	0.278
\$150,000	0.090	0.112	0.131	0.148	0.173	0.210	0.259
\$175,000	0.081	0.100	0.119	0.134	0.158	0.194	0.242
\$200,000	0.073	0.092	0.110	0.124	0.146	0.181	0.228
\$225,000	0.068	0.084	0.102	0.115	0.136	0.169	0.216
\$250,000	0.063	0.079	0.096	0.108	0.128	0.160	0.207
\$275,000	0.059	0.073	0.090	0.102	0.121	0.152	0.198
\$300,000	0.056	0.069	0.085	0.096	0.114	0.144	0.190
\$325,000	0.053	0.065	0.080	0.091	0.109	0.138	0.182
\$350,000	0.050	0.062	0.077	0.087	0.104	0.132	0.176
\$375,000	0.048	0.059	0.073	0.083	0.100	0.126	0.170
\$400,000	0.046	0.057	0.070	0.079	0.096	0.122	0.164
\$425,000	0.044	0.054	0.067	0.077	0.092	0.117	0.159
\$450,000	0.042	0.052	0.065	0.073	0.088	0.113	0.155
\$475,000	0.041	0.050	0.063	0.071	0.086	0.110	0.150
\$500,000	0.039	0.049	0.061	0.069	0.083	0.106	0.146
\$600,000	0.035	0.043	0.054	0.061	0.073	0.095	0.133
\$700,000	0.032	0.039	0.049	0.055	0.067	0.086	0.123
\$800,000	0.030	0.037	0.046	0.051	0.062	0.080	0.115
\$900,000	0.028	0.034	0.043	0.048	0.057	0.075	0.108
\$1,000,000	0.026	0.032	0.040	0.045	0.054	0.070	0.102
\$2,000,000	0.015	0.019	0.025	0.029	0.035	0.045	0.067
\$3,000,000	0.011	0.014	0.018	0.021	0.025	0.034	0.052
\$4,000,000	0.008	0.011	0.014	0.016	0.020	0.027	0.043
\$5,000,000	0.007	0.009	0.011	0.013	0.017	0.023	0.036
\$6,000,000	0.005	0.007	0.009	0.011	0.013	0.019	0.030
\$7,000,000	0.005	0.006	0.008	0.009	0.011	0.016	0.026
\$8,000,000	0.004	0.005	0.007	0.008	0.010	0.014	0.023
\$9,000,000	0.004	0.005	0.006	0.007	0.009	0.012	0.021
\$10,000,000	0.003	0.004	0.005	0.007	0.008	0.011	0.019

Excess Loss Factors

Per Accident Limitation	Hazard Groups					
	A	B	C	D	E	F	G

Excess Loss & Allocated Expense Factors

Per Accident Limitation	Hazard Groups						
	A	B	C	D	E	F	G
\$25,000	0.302	0.345	0.369	0.393	0.420	0.457	0.491
\$30,000	0.280	0.323	0.348	0.372	0.400	0.440	0.476 *
\$35,000	0.261	0.303	0.329	0.353	0.383	0.424	0.463 *
\$40,000	0.244	0.287	0.313	0.337	0.367	0.409	0.450 *
\$50,000	0.218	0.259	0.285	0.309	0.341	0.384	0.428 *
\$75,000	0.174	0.209	0.235	0.259	0.290	0.335	0.384 *
\$100,000	0.146	0.177	0.202	0.224	0.255	0.299	0.351 *
\$125,000	0.126	0.154	0.178	0.199	0.228	0.272	0.324
\$150,000	0.112	0.138	0.160	0.180	0.208	0.250	0.303
\$175,000	0.101	0.124	0.146	0.164	0.191	0.232	0.285
\$200,000	0.092	0.114	0.134	0.151	0.177	0.216	0.269
\$225,000	0.085	0.104	0.124	0.140	0.165	0.203	0.256
\$250,000	0.079	0.098	0.117	0.132	0.156	0.192	0.244
\$275,000	0.074	0.092	0.110	0.124	0.147	0.182	0.234
\$300,000	0.070	0.086	0.104	0.118	0.139	0.174	0.224
\$325,000	0.066	0.081	0.099	0.112	0.132	0.166	0.216
\$350,000	0.063	0.077	0.094	0.106	0.126	0.158	0.208
\$375,000	0.059	0.073	0.090	0.102	0.121	0.152	0.201
\$400,000	0.057	0.070	0.086	0.098	0.116	0.146	0.195
\$425,000	0.055	0.067	0.083	0.094	0.112	0.142	0.189
\$450,000	0.053	0.065	0.080	0.090	0.108	0.137	0.184
\$475,000	0.051	0.063	0.077	0.088	0.104	0.132	0.179
\$500,000	0.049	0.060	0.075	0.084	0.101	0.128	0.174
\$600,000	0.043	0.053	0.067	0.075	0.090	0.115	0.158
\$700,000	0.039	0.048	0.061	0.068	0.081	0.104	0.146
\$800,000	0.037	0.045	0.056	0.063	0.075	0.097	0.137
\$900,000	0.034	0.042	0.053	0.059	0.070	0.090	0.128
\$1,000,000	0.032	0.039	0.049	0.055	0.065	0.085	0.121
\$2,000,000	0.019	0.024	0.031	0.035	0.042	0.055	0.081
\$3,000,000	0.013	0.017	0.023	0.026	0.032	0.042	0.063
\$4,000,000	0.010	0.013	0.018	0.021	0.025	0.034	0.052
\$5,000,000	0.008	0.011	0.015	0.017	0.021	0.028	0.044
\$6,000,000	0.006	0.009	0.011	0.013	0.017	0.023	0.037
\$7,000,000	0.005	0.007	0.010	0.011	0.015	0.020	0.033
\$8,000,000	0.005	0.007	0.009	0.010	0.013	0.017	0.029
\$9,000,000	0.005	0.006	0.008	0.009	0.011	0.015	0.026
\$10,000,000	0.004	0.005	0.007	0.008	0.010	0.014	0.023

* Also applicable to Underground Coal Mine classifications.

Retrospective Development Factors

<i>With Loss Limit</i>			<i>Without Loss Limit</i>			<i>4th and Subsequent</i>
1st Adj.	2nd Adj.	3rd Adj.	1st Adj.	2nd Adj.	3rd Adj.	Adjustment
0.60	0.04	0.04	0.14	0.10	0.10	0.000

State Special Classifications by Hazard Group

<u>Code No.</u>	<u>HG</u>	<u>Code No.</u>	<u>HG</u>	<u>Code No.</u>	<u>HG</u>
1745	E	2719	E	8295	C

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

State: **Arkansas**
 Effective Date: **01/01/2008**

Rating Values
 LCM: **1.186**
 Exp Cons **160**

Company: **AMERICAN ZURICH INSURANCE COMPANY**

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
0005	4.04	705	1452	1.57	500	2111	1.71	500
0008	2.48	500	1463	9.75	750	2112	2.17	500
0016	5.21	750	1472	2.97	561	2114	2.61	512
0034	3.55	639	1624E	6.42	750	2121	1.66	500
0035	2.06	500	1642	3.21	593	2130	2.44	500
0036	3.43	623	1654	6.94	750	2131	1.49	500
0037	3.71	661	1655	3.87	682	2143	1.85	500
0042	6.01	750	1699	1.79	500	2150	-	-
0050	4.58	750	1701	2.98	562	2156	-	-
0059D	0.25	-	1710E	5.56	750	2157	3.20	592
0065D	0.05	-	1741E	1.48	500	2172	1.81	500
0066D	0.05	-	1745X	2.44	500	2174	2.36	500
0067D	0.05	-	1747	2.04	500	2211	4.44	750
0079	2.67	520	1748	4.78	750	2220	1.68	500
0083	7.01	750	1803D	4.58	750	2286	1.25	500
0106	11.88	750	1852D	1.87	500	2288	3.89	685
0113	3.97	696	1853	2.23	500	2300	1.81	500
0170	2.21	500	1860	1.28	500	2302	1.59	500
0251	4.47	750	1924	2.72	527	2305	2.10	500
0400	7.13	750	1925	2.24	500	2361	1.14	500
0401	10.40	750	2001	2.03	500	2362	1.53	500
0771N	0.26	-	2002	2.81	539	2380	5.22	750
0908P	105.55	500	2003	2.36	500	2386	1.02	500
0909P	-	-	2014	4.45	750	2388	1.61	500
0912P	-	-	2016	2.04	500	2402	1.95	500
0913P	282.27	500	2021	2.82	541	2413	1.55	500
0917	3.12	581	2039	3.88	684	2416	1.61	500
1005*	8.29	750	2041	3.33	610	2417	1.49	500
1016*	30.67	750	2065	1.03	500	2501	1.27	500
1164E	6.07	750	2070	4.25	734	2503	1.14	500
1165E	5.79	750	2081	3.66	654	2534	2.02	500
1320	2.44	500	2089	2.29	500	2570	4.09	712
1322	9.84	750	2095	2.72	527	2576	-	-
1430	4.44	750	2105	2.10	500	2578	-	-
1438	2.28	500	2110	1.89	500	2585	2.25	500

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

LCM: **1.186**
 Exp Cons **160**

Company: **AMERICAN ZURICH INSURANCE COMPANY**

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
2586	0.85	500	3027	2.54	503	3241	2.49	500
2587	1.83	500	3028	2.67	520	3255	2.21	500
2589	1.35	500	3030	3.52	635	3257	2.27	500
2600	4.09	712	3040	3.50	633	3270	3.71	661
2623	2.12	500	3041	3.02	568	3300	3.11	580
2651	1.89	500	3042	2.74	530	3303	3.06	573
2660	1.33	500	3064	3.91	688	3307	3.00	565
2670	1.98	500	3066	-	-	3315	2.24	500
2683	1.71	500	3069	5.68	750	3334	2.13	500
2688	2.44	500	3076	2.34	500	3336	2.08	500
2701	6.65	750	3081D	2.15	500	3365	8.20	750
2702X	22.84	750	3082D	3.40	619	3372	2.30	500
2710	7.03	750	3085D	2.51	500	3373	2.87	547
2714	4.23	731	3110	2.56	506	3383	0.82	500
2719X	9.23	750	3111	2.55	504	3385	0.75	500
2731	3.10	579	3113	1.83	500	3400	2.18	500
2735	2.51	500	3114	2.16	500	3507	2.47	500
2759	6.27	750	3118	1.21	500	3515	1.99	500
2790	1.19	500	3119	0.91	500	3548	1.06	500
2802	5.47	750	3122	0.97	500	3559	1.83	500
2812	3.66	654	3126	1.66	500	3574	1.01	500
2835	1.40	500	3131	0.76	500	3581	1.02	500
2836	1.99	500	3132	1.73	500	3612	1.87	500
2841	3.47	628	3145	1.61	500	3620	5.15	750
2881	1.92	500	3146	2.17	500	3629	1.61	500
2883	3.64	651	3169	2.23	500	3632	2.61	512
2913	2.62	514	3175D	2.46	500	3634	1.61	500
2915	3.25	599	3179	2.00	500	3635	1.51	500
2916	2.08	500	3180	1.79	500	3638	1.34	500
2923	1.72	500	3188	1.20	500	3642	0.78	500
2942	2.04	500	3220	1.70	500	3643	2.54	503
2960	2.55	504	3223	2.74	530	3647	2.73	529
3004	2.17	500	3224	2.24	500	3648	1.78	500
3018	2.61	512	3227	1.49	500	3681	1.19	500
3022	2.80	538	3240	2.81	539	3685	1.55	500

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

State: **Arkansas**
 Effective Date: **01/01/2008**

Rating Values
 LCM: **1.186**
 Exp Cons **160**

Company: **AMERICAN ZURICH INSURANCE COMPANY**

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
3719	2.87	547	4239	1.13	500	4581	1.42	500
3724	5.66	750	4240	2.48	500	4583	3.88	684
3726	3.02	568	4243	1.21	500	4611	0.79	500
3803	1.57	500	4244	1.99	500	4635	3.25	599
3807	1.35	500	4250	1.26	500	4653	1.14	500
3808	2.31	500	4251	1.40	500	4665	5.78	750
3821	3.56	641	4263	2.02	500	4670	3.71	661
3822	2.32	500	4273	1.38	500	4683	3.94	692
3824	4.08	711	4279	1.49	500	4686	0.97	500
3826	0.88	500	4282	1.84	500	4692	0.31	500
3827	1.01	500	4283	1.98	500	4693	0.74	500
3830	0.97	500	4299	1.27	500	4703	1.96	500
3851	2.42	500	4304	2.35	500	4717	2.05	500
3865	1.09	500	4307	2.28	500	4720	3.36	614
3881	3.21	593	4308	-	-	4740	1.27	500
4000	6.26	750	4351	0.93	500	4741	1.52	500
4021	3.80	673	4352	0.87	500	4751	1.61	500
4024E	1.44	500	4360	0.68	500	4771N	1.51	500
4034	5.82	750	4361	1.14	500	4777	1.49	500
4036	2.23	500	4362	0.91	500	4825	0.64	500
4038	1.79	500	4410	2.48	500	4828	1.21	500
4053	2.73	529	4420	2.94	557	4829	1.32	500
4061	3.65	653	4431	1.25	500	4902	1.45	500
4062	2.64	516	4432	1.34	500	4923	0.96	500
4101	1.67	500	4439	1.58	500	5020	4.87	750
4111	1.97	500	4452	2.89	550	5022	5.33	750
4112	0.81	500	4459	1.78	500	5037	14.86	750
4113	1.42	500	4470	1.92	500	5040	17.36	750
4114	2.04	500	4484	1.98	500	5057	13.67	750
4130	4.74	750	4493	2.38	500	5059	19.63	750
4131	2.29	500	4511	0.58	500	5069	18.87	750
4133	2.18	500	4557	1.54	500	5102	3.63	650
4150	1.10	500	4558	1.59	500	5146	4.29	739
4206	3.37	615	4561	1.61	500	5160	3.82	676
4207	0.97	500	4568	2.27	500	5183	2.76	533

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

State: **Arkansas**
 Effective Date: **01/01/2008**

Rating Values
 LCM: **1.186**
 Exp Cons **160**

Company: **AMERICAN ZURICH INSURANCE COMPANY**

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
5188	4.60	750	5703	85.46	750	6836	7.83	750
5190	2.69	523	5705	4.31	742	6843F	13.73	750
5191X	1.51	500	5951	0.32	500	6845F	16.17	750
5192	3.39	618	6003	8.84	750	6854	4.51	750
5213	6.52	750	6005	5.82	750	6872F	18.67	750
5215	3.42	622	6017	3.68	657	6874F	33.16	750
5221	3.47	628	6018	1.87	500	6882	5.16	750
5222	8.55	750	6045	2.51	500	6884	11.33	750
5223	4.67	750	6204	8.21	750	7016M	4.68	100
5348	3.26	600	6206	6.32	750	7024M	5.21	200
5402	4.28	738	6213	9.78	750	7038M	5.56	100
5403	8.72	750	6214	2.36	500	7046M	24.50	100
5437	4.00	700	6216	4.46	750	7047M	8.25	200
5443	3.18	589	6217	4.16	722	7050M	9.80	200
5445	4.04	705	6229	3.49	631	7090M	6.18	200
5462	5.27	750	6233	6.40	750	7098M	27.23	200
5472	4.35	747	6235	9.69	750	7099M	43.16	200
5473	4.44	750	6236	11.07	750	7133	2.98	562
5474	6.17	750	6237	3.04	570	7151M	3.62	100
5478	3.78	670	6251D	6.59	750	7152M	6.37	200
5479	8.84	750	6252D	5.98	750	7153M	4.02	200
5480	8.63	750	6260D	4.53	750	7222	8.49	750
5491	1.85	500	6306	4.68	750	7228X	6.65	750
5506	3.78	670	6319	4.68	750	7229X	6.62	750
5507	4.95	750	6325	4.35	747	7230	3.24	597
5508D	6.29	750	6400	5.85	750	7231	7.15	750
5535	5.68	750	6504	2.04	500	7232	12.17	750
5536	-	-	6702M*	6.23	100	7309F	23.01	750
5537	4.74	750	6703M*	10.96	200	7313F	5.30	750
5538	-	-	6704M*	6.91	200	7317F	8.49	750
5551	12.38	750	6801F	11.95	750	7327F	18.51	750
5606	1.67	500	6811	4.78	750	7333M	6.31	100
5610	5.87	750	6824F	20.66	750	7335M	7.01	200
5645	9.81	750	6826F	10.00	750	7337M	11.11	200
5651	7.95	750	6834	3.57	642	7350F	20.10	750

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

LCM: **1.186**
 Exp Cons **160**

Company: **AMERICAN ZURICH INSURANCE COMPANY**

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
7360	5.02	750	7705	2.35	500	8209	2.62	514
7370	4.34	746	7710	5.67	750	8215	4.70	750
7380X	3.52	635	7711	5.67	750	8227	3.72	662
7382	2.38	500	7720X	2.35	500	8232	5.51	750
7390	3.01	566	7855	5.12	750	8233	4.16	722
7394M	12.65	100	8001	2.09	500	8235	3.49	631
7395M	14.05	200	8002	2.74	530	8263	7.83	750
7398M	22.27	200	8006	1.92	500	8264	3.47	628
7403X	2.42	500	8008	1.00	500	8265	8.24	750
7405N	1.28	500	8010	1.84	500	8279	8.91	750
7409*	-	-	8013	0.43	500	8288	5.78	750
7420X*	18.47	750	8015	0.59	500	8291	2.10	500
7421	1.92	500	8017	1.02	500	8292	2.55	504
7422	2.12	500	8018X*	2.29	500	8293	7.04	750
7423X	2.42	500	8021	1.47	500	8295X	5.11	750
7425	2.99	564	8031	2.67	520	8304	6.10	750
7431N	1.66	504	8032	1.38	500	8350	4.46	750
7445N	0.69	-	8033	1.67	500	8380	3.01	566
7453N	0.89	-	8039	1.25	500	8381	1.20	500
7502	2.51	500	8044	2.74	530	8385	2.30	500
7515	0.93	500	8045	0.39	500	8392	2.97	561
7520	2.57	507	8046	2.43	500	8393	1.40	500
7538	8.23	750	8047	1.04	500	8500	4.33	745
7539	5.23	750	8050	-	-	8601	0.59	500
7540	3.47	628	8058	2.46	500	8606	3.07	574
7580	1.76	500	8072	0.56	500	8709F	7.00	750
7590	3.74	665	8102	2.27	500	8719	1.53	500
7600	2.54	503	8103	4.00	700	8720	1.02	500
7601	10.18	750	8105	4.04	705	8721	0.34	500
7605	2.85	545	8106	3.77	669	8726F	8.31	750
7610	0.40	500	8107	3.47	628	8734M	0.59	200
7611	5.04	750	8111	2.70	525	8737M	0.53	100
7612	14.03	750	8116	3.91	688	8738M	0.94	200
7613	4.03	704	8203	5.29	750	8742X	0.44	500
7704	-	-	8204	5.34	750	8745	4.00	700

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: Arkansas
Effective Date: 01/01/2008

LCM: 1.186
 Exp Cons 160

Company: AMERICAN ZURICH INSURANCE COMPANY

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
8748	0.36	500	9060	1.54	500			
8755	0.25	500	9061	1.17	500			
8799	0.83	500	9063	0.94	500			
8800	0.83	500	9077F	3.40	619			
8803	0.07	500	9082	1.41	500			
8805M	0.28	200	9083	1.26	500			
8810	0.21	500	9084	1.74	500			
8814M	0.26	100	9089	1.13	500			
8815M	0.46	200	9093	1.26	500			
8820	0.19	500	9101	2.62	514			
8824	2.43	500	9102	2.57	507			
8825	2.02	500	9110	-	-			
8826	1.93	500	9154	2.10	500			
8829	2.30	500	9156	1.20	500			
8831	2.55	504	9170	2.00	500			
8832	0.24	500	9178	21.43	750			
8833X*	0.96	500	9179	37.41	750			
8835	1.85	500	9180	3.71	661			
8842	1.01	500	9182	2.29	500			
8861	-	-	9186	46.62	750			
8864	1.01	500	9220	3.24	597			
8868	0.34	500	9402	4.51	750			
8869	0.64	500	9403	5.54	750			
8871	0.21	500	9410	1.68	500			
8901	0.25	500	9501	4.14	719			
9012	1.44	500	9505	3.04	570			
9014	2.00	500	9516	2.42	500			
9015X	2.37	500	9519	2.11	500			
9016	4.25	734	9521	4.53	750			
9019	2.86	546	9522	1.32	500			
9033	1.55	500	9534	6.42	750			
9040*	3.00	565	9554	7.41	750			
9052	1.51	500	9586	0.63	500			
9058	1.47	500	9600	1.39	500			
9059	2.53	502	9620	1.04	500			

Footnotes

State: **Arkansas**
 Effective Date: **01/01/2008**

AMERICAN ZURICH INSURANCE COMPANY

D Rate for classification already includes the specific disease loading shown in the table below. See Rule 3-A-7.

E Rate for classification already includes the specific disease loading shown in the table below.

Code No.	Disease Disease Loading	Symbol	Code No.	Disease Disease Loading	Symbol	Code No.	Disease Disease Loading	Symbol
0059D	0.25	S	1710E	0.05	S	3175D	0.02	S
0065D	0.05	S	1741E	0.20	S	4024E	0.01	S
0066D	0.05	S	1803D	0.20	S	5508D	0.02	S
0067D	0.05	S	1852D	0.04	Asb	6251D	0.05	S
1164E	0.07	S	3081D	0.04	S	6252D	0.04	S
1165E	0.04	S	3082D	0.05	S	6260D	0.02	S
1624E	0.04	S	3085D	0.05	S			

F Rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Rate contains a provision for federal assessment.

M Rate provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for the USL&HW assessment is included for those classifications under Program II USL Act.

N This code is part of a ratable/non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

P Classification is computed on a per capita basis.

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

Footnotes

State: **Arkansas**
Effective Date: **01/01/2008**

AMERICAN ZURICH INSURANCE COMPANY

Class Codes with Specific Footnotes

- 1005 Rate includes a non-ratable disease element of \$3.38 (for coverage written separately for federal benefits only, \$2.55. For coverage written separately for state benefits only, \$0.83).
- 1016 Rate includes a non-ratable disease element of \$13.52 (for coverage written separately for federal benefits only, \$10.19. For coverage written separately for state benefits only, \$3.33). Includes a catastrophe loading of \$0.12. Refer to the Manual of Underground Coal Mine Rules, Classifications, and Rates for the rules applicable to the use of the classification code.
- 6702 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way-no work on elevated railroads. Otherwise, assign appropriate construction or erection code rate and elr each X 1.215.
- 6703 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way-no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate X 2.14 and elr X 1.982.
- 6704 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of no work on elevated railroads. Otherwise, assign appropriate construction or erection code rate and elr each X 1.35.
- 7409 Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005. The ELR on the rate page should be applied to policies with effective dates on or after January 1, 2005 (\$600 payroll limitation). An ELR of 11.36 should be applied to policies with effective dates prior to January 1, 2005 (\$300 payroll limitation).
- 7420 Payroll is subject to a maximum of \$600 per week per employee effective July 1, 2006. The ELR on the rate page should be applied to policies with effective dates on or after July 1, 2006 (\$600 payroll limitation). An ELR of 4.16 should be applied to policies with effective dates prior to July 1, 2006 (uncapped payroll).
- 8018 See Arkansas Special Classification for Warehousing-groceries exclusively.
- 8833 The ex-medical rate for this classification is \$0.51.
A charge of \$0.10 is to be added to this class' rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Home Office for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or development.
- 9040 The ex-medical rate for this classification is \$1.47.
A charge of \$0.10 is to be added to this class' rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Home Office for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or development.

Miscellaneous Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

**ZURICH AMERICAN INSURANCE COMPANY
 AMERICAN ZURICH INSURANCE COMPANY
 AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY
 ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS
 MARYLAND CASUALTY COMPANY
 NORTHERN INSURANCE COMPANY OF NEW YORK
 ASSURANCE COMPANY OF AMERICA
 FIDELITY AND DEPOSIT COMPANY OF MARYLAND
 COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
 UNIVERSAL UNDERWRITERS INSURANCE COMPANY**

Basis of Premium applicable in accordance with the footnote instructions for Code 7370 Taxicab Co:
 7370 -- Employee operated vehicles **\$46,220.00**
 Leased or rented vehicles **\$30,813.00**

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

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents - (Rate) \$0.01

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**

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 and Members of Limited Liability Companies in connection with Basic Manual Rule a-A-4..... **\$ 30,800.00**

Foreign Terrorism (Rate)..... \$ 0.03

United States Longshore and Harbor Workers Compensation Coverage Percentage applicable only in connection with Basic Manual Rule 3-A-4..... **90%**

(Multiply a Non-F classification rate by a factor of 1.90. This factor adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and for differences in loss-based expenses (1.139).)

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.

Miscellaneous Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

ZURICH AMERICAN INSURANCE COMPANY
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Premium Deductible Program

TOTAL LOSSES							
DEDUCTIBLE AMOUNT	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	9.9%	8.0%	6.9%	5.8%	4.9%	3.4%	2.6%
\$1,500	12.0%	9.9%	8.6%	7.2%	6.1%	4.3%	3.3%
\$2,000	13.7%	11.3%	9.8%	8.4%	7.2%	5.2%	4.0%
\$2,500	15.2%	12.6%	11.0%	9.4%	8.0%	5.8%	4.5%
\$3,000	16.5%	13.7%	12.0%	10.3%	8.8%	6.5%	5.0%
\$3,500	17.7%	14.7%	13.0%	11.2%	9.6%	7.2%	5.5%
\$4,000	18.8%	15.7%	13.9%	12.0%	10.3%	7.7%	6.0%
\$4,500	19.8%	16.6%	14.7%	12.8%	11.0%	8.3%	6.4%
\$5,000	20.8%	17.5%	15.5%	13.5%	11.6%	8.8%	6.9%

INDEMNITY LOSSES							
DEDUCTIBLE AMOUNT	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	2.1%	1.8%	1.6%	1.5%	1.3%	1.1%	0.8%
\$1,500	2.9%	2.4%	2.2%	2.1%	1.8%	1.5%	1.2%
\$2,000	3.7%	3.0%	2.8%	2.6%	2.3%	2.0%	1.5%
\$2,500	4.3%	3.6%	3.3%	3.1%	2.7%	2.4%	1.8%
\$3,000	4.9%	4.1%	3.8%	3.5%	3.2%	2.7%	2.1%
\$3,500	5.5%	4.6%	4.3%	4.0%	3.5%	3.0%	2.3%
\$4,000	5.9%	5.0%	4.6%	4.3%	3.8%	3.3%	2.6%
\$4,500	6.4%	5.5%	5.0%	4.7%	4.2%	3.5%	2.8%
\$5,000	6.9%	5.8%	5.4%	5.0%	4.5%	3.8%	3.0%

MEDICAL LOSSES							
DEDUCTIBLE AMOUNT	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	9.6%	7.8%	6.7%	5.6%	4.7%	3.2%	2.5%
\$1,500	11.4%	9.4%	8.1%	6.9%	5.8%	4.1%	3.1%
\$2,000	12.9%	10.6%	9.2%	7.8%	6.6%	4.7%	3.6%
\$2,500	14.2%	11.6%	10.2%	8.6%	7.4%	5.3%	4.1%
\$3,000	15.2%	12.6%	11.0%	9.4%	8.0%	5.8%	4.5%
\$3,500	16.1%	13.4%	11.7%	10.0%	8.6%	6.3%	4.9%
\$4,000	17.0%	14.2%	12.4%	10.7%	9.1%	6.7%	5.2%
\$4,500	17.7%	14.8%	13.0%	11.2%	9.7%	7.2%	5.5%
\$5,000	18.4%	15.5%	13.6%	11.7%	10.1%	7.5%	5.8%

Premium Discount Table

State: **Arkansas**
Effective Date: **01/01/2008**

ZURICH AMERICAN INSURANCE COMPANY
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COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
UNIVERSAL UNDERWRITERS INSURANCE COMPANY

Premium Discount Table 9 - Type A

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

State: **Arkansas**
 Effective Date: **01/01/2008**

ZURICH AMERICAN INSURANCE COMPANY
 AMERICAN ZURICH INSURANCE COMPANY
 AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY
 ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS
 MARYLAND CASUALTY COMPANY
 NORTHERN INSURANCE COMPANY OF NEW YORK
 ASSURANCE COMPANY OF AMERICA
 FIDELITY AND DEPOSIT COMPANY OF MARYLAND
 COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
 UNIVERSAL UNDERWRITERS INSURANCE COMPANY

**WORKERS' COMPENSATION AND EMPLOYERS LIABILITY
 RETROSPECTIVE RATING VALUES**

HAZARD GROUP DIFFERENTIALS							TAX MULTIPLIERS	
A	B	C	D	E	F	G	State:	Federal:
1.89	1.42	1.26	1.13	0.98	0.79	0.59	1.062	1.147

EXPECTED LOSS RATIO	EXPECTED LOSS AND ALLOCATED EXPENSE RATIO	TABLE OF EXPENSE RATIOS
0.636	0.698	Type A: XXII-E XXII-G

2008 TABLE OF EXPECTED LOSS RANGES
 Effective January 1, 2008

Factor Applied to Excess Loss Pure Premium
 Factors and Excess Loss and Allocated
 Exp. Pure Premium Factors **0.668**

Excess Loss Factors

Per Accident Limitation	Hazard Groups						
	A	B	C	D	E	F	G
\$25,000	0.257	0.297	0.320	0.342	0.367	0.403	0.437
\$30,000	0.236	0.276	0.300	0.322	0.349	0.387	0.422 *
\$35,000	0.220	0.258	0.282	0.305	0.333	0.371	0.409 *
\$40,000	0.204	0.242	0.267	0.289	0.317	0.357	0.397 *
\$50,000	0.181	0.217	0.240	0.263	0.293	0.333	0.375 *
\$75,000	0.142	0.173	0.196	0.217	0.246	0.287	0.333 *
\$100,000	0.118	0.145	0.167	0.186	0.214	0.254	0.302 *
\$125,000	0.102	0.125	0.146	0.164	0.190	0.229	0.278
\$150,000	0.090	0.112	0.131	0.148	0.173	0.210	0.259
\$175,000	0.081	0.100	0.119	0.134	0.158	0.194	0.242
\$200,000	0.073	0.092	0.110	0.124	0.146	0.181	0.228
\$225,000	0.068	0.084	0.102	0.115	0.136	0.169	0.216
\$250,000	0.063	0.079	0.096	0.108	0.128	0.160	0.207
\$275,000	0.059	0.073	0.090	0.102	0.121	0.152	0.198
\$300,000	0.056	0.069	0.085	0.096	0.114	0.144	0.190
\$325,000	0.053	0.065	0.080	0.091	0.109	0.138	0.182
\$350,000	0.050	0.062	0.077	0.087	0.104	0.132	0.176
\$375,000	0.048	0.059	0.073	0.083	0.100	0.126	0.170
\$400,000	0.046	0.057	0.070	0.079	0.096	0.122	0.164
\$425,000	0.044	0.054	0.067	0.077	0.092	0.117	0.159
\$450,000	0.042	0.052	0.065	0.073	0.088	0.113	0.155
\$475,000	0.041	0.050	0.063	0.071	0.086	0.110	0.150
\$500,000	0.039	0.049	0.061	0.069	0.083	0.106	0.146
\$600,000	0.035	0.043	0.054	0.061	0.073	0.095	0.133
\$700,000	0.032	0.039	0.049	0.055	0.067	0.086	0.123
\$800,000	0.030	0.037	0.046	0.051	0.062	0.080	0.115
\$900,000	0.028	0.034	0.043	0.048	0.057	0.075	0.108
\$1,000,000	0.026	0.032	0.040	0.045	0.054	0.070	0.102
\$2,000,000	0.015	0.019	0.025	0.029	0.035	0.045	0.067
\$3,000,000	0.011	0.014	0.018	0.021	0.025	0.034	0.052
\$4,000,000	0.008	0.011	0.014	0.016	0.020	0.027	0.043
\$5,000,000	0.007	0.009	0.011	0.013	0.017	0.023	0.036
\$6,000,000	0.005	0.007	0.009	0.011	0.013	0.019	0.030
\$7,000,000	0.005	0.006	0.008	0.009	0.011	0.016	0.026
\$8,000,000	0.004	0.005	0.007	0.008	0.010	0.014	0.023
\$9,000,000	0.004	0.005	0.006	0.007	0.009	0.012	0.021
\$10,000,000	0.003	0.004	0.005	0.007	0.008	0.011	0.019

Excess Loss Factors

Per Accident Limitation	Hazard Groups					
	A	B	C	D	E	F	G

Excess Loss & Allocated Expense Factors

Per Accident Limitation	Hazard Groups						
	A	B	C	D	E	F	G
\$25,000	0.302	0.345	0.369	0.393	0.420	0.457	0.491
\$30,000	0.280	0.323	0.348	0.372	0.400	0.440	0.476 *
\$35,000	0.261	0.303	0.329	0.353	0.383	0.424	0.463 *
\$40,000	0.244	0.287	0.313	0.337	0.367	0.409	0.450 *
\$50,000	0.218	0.259	0.285	0.309	0.341	0.384	0.428 *
\$75,000	0.174	0.209	0.235	0.259	0.290	0.335	0.384 *
\$100,000	0.146	0.177	0.202	0.224	0.255	0.299	0.351 *
\$125,000	0.126	0.154	0.178	0.199	0.228	0.272	0.324
\$150,000	0.112	0.138	0.160	0.180	0.208	0.250	0.303
\$175,000	0.101	0.124	0.146	0.164	0.191	0.232	0.285
\$200,000	0.092	0.114	0.134	0.151	0.177	0.216	0.269
\$225,000	0.085	0.104	0.124	0.140	0.165	0.203	0.256
\$250,000	0.079	0.098	0.117	0.132	0.156	0.192	0.244
\$275,000	0.074	0.092	0.110	0.124	0.147	0.182	0.234
\$300,000	0.070	0.086	0.104	0.118	0.139	0.174	0.224
\$325,000	0.066	0.081	0.099	0.112	0.132	0.166	0.216
\$350,000	0.063	0.077	0.094	0.106	0.126	0.158	0.208
\$375,000	0.059	0.073	0.090	0.102	0.121	0.152	0.201
\$400,000	0.057	0.070	0.086	0.098	0.116	0.146	0.195
\$425,000	0.055	0.067	0.083	0.094	0.112	0.142	0.189
\$450,000	0.053	0.065	0.080	0.090	0.108	0.137	0.184
\$475,000	0.051	0.063	0.077	0.088	0.104	0.132	0.179
\$500,000	0.049	0.060	0.075	0.084	0.101	0.128	0.174
\$600,000	0.043	0.053	0.067	0.075	0.090	0.115	0.158
\$700,000	0.039	0.048	0.061	0.068	0.081	0.104	0.146
\$800,000	0.037	0.045	0.056	0.063	0.075	0.097	0.137
\$900,000	0.034	0.042	0.053	0.059	0.070	0.090	0.128
\$1,000,000	0.032	0.039	0.049	0.055	0.065	0.085	0.121
\$2,000,000	0.019	0.024	0.031	0.035	0.042	0.055	0.081
\$3,000,000	0.013	0.017	0.023	0.026	0.032	0.042	0.063
\$4,000,000	0.010	0.013	0.018	0.021	0.025	0.034	0.052
\$5,000,000	0.008	0.011	0.015	0.017	0.021	0.028	0.044
\$6,000,000	0.006	0.009	0.011	0.013	0.017	0.023	0.037
\$7,000,000	0.005	0.007	0.010	0.011	0.015	0.020	0.033
\$8,000,000	0.005	0.007	0.009	0.010	0.013	0.017	0.029
\$9,000,000	0.005	0.006	0.008	0.009	0.011	0.015	0.026
\$10,000,000	0.004	0.005	0.007	0.008	0.010	0.014	0.023

* Also applicable to Underground Coal Mine classifications.

Retrospective Development Factors

<i>With Loss Limit</i>			<i>Without Loss Limit</i>			<i>4th and Subsequent</i>
1st Adj.	2nd Adj.	3rd Adj.	1st Adj.	2nd Adj.	3rd Adj.	Adjustment
0.60	0.04	0.04	0.14	0.10	0.10	0.000

State Special Classifications by Hazard Group

<u>Code No.</u>	<u>HG</u>	<u>Code No.</u>	<u>HG</u>	<u>Code No.</u>	<u>HG</u>
1745	E	2719	E	8295	C

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

LCM: **1.556**
 Exp Cons **160**

Company: **UNIVERSAL UNDERWRITERS INSURANCE COMPANY**

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
0005	5.31	750	1452	2.05	500	2111	2.24	500
0008	3.25	599	1463	12.79	750	2112	2.85	545
0016	6.83	750	1472	3.89	685	2114	3.42	622
0034	4.65	750	1624E	8.42	750	2121	2.18	500
0035	2.71	526	1642	4.22	730	2130	3.21	593
0036	4.50	750	1654	9.10	750	2131	1.96	500
0037	4.87	750	1655	5.07	750	2143	2.43	500
0042	7.89	750	1699	2.35	500	2150	-	-
0050	6.01	750	1701	3.91	688	2156	-	-
0059D	0.33	-	1710E	7.30	750	2157	4.20	727
0065D	0.06	-	1741E	1.95	500	2172	2.38	500
0066D	0.06	-	1745X	3.21	593	2174	3.10	579
0067D	0.06	-	1747	2.68	522	2211	5.82	750
0079	3.50	633	1748	6.27	750	2220	2.21	500
0083	9.20	750	1803D	6.01	750	2286	1.63	500
0106	15.59	750	1852D	2.46	500	2288	5.10	750
0113	5.21	750	1853	2.93	556	2300	2.38	500
0170	2.89	550	1860	1.68	500	2302	2.09	500
0251	5.87	750	1924	3.56	641	2305	2.75	531
0400	9.35	750	1925	2.94	557	2361	1.49	500
0401	13.65	750	2001	2.66	519	2362	2.01	500
0771N	0.34	-	2002	3.69	658	2380	6.85	750
0908P	138.48	500	2003	3.10	579	2386	1.34	500
0909P	-	-	2014	5.84	750	2388	2.12	500
0912P	-	-	2016	2.68	522	2402	2.55	504
0913P	370.33	530	2021	3.70	660	2413	2.04	500
0917	4.09	712	2039	5.09	750	2416	2.12	500
1005*	10.88	750	2041	4.37	750	2417	1.96	500
1016*	40.24	750	2065	1.35	500	2501	1.66	500
1164E	7.97	750	2070	5.57	750	2503	1.49	500
1165E	7.59	750	2081	4.81	750	2534	2.65	518
1320	3.21	593	2089	3.00	565	2570	5.37	750
1322	12.91	750	2095	3.56	641	2576	-	-
1430	5.82	750	2105	2.75	531	2578	-	-
1438	2.99	564	2110	2.47	500	2585	2.96	560

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

LCM: **1.556**
 Exp Cons **160**

Company: **UNIVERSAL UNDERWRITERS INSURANCE COMPANY**

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
2586	1.12	500	3027	3.33	610	3241	3.27	601
2587	2.40	500	3028	3.50	633	3255	2.89	550
2589	1.77	500	3030	4.62	750	3257	2.97	561
2600	5.37	750	3040	4.59	750	3270	4.87	750
2623	2.79	537	3041	3.97	696	3300	4.08	711
2651	2.47	500	3042	3.59	645	3303	4.01	701
2660	1.74	500	3064	5.13	750	3307	3.94	692
2670	2.60	511	3066	-	-	3315	2.94	557
2683	2.24	500	3069	7.45	750	3334	2.80	538
2688	3.21	593	3076	3.07	574	3336	2.72	527
2701	8.73	750	3081D	2.82	541	3365	10.75	750
2702X	29.97	750	3082D	4.47	750	3372	3.02	568
2710	9.23	750	3085D	3.30	606	3373	3.77	669
2714	5.55	750	3110	3.36	614	3383	1.07	500
2719X	12.11	750	3111	3.35	612	3385	0.98	500
2731	4.06	708	3113	2.40	500	3400	2.86	546
2735	3.30	606	3114	2.83	542	3507	3.24	597
2759	8.23	750	3118	1.59	500	3515	2.61	512
2790	1.56	500	3119	1.20	500	3548	1.38	500
2802	7.17	750	3122	1.28	500	3559	2.40	500
2812	4.81	750	3126	2.18	500	3574	1.32	500
2835	1.84	500	3131	1.00	500	3581	1.34	500
2836	2.61	512	3132	2.27	500	3612	2.46	500
2841	4.56	750	3145	2.12	500	3620	6.75	750
2881	2.52	500	3146	2.85	545	3629	2.12	500
2883	4.78	750	3169	2.93	556	3632	3.42	622
2913	3.44	624	3175D	3.22	595	3634	2.12	500
2915	4.26	735	3179	2.63	515	3635	1.98	500
2916	2.72	527	3180	2.35	500	3638	1.76	500
2923	2.26	500	3188	1.57	500	3642	1.03	500
2942	2.68	522	3220	2.23	500	3643	3.33	610
2960	3.35	612	3223	3.59	645	3647	3.58	643
3004	2.85	545	3224	2.94	557	3648	2.33	500
3018	3.42	622	3227	1.96	500	3681	1.56	500
3022	3.67	655	3240	3.69	658	3685	2.04	500

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

LCM: **1.556**
 Exp Cons **160**

Company: **UNIVERSAL UNDERWRITERS INSURANCE COMPANY**

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
3719	3.77	669	4239	1.48	500	4581	1.87	500
3724	7.42	750	4240	3.25	599	4583	5.09	750
3726	3.97	696	4243	1.59	500	4611	1.04	500
3803	2.05	500	4244	2.61	512	4635	4.26	735
3807	1.77	500	4250	1.65	500	4653	1.49	500
3808	3.03	569	4251	1.84	500	4665	7.58	750
3821	4.67	750	4263	2.65	518	4670	4.87	750
3822	3.05	572	4273	1.80	500	4683	5.17	750
3824	5.35	750	4279	1.96	500	4686	1.28	500
3826	1.15	500	4282	2.41	500	4692	0.40	500
3827	1.32	500	4283	2.60	511	4693	0.96	500
3830	1.28	500	4299	1.66	500	4703	2.57	507
3851	3.17	588	4304	3.08	576	4717	2.69	523
3865	1.43	500	4307	2.99	564	4720	4.40	750
3881	4.22	730	4308	-	-	4740	1.66	500
4000	8.22	750	4351	1.21	500	4741	1.99	500
4021	4.98	750	4352	1.14	500	4751	2.12	500
4024E	1.88	500	4360	0.89	500	4771N	1.98	500
4034	7.64	750	4361	1.49	500	4777	1.96	500
4036	2.93	556	4362	1.20	500	4825	0.84	500
4038	2.35	500	4410	3.25	599	4828	1.59	500
4053	3.58	643	4420	3.86	681	4829	1.73	500
4061	4.79	750	4431	1.63	500	4902	1.90	500
4062	3.47	628	4432	1.76	500	4923	1.26	500
4101	2.19	500	4439	2.07	500	5020	6.40	750
4111	2.58	508	4452	3.80	673	5022	6.99	750
4112	1.06	500	4459	2.33	500	5037	19.50	750
4113	1.87	500	4470	2.52	500	5040	22.78	750
4114	2.68	522	4484	2.60	511	5057	17.94	750
4130	6.22	750	4493	3.13	583	5059	25.75	750
4131	3.00	565	4511	0.76	500	5069	24.76	750
4133	2.86	546	4557	2.02	500	5102	4.76	750
4150	1.45	500	4558	2.09	500	5146	5.63	750
4206	4.42	750	4561	2.12	500	5160	5.01	750
4207	1.28	500	4568	2.97	561	5183	3.63	650

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

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State: **Arkansas**
 Effective Date: **01/01/2008**

LCM: **1.556**
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Company: **UNIVERSAL UNDERWRITERS INSURANCE COMPANY**

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
5188	6.04	750	5703	112.13	750	6836	10.27	750
5190	3.53	637	5705	5.65	750	6843F	18.02	750
5191X	1.98	500	5951	0.42	500	6845F	21.21	750
5192	4.45	750	6003	11.59	750	6854	5.91	750
5213	8.56	750	6005	7.64	750	6872F	24.49	750
5215	4.48	750	6017	4.82	750	6874F	43.51	750
5221	4.56	750	6018	2.46	500	6882	6.77	750
5222	11.22	750	6045	3.30	606	6884	14.86	750
5223	6.13	750	6204	10.77	750	7016M	6.15	100
5348	4.28	738	6206	8.29	750	7024M	6.83	200
5402	5.62	750	6213	12.84	750	7038M	7.30	100
5403	11.44	750	6214	3.10	579	7046M	32.15	100
5437	5.24	750	6216	5.85	750	7047M	10.83	200
5443	4.17	723	6217	5.46	750	7050M	12.85	200
5445	5.31	750	6229	4.57	750	7090M	8.11	200
5462	6.91	750	6233	8.40	750	7098M	35.73	200
5472	5.71	750	6235	12.71	750	7099M	56.62	200
5473	5.82	750	6236	14.52	750	7133	3.91	688
5474	8.09	750	6237	3.98	697	7151M	4.75	100
5478	4.96	750	6251D	8.65	750	7152M	8.36	200
5479	11.59	750	6252D	7.84	750	7153M	5.27	200
5480	11.33	750	6260D	5.94	750	7222	11.14	750
5491	2.43	500	6306	6.15	750	7228X	8.73	750
5506	4.96	750	6319	6.15	750	7229X	8.68	750
5507	6.49	750	6325	5.71	750	7230	4.25	734
5508D	8.25	750	6400	7.67	750	7231	9.38	750
5535	7.45	750	6504	2.68	522	7232	15.96	750
5536	-	-	6702M*	8.17	100	7309F	30.19	750
5537	6.22	750	6703M*	14.38	200	7313F	6.96	750
5538	-	-	6704M*	9.07	200	7317F	11.14	750
5551	16.24	750	6801F	15.68	750	7327F	24.29	750
5606	2.19	500	6811	6.27	750	7333M	8.28	100
5610	7.70	750	6824F	27.11	750	7335M	9.20	200
5645	12.87	750	6826F	13.12	750	7337M	14.58	200
5651	10.43	750	6834	4.68	750	7350F	26.37	750

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

LCM: **1.556**
 Exp Cons **160**

Company: **UNIVERSAL UNDERWRITERS INSURANCE COMPANY**

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
7360	6.58	750	7705	3.08	576	8209	3.44	624
7370	5.69	750	7710	7.44	750	8215	6.16	750
7380X	4.62	750	7711	7.44	750	8227	4.89	750
7382	3.13	583	7720X	3.08	576	8232	7.24	750
7390	3.95	693	7855	6.72	750	8233	5.46	750
7394M	16.60	100	8001	2.74	530	8235	4.57	750
7395M	18.44	200	8002	3.59	645	8263	10.27	750
7398M	29.22	200	8006	2.52	500	8264	4.56	750
7403X	3.17	588	8008	1.31	500	8265	10.81	750
7405N	1.68	508	8010	2.41	500	8279	11.69	750
7409*	-	-	8013	0.56	500	8288	7.58	750
7420X*	24.23	750	8015	0.78	500	8291	2.75	531
7421	2.52	500	8017	1.34	500	8292	3.35	612
7422	2.79	537	8018X*	3.00	565	8293	9.24	750
7423X	3.17	588	8021	1.93	500	8295X	6.71	750
7425	3.92	689	8031	3.50	633	8304	8.00	750
7431N	2.18	612	8032	1.80	500	8350	5.85	750
7445N	0.90	-	8033	2.19	500	8380	3.95	693
7453N	1.17	-	8039	1.63	500	8381	1.57	500
7502	3.30	606	8044	3.59	645	8385	3.02	568
7515	1.21	500	8045	0.51	500	8392	3.89	685
7520	3.38	616	8046	3.19	591	8393	1.84	500
7538	10.80	750	8047	1.37	500	8500	5.68	750
7539	6.86	750	8050	-	-	8601	0.78	500
7540	4.56	750	8058	3.22	595	8606	4.03	704
7580	2.30	500	8072	0.73	500	8709F	9.18	750
7590	4.90	750	8102	2.97	561	8719	2.01	500
7600	3.33	610	8103	5.24	750	8720	1.34	500
7601	13.35	750	8105	5.31	750	8721	0.45	500
7605	3.73	664	8106	4.95	750	8726F	10.91	750
7610	0.53	500	8107	4.56	750	8734M	0.78	200
7611	6.61	750	8111	3.55	639	8737M	0.70	100
7612	18.41	750	8116	5.13	750	8738M	1.23	200
7613	5.29	750	8203	6.94	750	8742X	0.58	500
7704	-	-	8204	7.00	750	8745	5.24	750

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

LCM: **1.556**
 Exp Cons **160**

Company: **UNIVERSAL UNDERWRITERS INSURANCE COMPANY**

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
8748	0.47	500	9060	2.02	500			
8755	0.33	500	9061	1.54	500			
8799	1.09	500	9063	1.23	500			
8800	1.09	500	9077F	4.47	750			
8803	0.09	500	9082	1.85	500			
8805M	0.37	200	9083	1.65	500			
8810	0.28	500	9084	2.29	500			
8814M	0.34	100	9089	1.48	500			
8815M	0.61	200	9093	1.65	500			
8820	0.25	500	9101	3.44	624			
8824	3.19	591	9102	3.38	616			
8825	2.65	518	9110	-	-			
8826	2.54	503	9154	2.75	531			
8829	3.02	568	9156	1.57	500			
8831	3.35	612	9170	2.63	515			
8832	0.31	500	9178	28.12	750			
8833X*	1.26	500	9179	49.08	750			
8835	2.43	500	9180	4.87	750			
8842	1.32	500	9182	3.00	565			
8861	-	-	9186	61.17	750			
8864	1.32	500	9220	4.25	734			
8868	0.45	500	9402	5.91	750			
8869	0.84	500	9403	7.27	750			
8871	0.28	500	9410	2.21	500			
8901	0.33	500	9501	5.43	750			
9012	1.88	500	9505	3.98	697			
9014	2.63	515	9516	3.17	588			
9015X	3.11	580	9519	2.77	534			
9016	5.57	750	9521	5.94	750			
9019	3.75	666	9522	1.73	500			
9033	2.04	500	9534	8.42	750			
9040*	3.94	692	9554	9.73	750			
9052	1.98	500	9586	0.82	500			
9058	1.93	500	9600	1.82	500			
9059	3.31	607	9620	1.37	500			

Footnotes

State: **Arkansas**
 Effective Date: **01/01/2008**

UNIVERSAL UNDERWRITERS INSURANCE COMPANY

- D Rate for classification already includes the specific disease loading shown in the table below. See Rule 3-A-7.
- E Rate for classification already includes the specific disease loading shown in the table below.

Code No.	Disease Disease Loading	Symbol	Code No.	Disease Disease Loading	Symbol	Code No.	Disease Disease Loading	Symbol
0059D	0.33	S	1710E	0.06	S	3175D	0.03	S
0065D	0.06	S	1741E	0.26	S	4024E	0.02	S
0066D	0.06	S	1803D	0.26	S	5508D	0.03	S
0067D	0.06	S	1852D	0.05	Asb	6251D	0.06	S
1164E	0.09	S	3081D	0.05	S	6252D	0.05	S
1165E	0.05	S	3082D	0.06	S	6260D	0.03	S
1624E	0.05	S	3085D	0.06	S			

- F Rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Rate contains a provision for federal assessment.
- M Rate provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for the USL&HW assessment is included for those classifications under Program II USL Act.
- N This code is part of a ratable/non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453
- P Classification is computed on a per capita basis.
- X Refer to special classification phraseology in these pages applicable in this state.

Footnotes

State: **Arkansas**
Effective Date: **01/01/2008**

UNIVERSAL UNDERWRITERS INSURANCE COMPANY

- Class Codes with Specific Footnotes**
- 1005 Rate includes a non-ratable disease element of \$4.43 (for coverage written separately for federal benefits only, \$3.35. For coverage written separately for state benefits only, \$1.09).
- 1016 Rate includes a non-ratable disease element of \$17.74 (for coverage written separately for federal benefits only, \$13.37. For coverage written separately for state benefits only, \$4.37). Includes a catastrophe loading of \$0.16. Refer to the Manual of Underground Coal Mine Rules, Classifications, and Rates for the rules applicable to the use of the classification code.
- 6702 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way-no work on elevated railroads. Otherwise, assign appropriate construction or erection code rate and elr each X 1.215.
- 6703 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way-no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate X 2.14 and elr X 1.982.
- 6704 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of no work on elevated railroads. Otherwise, assign appropriate construction or erection code rate and elr each X 1.35.
- 7409 Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005. The ELR on the rate page should be applied to policies with effective dates on or after January 1, 2005 (\$600 payroll limitation). An ELR of 11.36 should be applied to policies with effective dates prior to January 1, 2005 (\$300 payroll limitation).
- 7420 Payroll is subject to a maximum of \$600 per week per employee effective July 1, 2006. The ELR on the rate page should be applied to policies with effective dates on or after July 1, 2006 (\$600 payroll limitation). An ELR of 4.16 should be applied to policies with effective dates prior to July 1, 2006 (uncapped payroll).
- 8018 See Arkansas Special Classification for Warehousing-groceries exclusively.
- 8833 The ex-medical rate for this classification is \$0.67.
A charge of \$0.10 is to be added to this class' rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Home Office for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or development.
- 9040 The ex-medical rate for this classification is \$1.93.
A charge of \$0.10 is to be added to this class' rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Home Office for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or development.

Miscellaneous Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

**ZURICH AMERICAN INSURANCE COMPANY
 AMERICAN ZURICH INSURANCE COMPANY
 AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY
 ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS
 MARYLAND CASUALTY COMPANY
 NORTHERN INSURANCE COMPANY OF NEW YORK
 ASSURANCE COMPANY OF AMERICA
 FIDELITY AND DEPOSIT COMPANY OF MARYLAND
 COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
 UNIVERSAL UNDERWRITERS INSURANCE COMPANY**

Basis of Premium applicable in accordance with the footnote instructions for Code 7370 Taxicab Co:
 7370 -- Employee operated vehicles **\$46,220.00**
 Leased or rented vehicles **\$30,813.00**

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

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents - (Rate) \$0.01

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**

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 and Members of Limited Liability Companies in connection with *Basic Manual* Rule a-A-4..... **\$ 30,800.00**

Foreign Terrorism (Rate)..... \$ 0.03

United States Longshore and Harbor Workers Compensation Coverage Percentage applicable only in connection with *Basic Manual* Rule 3-A-4..... **90%**

(Multiply a Non-F classification rate by a factor of 1.90. This factor adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and for differences in loss-based expenses (1.139).)

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.

Miscellaneous Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

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 UNIVERSAL UNDERWRITERS INSURANCE COMPANY

Premium Deductible Program

TOTAL LOSSES							
DEDUCTIBLE	HAZARD GROUP						
AMOUNT	A	B	C	D	E	F	G
\$1,000	9.9%	8.0%	6.9%	5.8%	4.9%	3.4%	2.6%
\$1,500	12.0%	9.9%	8.6%	7.2%	6.1%	4.3%	3.3%
\$2,000	13.7%	11.3%	9.8%	8.4%	7.2%	5.2%	4.0%
\$2,500	15.2%	12.6%	11.0%	9.4%	8.0%	5.8%	4.5%
\$3,000	16.5%	13.7%	12.0%	10.3%	8.8%	6.5%	5.0%
\$3,500	17.7%	14.7%	13.0%	11.2%	9.6%	7.2%	5.5%
\$4,000	18.8%	15.7%	13.9%	12.0%	10.3%	7.7%	6.0%
\$4,500	19.8%	16.6%	14.7%	12.8%	11.0%	8.3%	6.4%
\$5,000	20.8%	17.5%	15.5%	13.5%	11.6%	8.8%	6.9%

INDEMNITY LOSSES							
DEDUCTIBLE	HAZARD GROUP						
AMOUNT	A	B	C	D	E	F	G
\$1,000	2.1%	1.8%	1.6%	1.5%	1.3%	1.1%	0.8%
\$1,500	2.9%	2.4%	2.2%	2.1%	1.8%	1.5%	1.2%
\$2,000	3.7%	3.0%	2.8%	2.6%	2.3%	2.0%	1.5%
\$2,500	4.3%	3.6%	3.3%	3.1%	2.7%	2.4%	1.8%
\$3,000	4.9%	4.1%	3.8%	3.5%	3.2%	2.7%	2.1%
\$3,500	5.5%	4.6%	4.3%	4.0%	3.5%	3.0%	2.3%
\$4,000	5.9%	5.0%	4.6%	4.3%	3.8%	3.3%	2.6%
\$4,500	6.4%	5.5%	5.0%	4.7%	4.2%	3.5%	2.8%
\$5,000	6.9%	5.8%	5.4%	5.0%	4.5%	3.8%	3.0%

MEDICAL LOSSES							
DEDUCTIBLE	HAZARD GROUP						
AMOUNT	A	B	C	D	E	F	G
\$1,000	9.6%	7.8%	6.7%	5.6%	4.7%	3.2%	2.5%
\$1,500	11.4%	9.4%	8.1%	6.9%	5.8%	4.1%	3.1%
\$2,000	12.9%	10.6%	9.2%	7.8%	6.6%	4.7%	3.6%
\$2,500	14.2%	11.6%	10.2%	8.6%	7.4%	5.3%	4.1%
\$3,000	15.2%	12.6%	11.0%	9.4%	8.0%	5.8%	4.5%
\$3,500	16.1%	13.4%	11.7%	10.0%	8.6%	6.3%	4.9%
\$4,000	17.0%	14.2%	12.4%	10.7%	9.1%	6.7%	5.2%
\$4,500	17.7%	14.8%	13.0%	11.2%	9.7%	7.2%	5.5%
\$5,000	18.4%	15.5%	13.6%	11.7%	10.1%	7.5%	5.8%

Premium Discount Table

State: **Arkansas**
Effective Date: **01/01/2008**

ZURICH AMERICAN INSURANCE COMPANY
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MARYLAND CASUALTY COMPANY
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COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
UNIVERSAL UNDERWRITERS INSURANCE COMPANY

Premium Discount Table 9 - Type A

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

State: **Arkansas**
 Effective Date: **01/01/2008**

ZURICH AMERICAN INSURANCE COMPANY
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 UNIVERSAL UNDERWRITERS INSURANCE COMPANY

**WORKERS' COMPENSATION AND EMPLOYERS LIABILITY
 RETROSPECTIVE RATING VALUES**

HAZARD GROUP DIFFERENTIALS							TAX MULTIPLIERS	
A	B	C	D	E	F	G	State:	Federal:
1.89	1.42	1.26	1.13	0.98	0.79	0.59	1.062	1.147

EXPECTED LOSS RATIO	EXPECTED LOSS AND ALLOCATED EXPENSE RATIO	TABLE OF EXPENSE RATIOS
0.636	0.698	Type A: XXII-E XXII-G

2008 TABLE OF EXPECTED LOSS RANGES
 Effective January 1, 2008

Factor Applied to Excess Loss Pure Premium
 Factors and Excess Loss and Allocated
 Exp. Pure Premium Factors **0.668**

Excess Loss Factors

Per Accident Limitation	Hazard Groups						
	A	B	C	D	E	F	G
\$25,000	0.257	0.297	0.320	0.342	0.367	0.403	0.437
\$30,000	0.236	0.276	0.300	0.322	0.349	0.387	0.422 *
\$35,000	0.220	0.258	0.282	0.305	0.333	0.371	0.409 *
\$40,000	0.204	0.242	0.267	0.289	0.317	0.357	0.397 *
\$50,000	0.181	0.217	0.240	0.263	0.293	0.333	0.375 *
\$75,000	0.142	0.173	0.196	0.217	0.246	0.287	0.333 *
\$100,000	0.118	0.145	0.167	0.186	0.214	0.254	0.302 *
\$125,000	0.102	0.125	0.146	0.164	0.190	0.229	0.278
\$150,000	0.090	0.112	0.131	0.148	0.173	0.210	0.259
\$175,000	0.081	0.100	0.119	0.134	0.158	0.194	0.242
\$200,000	0.073	0.092	0.110	0.124	0.146	0.181	0.228
\$225,000	0.068	0.084	0.102	0.115	0.136	0.169	0.216
\$250,000	0.063	0.079	0.096	0.108	0.128	0.160	0.207
\$275,000	0.059	0.073	0.090	0.102	0.121	0.152	0.198
\$300,000	0.056	0.069	0.085	0.096	0.114	0.144	0.190
\$325,000	0.053	0.065	0.080	0.091	0.109	0.138	0.182
\$350,000	0.050	0.062	0.077	0.087	0.104	0.132	0.176
\$375,000	0.048	0.059	0.073	0.083	0.100	0.126	0.170
\$400,000	0.046	0.057	0.070	0.079	0.096	0.122	0.164
\$425,000	0.044	0.054	0.067	0.077	0.092	0.117	0.159
\$450,000	0.042	0.052	0.065	0.073	0.088	0.113	0.155
\$475,000	0.041	0.050	0.063	0.071	0.086	0.110	0.150
\$500,000	0.039	0.049	0.061	0.069	0.083	0.106	0.146
\$600,000	0.035	0.043	0.054	0.061	0.073	0.095	0.133
\$700,000	0.032	0.039	0.049	0.055	0.067	0.086	0.123
\$800,000	0.030	0.037	0.046	0.051	0.062	0.080	0.115
\$900,000	0.028	0.034	0.043	0.048	0.057	0.075	0.108
\$1,000,000	0.026	0.032	0.040	0.045	0.054	0.070	0.102
\$2,000,000	0.015	0.019	0.025	0.029	0.035	0.045	0.067
\$3,000,000	0.011	0.014	0.018	0.021	0.025	0.034	0.052
\$4,000,000	0.008	0.011	0.014	0.016	0.020	0.027	0.043
\$5,000,000	0.007	0.009	0.011	0.013	0.017	0.023	0.036
\$6,000,000	0.005	0.007	0.009	0.011	0.013	0.019	0.030
\$7,000,000	0.005	0.006	0.008	0.009	0.011	0.016	0.026
\$8,000,000	0.004	0.005	0.007	0.008	0.010	0.014	0.023
\$9,000,000	0.004	0.005	0.006	0.007	0.009	0.012	0.021
\$10,000,000	0.003	0.004	0.005	0.007	0.008	0.011	0.019

Excess Loss Factors

Per Accident Limitation	Hazard Groups					
	A	B	C	D	E	F	G

Excess Loss & Allocated Expense Factors

Per Accident Limitation	Hazard Groups						
	A	B	C	D	E	F	G
\$25,000	0.302	0.345	0.369	0.393	0.420	0.457	0.491
\$30,000	0.280	0.323	0.348	0.372	0.400	0.440	0.476 *
\$35,000	0.261	0.303	0.329	0.353	0.383	0.424	0.463 *
\$40,000	0.244	0.287	0.313	0.337	0.367	0.409	0.450 *
\$50,000	0.218	0.259	0.285	0.309	0.341	0.384	0.428 *
\$75,000	0.174	0.209	0.235	0.259	0.290	0.335	0.384 *
\$100,000	0.146	0.177	0.202	0.224	0.255	0.299	0.351 *
\$125,000	0.126	0.154	0.178	0.199	0.228	0.272	0.324
\$150,000	0.112	0.138	0.160	0.180	0.208	0.250	0.303
\$175,000	0.101	0.124	0.146	0.164	0.191	0.232	0.285
\$200,000	0.092	0.114	0.134	0.151	0.177	0.216	0.269
\$225,000	0.085	0.104	0.124	0.140	0.165	0.203	0.256
\$250,000	0.079	0.098	0.117	0.132	0.156	0.192	0.244
\$275,000	0.074	0.092	0.110	0.124	0.147	0.182	0.234
\$300,000	0.070	0.086	0.104	0.118	0.139	0.174	0.224
\$325,000	0.066	0.081	0.099	0.112	0.132	0.166	0.216
\$350,000	0.063	0.077	0.094	0.106	0.126	0.158	0.208
\$375,000	0.059	0.073	0.090	0.102	0.121	0.152	0.201
\$400,000	0.057	0.070	0.086	0.098	0.116	0.146	0.195
\$425,000	0.055	0.067	0.083	0.094	0.112	0.142	0.189
\$450,000	0.053	0.065	0.080	0.090	0.108	0.137	0.184
\$475,000	0.051	0.063	0.077	0.088	0.104	0.132	0.179
\$500,000	0.049	0.060	0.075	0.084	0.101	0.128	0.174
\$600,000	0.043	0.053	0.067	0.075	0.090	0.115	0.158
\$700,000	0.039	0.048	0.061	0.068	0.081	0.104	0.146
\$800,000	0.037	0.045	0.056	0.063	0.075	0.097	0.137
\$900,000	0.034	0.042	0.053	0.059	0.070	0.090	0.128
\$1,000,000	0.032	0.039	0.049	0.055	0.065	0.085	0.121
\$2,000,000	0.019	0.024	0.031	0.035	0.042	0.055	0.081
\$3,000,000	0.013	0.017	0.023	0.026	0.032	0.042	0.063
\$4,000,000	0.010	0.013	0.018	0.021	0.025	0.034	0.052
\$5,000,000	0.008	0.011	0.015	0.017	0.021	0.028	0.044
\$6,000,000	0.006	0.009	0.011	0.013	0.017	0.023	0.037
\$7,000,000	0.005	0.007	0.010	0.011	0.015	0.020	0.033
\$8,000,000	0.005	0.007	0.009	0.010	0.013	0.017	0.029
\$9,000,000	0.005	0.006	0.008	0.009	0.011	0.015	0.026
\$10,000,000	0.004	0.005	0.007	0.008	0.010	0.014	0.023

* Also applicable to Underground Coal Mine classifications.

Retrospective Development Factors

<i>With Loss Limit</i>			<i>Without Loss Limit</i>			<i>4th and Subsequent</i>
1st Adj.	2nd Adj.	3rd Adj.	1st Adj.	2nd Adj.	3rd Adj.	Adjustment
0.60	0.04	0.04	0.14	0.10	0.10	0.000

State Special Classifications by Hazard Group

<u>Code No.</u>	<u>HG</u>	<u>Code No.</u>	<u>HG</u>	<u>Code No.</u>	<u>HG</u>
1745	E	2719	E	8295	C

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: Arkansas
Effective Date: 01/01/2008

LCM: 1.482
 Exp Cons 160

Company: ZURICH AMERICAN INSURANCE COMPANY
 ASSURANCE COMPANY OF AMERICA
 FIDELITY AND DEPOSIT COMPANY OF MARYLAND

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
0005	5.05	750	1452	1.96	500	2111	2.13	500
0008	3.10	579	1463	12.18	750	2112	2.71	526
0016	6.51	750	1472	3.71	661	2114	3.26	600
0034	4.43	750	1624E	8.02	750	2121	2.07	500
0035	2.58	508	1642	4.02	703	2130	3.05	572
0036	4.28	738	1654	8.67	750	2131	1.87	500
0037	4.64	750	1655	4.83	750	2143	2.31	500
0042	7.51	750	1699	2.24	500	2150	-	-
0050	5.72	750	1701	3.72	662	2156	-	-
0059D	0.31	-	1710E	6.95	750	2157	4.00	700
0065D	0.06	-	1741E	1.85	500	2172	2.27	500
0066D	0.06	-	1745X	3.05	572	2174	2.95	558
0067D	0.06	-	1747	2.55	504	2211	5.54	750
0079	3.33	610	1748	5.97	750	2220	2.10	500
0083	8.76	750	1803D	5.72	750	2286	1.56	500
0106	14.85	750	1852D	2.34	500	2288	4.86	750
0113	4.96	750	1853	2.79	537	2300	2.27	500
0170	2.76	533	1860	1.60	500	2302	1.99	500
0251	5.59	750	1924	3.39	618	2305	2.62	514
0400	8.91	750	1925	2.80	538	2361	1.42	500
0401	13.00	750	2001	2.53	502	2362	1.91	500
0771N	0.33	-	2002	3.51	634	2380	6.52	750
0908P	131.90	500	2003	2.95	558	2386	1.27	500
0909P	-	-	2014	5.56	750	2388	2.02	500
0912P	-	-	2016	2.55	504	2402	2.43	500
0913P	352.72	513	2021	3.53	637	2413	1.94	500
0917	3.90	687	2039	4.85	750	2416	2.02	500
1005*	10.36	750	2041	4.16	722	2417	1.87	500
1016*	38.32	750	2065	1.29	500	2501	1.59	500
1164E	7.59	750	2070	5.31	750	2503	1.42	500
1165E	7.23	750	2081	4.58	750	2534	2.52	500
1320	3.05	572	2089	2.86	546	2570	5.11	750
1322	12.30	750	2095	3.39	618	2576	-	-
1430	5.54	750	2105	2.62	514	2578	-	-
1438	2.85	545	2110	2.36	500	2585	2.82	541

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

LCM: **1.482**
 Exp Cons **160**

Company: **ZURICH AMERICAN INSURANCE COMPANY**
ASSURANCE COMPANY OF AMERICA
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
2586	1.07	500	3027	3.17	588	3241	3.11	580
2587	2.28	500	3028	3.33	610	3255	2.76	533
2589	1.69	500	3030	4.40	750	3257	2.83	542
2600	5.11	750	3040	4.37	750	3270	4.64	750
2623	2.65	518	3041	3.78	670	3300	3.88	684
2651	2.36	500	3042	3.42	622	3303	3.82	676
2660	1.66	500	3064	4.89	750	3307	3.75	666
2670	2.47	500	3066	-	-	3315	2.80	538
2683	2.13	500	3069	7.10	750	3334	2.67	520
2688	3.05	572	3076	2.92	554	3336	2.59	510
2701	8.31	750	3081D	2.68	522	3365	10.24	750
2702X	28.54	750	3082D	4.25	734	3372	2.88	549
2710	8.79	750	3085D	3.14	584	3373	3.59	645
2714	5.29	750	3110	3.20	592	3383	1.02	500
2719X	11.53	750	3111	3.19	591	3385	0.93	500
2731	3.87	682	3113	2.28	500	3400	2.73	529
2735	3.14	584	3114	2.70	525	3507	3.08	576
2759	7.84	750	3118	1.51	500	3515	2.49	500
2790	1.48	500	3119	1.14	500	3548	1.32	500
2802	6.83	750	3122	1.22	500	3559	2.28	500
2812	4.58	750	3126	2.07	500	3574	1.26	500
2835	1.75	500	3131	0.95	500	3581	1.27	500
2836	2.49	500	3132	2.16	500	3612	2.34	500
2841	4.34	746	3145	2.02	500	3620	6.43	750
2881	2.40	500	3146	2.71	526	3629	2.02	500
2883	4.55	750	3169	2.79	537	3632	3.26	600
2913	3.28	603	3175D	3.07	574	3634	2.02	500
2915	4.06	708	3179	2.50	500	3635	1.88	500
2916	2.59	510	3180	2.24	500	3638	1.67	500
2923	2.15	500	3188	1.50	500	3642	0.98	500
2942	2.55	504	3220	2.12	500	3643	3.17	588
2960	3.19	591	3223	3.42	622	3647	3.41	620
3004	2.71	526	3224	2.80	538	3648	2.22	500
3018	3.26	600	3227	1.87	500	3681	1.48	500
3022	3.50	633	3240	3.51	634	3685	1.94	500

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

LCM: **1.482**
 Exp Cons **160**

Company: **ZURICH AMERICAN INSURANCE COMPANY**
ASSURANCE COMPANY OF AMERICA
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
3719	3.59	645	4239	1.41	500	4581	1.78	500
3724	7.07	750	4240	3.10	579	4583	4.85	750
3726	3.78	670	4243	1.51	500	4611	0.99	500
3803	1.96	500	4244	2.49	500	4635	4.06	708
3807	1.69	500	4250	1.57	500	4653	1.42	500
3808	2.89	550	4251	1.75	500	4665	7.22	750
3821	4.45	750	4263	2.52	500	4670	4.64	750
3822	2.90	552	4273	1.72	500	4683	4.92	750
3824	5.10	750	4279	1.87	500	4686	1.22	500
3826	1.10	500	4282	2.30	500	4692	0.39	500
3827	1.26	500	4283	2.47	500	4693	0.92	500
3830	1.22	500	4299	1.59	500	4703	2.45	500
3851	3.02	568	4304	2.93	556	4717	2.56	506
3865	1.36	500	4307	2.85	545	4720	4.19	726
3881	4.02	703	4308	-	-	4740	1.59	500
4000	7.82	750	4351	1.16	500	4741	1.90	500
4021	4.74	750	4352	1.08	500	4751	2.02	500
4024E	1.79	500	4360	0.84	500	4771N	1.88	500
4034	7.28	750	4361	1.42	500	4777	1.87	500
4036	2.79	537	4362	1.14	500	4825	0.80	500
4038	2.24	500	4410	3.10	579	4828	1.51	500
4053	3.41	620	4420	3.68	657	4829	1.65	500
4061	4.56	750	4431	1.56	500	4902	1.81	500
4062	3.30	606	4432	1.67	500	4923	1.20	500
4101	2.09	500	4439	1.97	500	5020	6.09	750
4111	2.46	500	4452	3.62	649	5022	6.65	750
4112	1.01	500	4459	2.22	500	5037	18.57	750
4113	1.78	500	4470	2.40	500	5040	21.70	750
4114	2.55	504	4484	2.47	500	5057	17.09	750
4130	5.93	750	4493	2.98	562	5059	24.53	750
4131	2.86	546	4511	0.73	500	5069	23.58	750
4133	2.73	529	4557	1.93	500	5102	4.53	750
4150	1.38	500	4558	1.99	500	5146	5.36	750
4206	4.21	728	4561	2.02	500	5160	4.77	750
4207	1.22	500	4568	2.83	542	5183	3.45	626

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

LCM: **1.482**
 Exp Cons **160**

Company: **ZURICH AMERICAN INSURANCE COMPANY**
ASSURANCE COMPANY OF AMERICA
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
5188	5.75	750	5703	106.79	750	6836	9.78	750
5190	3.36	614	5705	5.38	750	6843F	17.16	750
5191X	1.88	500	5951	0.40	500	6845F	20.20	750
5192	4.24	732	6003	11.04	750	6854	5.63	750
5213	8.15	750	6005	7.28	750	6872F	23.33	750
5215	4.27	736	6017	4.59	750	6874F	41.44	750
5221	4.34	746	6018	2.34	500	6882	6.45	750
5222	10.69	750	6045	3.14	584	6884	14.15	750
5223	5.84	750	6204	10.26	750	7016M	5.85	100
5348	4.08	711	6206	7.90	750	7024M	6.51	200
5402	5.35	750	6213	12.23	750	7038M	6.95	100
5403	10.89	750	6214	2.95	558	7046M	30.62	100
5437	4.99	750	6216	5.57	750	7047M	10.31	200
5443	3.97	696	6217	5.20	750	7050M	12.24	200
5445	5.05	750	6229	4.36	749	7090M	7.72	200
5462	6.58	750	6233	8.00	750	7098M	34.03	200
5472	5.44	750	6235	12.11	750	7099M	53.93	200
5473	5.54	750	6236	13.83	750	7133	3.72	662
5474	7.71	750	6237	3.79	672	7151M	4.52	100
5478	4.73	750	6251D	8.24	750	7152M	7.96	200
5479	11.04	750	6252D	7.47	750	7153M	5.02	200
5480	10.79	750	6260D	5.66	750	7222	10.61	750
5491	2.31	500	6306	5.85	750	7228X	8.31	750
5506	4.73	750	6319	5.85	750	7229X	8.27	750
5507	6.18	750	6325	5.44	750	7230	4.05	707
5508D	7.85	750	6400	7.31	750	7231	8.94	750
5535	7.10	750	6504	2.55	504	7232	15.21	750
5536	-	-	6702M*	7.78	100	7309F	28.75	750
5537	5.93	750	6703M*	13.69	200	7313F	6.62	750
5538	-	-	6704M*	8.64	200	7317F	10.61	750
5551	15.47	750	6801F	14.94	750	7327F	23.13	750
5606	2.09	500	6811	5.97	750	7333M	7.88	100
5610	7.34	750	6824F	25.82	750	7335M	8.76	200
5645	12.26	750	6826F	12.49	750	7337M	13.89	200
5651	9.93	750	6834	4.46	750	7350F	25.12	750

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

LCM: **1.482**
 Exp Cons **160**

Company: **ZURICH AMERICAN INSURANCE COMPANY**
ASSURANCE COMPANY OF AMERICA
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
7360	6.27	750	7705	2.93	556	8209	3.28	603
7370	5.42	750	7710	7.08	750	8215	5.87	750
7380X	4.40	750	7711	7.08	750	8227	4.65	750
7382	2.98	562	7720X	2.93	556	8232	6.89	750
7390	3.76	668	7855	6.40	750	8233	5.20	750
7394M	15.81	100	8001	2.61	512	8235	4.36	749
7395M	17.56	200	8002	3.42	622	8263	9.78	750
7398M	27.83	200	8006	2.40	500	8264	4.34	746
7403X	3.02	568	8008	1.24	500	8265	10.30	750
7405N	1.60	500	8010	2.30	500	8279	11.13	750
7409*	-	-	8013	0.53	500	8288	7.22	750
7420X*	23.07	750	8015	0.74	500	8291	2.62	514
7421	2.40	500	8017	1.27	500	8292	3.19	591
7422	2.65	518	8018X*	2.86	546	8293	8.80	750
7423X	3.02	568	8021	1.84	500	8295X	6.39	750
7425	3.73	664	8031	3.33	610	8304	7.62	750
7431N	2.07	589	8032	1.72	500	8350	5.57	750
7445N	0.86	-	8033	2.09	500	8380	3.76	668
7453N	1.11	-	8039	1.56	500	8381	1.50	500
7502	3.14	584	8044	3.42	622	8385	2.88	549
7515	1.16	500	8045	0.49	500	8392	3.71	661
7520	3.22	595	8046	3.04	570	8393	1.75	500
7538	10.29	750	8047	1.30	500	8500	5.41	750
7539	6.54	750	8050	-	-	8601	0.74	500
7540	4.34	746	8058	3.07	574	8606	3.84	678
7580	2.19	500	8072	0.70	500	8709F	8.74	750
7590	4.67	750	8102	2.83	542	8719	1.91	500
7600	3.17	588	8103	4.99	750	8720	1.27	500
7601	12.72	750	8105	5.05	750	8721	0.43	500
7605	3.56	641	8106	4.71	750	8726F	10.39	750
7610	0.50	500	8107	4.34	746	8734M	0.74	200
7611	6.30	750	8111	3.38	616	8737M	0.67	100
7612	17.53	750	8116	4.89	750	8738M	1.17	200
7613	5.04	750	8203	6.61	750	8742X	0.55	500
7704	-	-	8204	6.67	750	8745	4.99	750

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: Arkansas
Effective Date: 01/01/2008

LCM: 1.482
 Exp Cons 160

Company: ZURICH AMERICAN INSURANCE COMPANY
 ASSURANCE COMPANY OF AMERICA
 FIDELITY AND DEPOSIT COMPANY OF MARYLAND

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
8748	0.44	500	9060	1.93	500			
8755	0.31	500	9061	1.47	500			
8799	1.04	500	9063	1.17	500			
8800	1.04	500	9077F	4.25	734			
8803	0.09	500	9082	1.76	500			
8805M	0.36	200	9083	1.57	500			
8810	0.27	500	9084	2.18	500			
8814M	0.33	100	9089	1.41	500			
8815M	0.58	200	9093	1.57	500			
8820	0.24	500	9101	3.28	603			
8824	3.04	570	9102	3.22	595			
8825	2.52	500	9110	-	-			
8826	2.42	500	9154	2.62	514			
8829	2.88	549	9156	1.50	500			
8831	3.19	591	9170	2.50	500			
8832	0.30	500	9178	26.78	750			
8833X*	1.20	500	9179	46.74	750			
8835	2.31	500	9180	4.64	750			
8842	1.26	500	9182	2.86	546			
8861	-	-	9186	58.26	750			
8864	1.26	500	9220	4.05	707			
8868	0.43	500	9402	5.63	750			
8869	0.80	500	9403	6.92	750			
8871	0.27	500	9410	2.10	500			
8901	0.31	500	9501	5.17	750			
9012	1.79	500	9505	3.79	672			
9014	2.50	500	9516	3.02	568			
9015X	2.96	560	9519	2.64	516			
9016	5.31	750	9521	5.66	750			
9019	3.57	642	9522	1.65	500			
9033	1.94	500	9534	8.02	750			
9040*	3.75	666	9554	9.26	750			
9052	1.88	500	9586	0.79	500			
9058	1.84	500	9600	1.73	500			
9059	3.16	587	9620	1.30	500			

Footnotes

State: **Arkansas**
 Effective Date: **01/01/2008**

**ZURICH AMERICAN INSURANCE COMPANY
 ASSURANCE COMPANY OF AMERICA
 FIDELITY AND DEPOSIT COMPANY OF MARYLAND**

D Rate for classification already includes the specific disease loading shown in the table below. See Rule 3-A-7.

E Rate for classification already includes the specific disease loading shown in the table below.

Code No.	Disease Disease Loading	Symbol	Code No.	Disease Disease Loading	Symbol	Code No.	Disease Disease Loading	Symbol
0059D	0.31	S	1710E	0.06	S	3175D	0.03	S
0065D	0.06	S	1741E	0.25	S	4024E	0.01	S
0066D	0.06	S	1803D	0.25	S	5508D	0.03	S
0067D	0.06	S	1852D	0.04	Asb	6251D	0.06	S
1164E	0.09	S	3081D	0.04	S	6252D	0.04	S
1165E	0.04	S	3082D	0.06	S	6260D	0.03	S
1624E	0.04	S	3085D	0.06	S			

F Rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Rate contains a provision for federal assessment.

M Rate provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for the USL&HW assessment is included for those classifications under Program II USL Act.

N This code is part of a ratable/non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

P Classification is computed on a per capita basis.

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

Footnotes

State: **Arkansas**
Effective Date: **01/01/2008**

ZURICH AMERICAN INSURANCE COMPANY ASSURANCE COMPANY OF AMERICA FIDELITY AND DEPOSIT COMPANY OF MARYLAND

Class Codes with Specific Footnotes

- 1005 Rate includes a non-ratable disease element of \$4.22 (for coverage written separately for federal benefits only, \$3.19. For coverage written separately for state benefits only, \$1.04).
- 1016 Rate includes a non-ratable disease element of \$16.89 (for coverage written separately for federal benefits only, \$12.73. For coverage written separately for state benefits only, \$4.16). Includes a catastrophe loading of \$0.15. Refer to the Manual of Underground Coal Mine Rules, Classifications, and Rates for the rules applicable to the use of the classification code.
- 6702 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way-no work on elevated railroads. Otherwise, assign appropriate construction or erection code rate and elr each X 1.215.
- 6703 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way-no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate X 2.14 and elr X 1.982.
- 6704 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of no work on elevated railroads. Otherwise, assign appropriate construction or erection code rate and elr each X 1.35.
- 7409 Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005. The ELR on the rate page should be applied to policies with effective dates on or after January 1, 2005 (\$600 payroll limitation). An ELR of 11.36 should be applied to policies with effective dates prior to January 1, 2005 (\$300 payroll limitation).
- 7420 Payroll is subject to a maximum of \$600 per week per employee effective July 1, 2006. The ELR on the rate page should be applied to policies with effective dates on or after July 1, 2006 (\$600 payroll limitation). An ELR of 4.16 should be applied to policies with effective dates prior to July 1, 2006 (uncapped payroll).
- 8018 See Arkansas Special Classification for Warehousing-groceries exclusively.
- 8833 The ex-medical rate for this classification is \$0.64. A charge of \$0.10 is to be added to this class' rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Home Office for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or development.
- 9040 The ex-medical rate for this classification is \$1.84. A charge of \$0.10 is to be added to this class' rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Home Office for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or development.

Miscellaneous Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

**ZURICH AMERICAN INSURANCE COMPANY
 AMERICAN ZURICH INSURANCE COMPANY
 AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY
 ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS
 MARYLAND CASUALTY COMPANY
 NORTHERN INSURANCE COMPANY OF NEW YORK
 ASSURANCE COMPANY OF AMERICA
 FIDELITY AND DEPOSIT COMPANY OF MARYLAND
 COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
 UNIVERSAL UNDERWRITERS INSURANCE COMPANY**

Basis of Premium applicable in accordance with the footnote instructions for Code 7370 Taxicab Co:
 7370 -- Employee operated vehicles **\$46,220.00**
 Leased or rented vehicles **\$30,813.00**

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

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents - (Rate) \$0.01

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**

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 and Members of Limited Liability Companies in connection with Basic Manual Rule a-A-4..... **\$ 30,800.00**

Foreign Terrorism (Rate)..... \$ 0.03

United States Longshore and Harbor Workers Compensation Coverage Percentage applicable only in connection with Basic Manual Rule 3-A-4..... **90%**

(Multiply a Non-F classification rate by a factor of 1.90. This factor adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and for differences in loss-based expenses (1.139).)

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.

Miscellaneous Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

ZURICH AMERICAN INSURANCE COMPANY
 AMERICAN ZURICH INSURANCE COMPANY
 AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY
 ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS
 MARYLAND CASUALTY COMPANY
 NORTHERN INSURANCE COMPANY OF NEW YORK
 ASSURANCE COMPANY OF AMERICA
 FIDELITY AND DEPOSIT COMPANY OF MARYLAND
 COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
 UNIVERSAL UNDERWRITERS INSURANCE COMPANY

Premium Deductible Program

TOTAL LOSSES							
DEDUCTIBLE AMOUNT	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	9.9%	8.0%	6.9%	5.8%	4.9%	3.4%	2.6%
\$1,500	12.0%	9.9%	8.6%	7.2%	6.1%	4.3%	3.3%
\$2,000	13.7%	11.3%	9.8%	8.4%	7.2%	5.2%	4.0%
\$2,500	15.2%	12.6%	11.0%	9.4%	8.0%	5.8%	4.5%
\$3,000	16.5%	13.7%	12.0%	10.3%	8.8%	6.5%	5.0%
\$3,500	17.7%	14.7%	13.0%	11.2%	9.6%	7.2%	5.5%
\$4,000	18.8%	15.7%	13.9%	12.0%	10.3%	7.7%	6.0%
\$4,500	19.8%	16.6%	14.7%	12.8%	11.0%	8.3%	6.4%
\$5,000	20.8%	17.5%	15.5%	13.5%	11.6%	8.8%	6.9%

INDEMNITY LOSSES							
DEDUCTIBLE AMOUNT	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	2.1%	1.8%	1.6%	1.5%	1.3%	1.1%	0.8%
\$1,500	2.9%	2.4%	2.2%	2.1%	1.8%	1.5%	1.2%
\$2,000	3.7%	3.0%	2.8%	2.6%	2.3%	2.0%	1.5%
\$2,500	4.3%	3.6%	3.3%	3.1%	2.7%	2.4%	1.8%
\$3,000	4.9%	4.1%	3.8%	3.5%	3.2%	2.7%	2.1%
\$3,500	5.5%	4.6%	4.3%	4.0%	3.5%	3.0%	2.3%
\$4,000	5.9%	5.0%	4.6%	4.3%	3.8%	3.3%	2.6%
\$4,500	6.4%	5.5%	5.0%	4.7%	4.2%	3.5%	2.8%
\$5,000	6.9%	5.8%	5.4%	5.0%	4.5%	3.8%	3.0%

MEDICAL LOSSES							
DEDUCTIBLE AMOUNT	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	9.6%	7.8%	6.7%	5.6%	4.7%	3.2%	2.5%
\$1,500	11.4%	9.4%	8.1%	6.9%	5.8%	4.1%	3.1%
\$2,000	12.9%	10.6%	9.2%	7.8%	6.6%	4.7%	3.6%
\$2,500	14.2%	11.6%	10.2%	8.6%	7.4%	5.3%	4.1%
\$3,000	15.2%	12.6%	11.0%	9.4%	8.0%	5.8%	4.5%
\$3,500	16.1%	13.4%	11.7%	10.0%	8.6%	6.3%	4.9%
\$4,000	17.0%	14.2%	12.4%	10.7%	9.1%	6.7%	5.2%
\$4,500	17.7%	14.8%	13.0%	11.2%	9.7%	7.2%	5.5%
\$5,000	18.4%	15.5%	13.6%	11.7%	10.1%	7.5%	5.8%

Premium Discount Table

State: **Arkansas**
Effective Date: **01/01/2008**

ZURICH AMERICAN INSURANCE COMPANY
AMERICAN ZURICH INSURANCE COMPANY
AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY
ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS
MARYLAND CASUALTY COMPANY
NORTHERN INSURANCE COMPANY OF NEW YORK
ASSURANCE COMPANY OF AMERICA
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
UNIVERSAL UNDERWRITERS INSURANCE COMPANY

Premium Discount Table 9 - Type A

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

State: **Arkansas**
 Effective Date: **01/01/2008**

ZURICH AMERICAN INSURANCE COMPANY
 AMERICAN ZURICH INSURANCE COMPANY
 AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY
 ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS
 MARYLAND CASUALTY COMPANY
 NORTHERN INSURANCE COMPANY OF NEW YORK
 ASSURANCE COMPANY OF AMERICA
 FIDELITY AND DEPOSIT COMPANY OF MARYLAND
 COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
 UNIVERSAL UNDERWRITERS INSURANCE COMPANY

**WORKERS' COMPENSATION AND EMPLOYERS LIABILITY
 RETROSPECTIVE RATING VALUES**

HAZARD GROUP DIFFERENTIALS							TAX MULTIPLIERS	
A	B	C	D	E	F	G	State:	Federal:
1.89	1.42	1.26	1.13	0.98	0.79	0.59	1.062	1.147

EXPECTED LOSS RATIO	EXPECTED LOSS AND ALLOCATED EXPENSE RATIO	TABLE OF EXPENSE RATIOS
0.636	0.698	Type A: XXII-E XXII-G

2008 TABLE OF EXPECTED LOSS RANGES
 Effective January 1, 2008

Factor Applied to Excess Loss Pure Premium
 Factors and Excess Loss and Allocated
 Exp. Pure Premium Factors **0.668**

Excess Loss Factors

Per Accident Limitation	Hazard Groups						
	A	B	C	D	E	F	G
\$25,000	0.257	0.297	0.320	0.342	0.367	0.403	0.437
\$30,000	0.236	0.276	0.300	0.322	0.349	0.387	0.422 *
\$35,000	0.220	0.258	0.282	0.305	0.333	0.371	0.409 *
\$40,000	0.204	0.242	0.267	0.289	0.317	0.357	0.397 *
\$50,000	0.181	0.217	0.240	0.263	0.293	0.333	0.375 *
\$75,000	0.142	0.173	0.196	0.217	0.246	0.287	0.333 *
\$100,000	0.118	0.145	0.167	0.186	0.214	0.254	0.302 *
\$125,000	0.102	0.125	0.146	0.164	0.190	0.229	0.278
\$150,000	0.090	0.112	0.131	0.148	0.173	0.210	0.259
\$175,000	0.081	0.100	0.119	0.134	0.158	0.194	0.242
\$200,000	0.073	0.092	0.110	0.124	0.146	0.181	0.228
\$225,000	0.068	0.084	0.102	0.115	0.136	0.169	0.216
\$250,000	0.063	0.079	0.096	0.108	0.128	0.160	0.207
\$275,000	0.059	0.073	0.090	0.102	0.121	0.152	0.198
\$300,000	0.056	0.069	0.085	0.096	0.114	0.144	0.190
\$325,000	0.053	0.065	0.080	0.091	0.109	0.138	0.182
\$350,000	0.050	0.062	0.077	0.087	0.104	0.132	0.176
\$375,000	0.048	0.059	0.073	0.083	0.100	0.126	0.170
\$400,000	0.046	0.057	0.070	0.079	0.096	0.122	0.164
\$425,000	0.044	0.054	0.067	0.077	0.092	0.117	0.159
\$450,000	0.042	0.052	0.065	0.073	0.088	0.113	0.155
\$475,000	0.041	0.050	0.063	0.071	0.086	0.110	0.150
\$500,000	0.039	0.049	0.061	0.069	0.083	0.106	0.146
\$600,000	0.035	0.043	0.054	0.061	0.073	0.095	0.133
\$700,000	0.032	0.039	0.049	0.055	0.067	0.086	0.123
\$800,000	0.030	0.037	0.046	0.051	0.062	0.080	0.115
\$900,000	0.028	0.034	0.043	0.048	0.057	0.075	0.108
\$1,000,000	0.026	0.032	0.040	0.045	0.054	0.070	0.102
\$2,000,000	0.015	0.019	0.025	0.029	0.035	0.045	0.067
\$3,000,000	0.011	0.014	0.018	0.021	0.025	0.034	0.052
\$4,000,000	0.008	0.011	0.014	0.016	0.020	0.027	0.043
\$5,000,000	0.007	0.009	0.011	0.013	0.017	0.023	0.036
\$6,000,000	0.005	0.007	0.009	0.011	0.013	0.019	0.030
\$7,000,000	0.005	0.006	0.008	0.009	0.011	0.016	0.026
\$8,000,000	0.004	0.005	0.007	0.008	0.010	0.014	0.023
\$9,000,000	0.004	0.005	0.006	0.007	0.009	0.012	0.021
\$10,000,000	0.003	0.004	0.005	0.007	0.008	0.011	0.019

Excess Loss Factors

Per Accident Limitation	Hazard Groups					
	A	B	C	D	E	F	G

Excess Loss & Allocated Expense Factors

Per Accident Limitation	Hazard Groups						
	A	B	C	D	E	F	G
\$25,000	0.302	0.345	0.369	0.393	0.420	0.457	0.491
\$30,000	0.280	0.323	0.348	0.372	0.400	0.440	0.476 *
\$35,000	0.261	0.303	0.329	0.353	0.383	0.424	0.463 *
\$40,000	0.244	0.287	0.313	0.337	0.367	0.409	0.450 *
\$50,000	0.218	0.259	0.285	0.309	0.341	0.384	0.428 *
\$75,000	0.174	0.209	0.235	0.259	0.290	0.335	0.384 *
\$100,000	0.146	0.177	0.202	0.224	0.255	0.299	0.351 *
\$125,000	0.126	0.154	0.178	0.199	0.228	0.272	0.324
\$150,000	0.112	0.138	0.160	0.180	0.208	0.250	0.303
\$175,000	0.101	0.124	0.146	0.164	0.191	0.232	0.285
\$200,000	0.092	0.114	0.134	0.151	0.177	0.216	0.269
\$225,000	0.085	0.104	0.124	0.140	0.165	0.203	0.256
\$250,000	0.079	0.098	0.117	0.132	0.156	0.192	0.244
\$275,000	0.074	0.092	0.110	0.124	0.147	0.182	0.234
\$300,000	0.070	0.086	0.104	0.118	0.139	0.174	0.224
\$325,000	0.066	0.081	0.099	0.112	0.132	0.166	0.216
\$350,000	0.063	0.077	0.094	0.106	0.126	0.158	0.208
\$375,000	0.059	0.073	0.090	0.102	0.121	0.152	0.201
\$400,000	0.057	0.070	0.086	0.098	0.116	0.146	0.195
\$425,000	0.055	0.067	0.083	0.094	0.112	0.142	0.189
\$450,000	0.053	0.065	0.080	0.090	0.108	0.137	0.184
\$475,000	0.051	0.063	0.077	0.088	0.104	0.132	0.179
\$500,000	0.049	0.060	0.075	0.084	0.101	0.128	0.174
\$600,000	0.043	0.053	0.067	0.075	0.090	0.115	0.158
\$700,000	0.039	0.048	0.061	0.068	0.081	0.104	0.146
\$800,000	0.037	0.045	0.056	0.063	0.075	0.097	0.137
\$900,000	0.034	0.042	0.053	0.059	0.070	0.090	0.128
\$1,000,000	0.032	0.039	0.049	0.055	0.065	0.085	0.121
\$2,000,000	0.019	0.024	0.031	0.035	0.042	0.055	0.081
\$3,000,000	0.013	0.017	0.023	0.026	0.032	0.042	0.063
\$4,000,000	0.010	0.013	0.018	0.021	0.025	0.034	0.052
\$5,000,000	0.008	0.011	0.015	0.017	0.021	0.028	0.044
\$6,000,000	0.006	0.009	0.011	0.013	0.017	0.023	0.037
\$7,000,000	0.005	0.007	0.010	0.011	0.015	0.020	0.033
\$8,000,000	0.005	0.007	0.009	0.010	0.013	0.017	0.029
\$9,000,000	0.005	0.006	0.008	0.009	0.011	0.015	0.026
\$10,000,000	0.004	0.005	0.007	0.008	0.010	0.014	0.023

* Also applicable to Underground Coal Mine classifications.

Retrospective Development Factors

<i>With Loss Limit</i>			<i>Without Loss Limit</i>			<i>4th and Subsequent</i>
1st Adj.	2nd Adj.	3rd Adj.	1st Adj.	2nd Adj.	3rd Adj.	Adjustment
0.60	0.04	0.04	0.14	0.10	0.10	0.000

State Special Classifications by Hazard Group

<u>Code No.</u>	<u>HG</u>	<u>Code No.</u>	<u>HG</u>	<u>Code No.</u>	<u>HG</u>
1745	E	2719	E	8295	C

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

LCM: **1.630**
 Exp Cons **160**

Company: **ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS**
MARYLAND CASUALTY COMPANY

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
0005	5.56	750	1452	2.15	500	2111	2.35	500
0008	3.41	620	1463	13.40	750	2112	2.98	562
0016	7.16	750	1472	4.08	711	2114	3.59	645
0034	4.87	750	1624E	8.82	750	2121	2.28	500
0035	2.84	543	1642	4.42	750	2130	3.36	614
0036	4.71	750	1654	9.54	750	2131	2.05	500
0037	5.10	750	1655	5.31	750	2143	2.54	503
0042	8.26	750	1699	2.46	500	2150	-	-
0050	6.29	750	1701	4.09	712	2156	-	-
0059D	0.34	-	1710E	7.64	750	2157	4.40	750
0065D	0.07	-	1741E	2.04	500	2172	2.49	500
0066D	0.07	-	1745X	3.36	614	2174	3.24	597
0067D	0.07	-	1747	2.80	538	2211	6.10	750
0079	3.67	655	1748	6.57	750	2220	2.31	500
0083	9.63	750	1803D	6.29	750	2286	1.71	500
0106	16.33	750	1852D	2.58	508	2288	5.35	750
0113	5.46	750	1853	3.06	573	2300	2.49	500
0170	3.03	569	1860	1.76	500	2302	2.18	500
0251	6.15	750	1924	3.73	664	2305	2.89	550
0400	9.80	750	1925	3.08	576	2361	1.56	500
0401	14.30	750	2001	2.79	537	2362	2.10	500
0771N	0.36	-	2002	3.86	681	2380	7.17	750
0908P	145.07	500	2003	3.24	597	2386	1.40	500
0909P	-	-	2014	6.11	750	2388	2.22	500
0912P	-	-	2016	2.80	538	2402	2.67	520
0913P	387.94	548	2021	3.88	684	2413	2.14	500
0917	4.29	739	2039	5.33	750	2416	2.22	500
1005*	11.39	750	2041	4.58	750	2417	2.05	500
1016*	42.15	750	2065	1.42	500	2501	1.74	500
1164E	8.35	750	2070	5.84	750	2503	1.56	500
1165E	7.95	750	2081	5.04	750	2534	2.77	534
1320	3.36	614	2089	3.15	585	2570	5.62	750
1322	13.53	750	2095	3.73	664	2576	-	-
1430	6.10	750	2105	2.89	550	2578	-	-
1438	3.13	583	2110	2.59	510	2585	3.10	579

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: Arkansas
Effective Date: 01/01/2008

LCM: 1.630
 Exp Cons 160

Company: ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS
 MARYLAND CASUALTY COMPANY

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
2586	1.17	500	3027	3.49	631	3241	3.42	622
2587	2.51	500	3028	3.67	655	3255	3.03	569
2589	1.86	500	3030	4.84	750	3257	3.11	580
2600	5.62	750	3040	4.81	750	3270	5.10	750
2623	2.92	554	3041	4.16	722	3300	4.27	736
2651	2.59	510	3042	3.77	669	3303	4.21	728
2660	1.83	500	3064	5.38	750	3307	4.12	716
2670	2.72	527	3066	-	-	3315	3.08	576
2683	2.35	500	3069	7.81	750	3334	2.93	556
2688	3.36	614	3076	3.21	593	3336	2.85	545
2701	9.14	750	3081D	2.95	558	3365	11.26	750
2702X	31.39	750	3082D	4.68	750	3372	3.16	587
2710	9.67	750	3085D	3.46	627	3373	3.94	692
2714	5.82	750	3110	3.52	635	3383	1.12	500
2719X	12.68	750	3111	3.50	633	3385	1.03	500
2731	4.25	734	3113	2.51	500	3400	3.00	565
2735	3.46	627	3114	2.97	561	3507	3.39	618
2759	8.62	750	3118	1.66	500	3515	2.74	530
2790	1.63	500	3119	1.26	500	3548	1.45	500
2802	7.51	750	3122	1.34	500	3559	2.51	500
2812	5.04	750	3126	2.28	500	3574	1.39	500
2835	1.92	500	3131	1.04	500	3581	1.40	500
2836	2.74	530	3132	2.38	500	3612	2.58	508
2841	4.78	750	3145	2.22	500	3620	7.07	750
2881	2.64	516	3146	2.98	562	3629	2.22	500
2883	5.00	750	3169	3.06	573	3632	3.59	645
2913	3.60	646	3175D	3.37	615	3634	2.22	500
2915	4.47	750	3179	2.75	531	3635	2.07	500
2916	2.85	545	3180	2.46	500	3638	1.84	500
2923	2.36	500	3188	1.65	500	3642	1.08	500
2942	2.80	538	3220	2.33	500	3643	3.49	631
2960	3.50	633	3223	3.77	669	3647	3.75	666
3004	2.98	562	3224	3.08	576	3648	2.45	500
3018	3.59	645	3227	2.05	500	3681	1.63	500
3022	3.85	680	3240	3.86	681	3685	2.14	500

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

LCM: **1.630**
 Exp Cons **160**

Company: **ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS**
MARYLAND CASUALTY COMPANY

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
3719	3.94	692	4239	1.55	500	4581	1.96	500
3724	7.78	750	4240	3.41	620	4583	5.33	750
3726	4.16	722	4243	1.66	500	4611	1.09	500
3803	2.15	500	4244	2.74	530	4635	4.47	750
3807	1.86	500	4250	1.73	500	4653	1.56	500
3808	3.18	589	4251	1.92	500	4665	7.94	750
3821	4.89	750	4263	2.77	534	4670	5.10	750
3822	3.19	591	4273	1.89	500	4683	5.41	750
3824	5.61	750	4279	2.05	500	4686	1.34	500
3826	1.21	500	4282	2.53	502	4692	0.42	500
3827	1.39	500	4283	2.72	527	4693	1.01	500
3830	1.34	500	4299	1.74	500	4703	2.69	523
3851	3.33	610	4304	3.23	596	4717	2.82	541
3865	1.50	500	4307	3.13	583	4720	4.61	750
3881	4.42	750	4308	-	-	4740	1.74	500
4000	8.61	750	4351	1.27	500	4741	2.09	500
4021	5.22	750	4352	1.19	500	4751	2.22	500
4024E	1.97	500	4360	0.93	500	4771N	2.07	500
4034	8.00	750	4361	1.56	500	4777	2.05	500
4036	3.06	573	4362	1.26	500	4825	0.88	500
4038	2.46	500	4410	3.41	620	4828	1.66	500
4053	3.75	666	4420	4.04	705	4829	1.81	500
4061	5.02	750	4431	1.71	500	4902	1.99	500
4062	3.63	650	4432	1.84	500	4923	1.32	500
4101	2.30	500	4439	2.17	500	5020	6.70	750
4111	2.71	526	4452	3.98	697	5022	7.32	750
4112	1.11	500	4459	2.45	500	5037	20.42	750
4113	1.96	500	4470	2.64	516	5040	23.86	750
4114	2.80	538	4484	2.72	527	5057	18.79	750
4130	6.52	750	4493	3.28	603	5059	26.98	750
4131	3.15	585	4511	0.80	500	5069	25.93	750
4133	3.00	565	4557	2.12	500	5102	4.99	750
4150	1.52	500	4558	2.18	500	5146	5.90	750
4206	4.63	750	4561	2.22	500	5160	5.25	750
4207	1.34	500	4568	3.11	580	5183	3.80	673

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

LCM: **1.630**
 Exp Cons **160**

Company: **ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS**
MARYLAND CASUALTY COMPANY

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
5188	6.32	750	5703	117.46	750	6836	10.76	750
5190	3.70	660	5705	5.92	750	6843F	18.88	750
5191X	2.07	500	5951	0.44	500	6845F	22.22	750
5192	4.66	750	6003	12.14	750	6854	6.19	750
5213	8.97	750	6005	8.00	750	6872F	25.66	750
5215	4.69	750	6017	5.05	750	6874F	45.57	750
5221	4.78	750	6018	2.58	508	6882	7.09	750
5222	11.75	750	6045	3.46	627	6884	15.57	750
5223	6.42	750	6204	11.28	750	7016M	6.44	100
5348	4.48	750	6206	8.69	750	7024M	7.16	200
5402	5.88	750	6213	13.45	750	7038M	7.64	100
5403	11.98	750	6214	3.24	597	7046M	33.68	100
5437	5.49	750	6216	6.13	750	7047M	11.34	200
5443	4.37	750	6217	5.72	750	7050M	13.46	200
5445	5.56	750	6229	4.79	750	7090M	8.49	200
5462	7.24	750	6233	8.80	750	7098M	37.42	200
5472	5.98	750	6235	13.32	750	7099M	59.32	200
5473	6.10	750	6236	15.21	750	7133	4.09	712
5474	8.48	750	6237	4.17	723	7151M	4.97	100
5478	5.20	750	6251D	9.06	750	7152M	8.75	200
5479	12.14	750	6252D	8.22	750	7153M	5.53	200
5480	11.87	750	6260D	6.23	750	7222	11.67	750
5491	2.54	503	6306	6.44	750	7228X	9.14	750
5506	5.20	750	6319	6.44	750	7229X	9.10	750
5507	6.80	750	6325	5.98	750	7230	4.45	750
5508D	8.64	750	6400	8.04	750	7231	9.83	750
5535	7.81	750	6504	2.80	538	7232	16.72	750
5536	-	-	6702M*	8.56	100	7309F	31.62	750
5537	6.52	750	6703M*	15.06	200	7313F	7.29	750
5538	-	-	6704M*	9.50	200	7317F	11.67	750
5551	17.02	750	6801F	16.43	750	7327F	25.44	750
5606	2.30	500	6811	6.57	750	7333M	8.67	100
5610	8.07	750	6824F	28.39	750	7335M	9.63	200
5645	13.48	750	6826F	13.74	750	7337M	15.27	200
5651	10.92	750	6834	4.91	750	7350F	27.63	750

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: Arkansas
Effective Date: 01/01/2008

LCM: 1.630
 Exp Cons 160

Company: ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS
 MARYLAND CASUALTY COMPANY

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
7360	6.89	750	7705	3.23	596	8209	3.60	646
7370	5.97	750	7710	7.79	750	8215	6.45	750
7380X	4.84	750	7711	7.79	750	8227	5.12	750
7382	3.28	603	7720X	3.23	596	8232	7.58	750
7390	4.14	719	7855	7.04	750	8233	5.72	750
7394M	17.39	100	8001	2.87	547	8235	4.79	750
7395M	19.32	200	8002	3.77	669	8263	10.76	750
7398M	30.61	200	8006	2.64	516	8264	4.78	750
7403X	3.33	610	8008	1.37	500	8265	11.33	750
7405N	1.76	526	8010	2.53	502	8279	12.24	750
7409*	-	-	8013	0.59	500	8288	7.94	750
7420X*	25.38	750	8015	0.82	500	8291	2.89	550
7421	2.64	516	8017	1.40	500	8292	3.50	633
7422	2.92	554	8018X*	3.15	585	8293	9.68	750
7423X	3.33	610	8021	2.02	500	8295X	7.03	750
7425	4.11	715	8031	3.67	655	8304	8.38	750
7431N	2.28	633	8032	1.89	500	8350	6.13	750
7445N	0.95	-	8033	2.30	500	8380	4.14	719
7453N	1.22	-	8039	1.71	500	8381	1.65	500
7502	3.46	627	8044	3.77	669	8385	3.16	587
7515	1.27	500	8045	0.54	500	8392	4.08	711
7520	3.54	638	8046	3.34	611	8393	1.92	500
7538	11.31	750	8047	1.43	500	8500	5.95	750
7539	7.19	750	8050	-	-	8601	0.82	500
7540	4.78	750	8058	3.37	615	8606	4.22	730
7580	2.41	500	8072	0.77	500	8709F	9.62	750
7590	5.13	750	8102	3.11	580	8719	2.10	500
7600	3.49	631	8103	5.49	750	8720	1.40	500
7601	13.99	750	8105	5.56	750	8721	0.47	500
7605	3.91	688	8106	5.18	750	8726F	11.43	750
7610	0.55	500	8107	4.78	750	8734M	0.82	200
7611	6.93	750	8111	3.72	662	8737M	0.73	100
7612	19.28	750	8116	5.38	750	8738M	1.29	200
7613	5.54	750	8203	7.27	750	8742X	0.60	500
7704	-	-	8204	7.34	750	8745	5.49	750

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY

Rating Values

State: Arkansas
Effective Date: 01/01/2008

LCM: 1.630
 Exp Cons 160

Company: ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS
 MARYLAND CASUALTY COMPANY

CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM	CLASS CODE	RATE INC. DISEASE	MIN. PREM
8748	0.49	500	9060	2.12	500			
8755	0.34	500	9061	1.61	500			
8799	1.14	500	9063	1.29	500			
8800	1.14	500	9077F	4.68	750			
8803	0.10	500	9082	1.94	500			
8805M	0.39	200	9083	1.73	500			
8810	0.29	500	9084	2.40	500			
8814M	0.36	100	9089	1.55	500			
8815M	0.64	200	9093	1.73	500			
8820	0.26	500	9101	3.60	646			
8824	3.34	611	9102	3.54	638			
8825	2.77	534	9110	-	-			
8826	2.66	519	9154	2.89	550			
8829	3.16	587	9156	1.65	500			
8831	3.50	633	9170	2.75	531			
8832	0.33	500	9178	29.45	750			
8833X*	1.32	500	9179	51.41	750			
8835	2.54	503	9180	5.10	750			
8842	1.39	500	9182	3.15	585			
8861	-	-	9186	64.08	750			
8864	1.39	500	9220	4.45	750			
8868	0.47	500	9402	6.19	750			
8869	0.88	500	9403	7.61	750			
8871	0.29	500	9410	2.31	500			
8901	0.34	500	9501	5.69	750			
9012	1.97	500	9505	4.17	723			
9014	2.75	531	9516	3.33	610			
9015X	3.26	600	9519	2.90	552			
9016	5.84	750	9521	6.23	750			
9019	3.93	691	9522	1.81	500			
9033	2.14	500	9534	8.82	750			
9040*	4.12	716	9554	10.19	750			
9052	2.07	500	9586	0.86	500			
9058	2.02	500	9600	1.91	500			
9059	3.47	628	9620	1.43	500			

Footnotes

State: **Arkansas**
 Effective Date: **01/01/2008**

**ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS
 MARYLAND CASUALTY COMPANY**

D Rate for classification already includes the specific disease loading shown in the table below. See Rule 3-A-7.

E Rate for classification already includes the specific disease loading shown in the table below.

Code No.	Disease Disease Loading	Symbol	Code No.	Disease Disease Loading	Symbol	Code No.	Disease Disease Loading	Symbol
0059D	0.34	S	1710E	0.07	S	3175D	0.03	S
0065D	0.07	S	1741E	0.28	S	4024E	0.02	S
0066D	0.07	S	1803D	0.28	S	5508D	0.03	S
0067D	0.07	S	1852D	0.05	Asb	6251D	0.07	S
1164E	0.10	S	3081D	0.05	S	6252D	0.05	S
1165E	0.05	S	3082D	0.07	S	6260D	0.03	S
1624E	0.05	S	3085D	0.07	S			

F Rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Rate contains a provision for federal assessment.

M Rate provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for the USL&HW assessment is included for those classifications under Program II USL Act.

N This code is part of a ratable/non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

P Classification is computed on a per capita basis.

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

Footnotes

State: **Arkansas**
Effective Date: **01/01/2008**

ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS MARYLAND CASUALTY COMPANY

- Class Codes with Specific Footnotes**
- 1005 Rate includes a non-ratable disease element of \$4.65 (for coverage written separately for federal benefits only, \$3.50. For coverage written separately for state benefits only, \$1.14).
- 1016 Rate includes a non-ratable disease element of \$18.58 (for coverage written separately for federal benefits only, \$14.00. For coverage written separately for state benefits only, \$4.58). Includes a catastrophe loading of \$0.16. Refer to the Manual of Underground Coal Mine Rules, Classifications, and Rates for the rules applicable to the use of the classification code.
- 6702 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way-no work on elevated railroads. Otherwise, assign appropriate construction or erection code rate and elr each X 1.215.
- 6703 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way-no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate X 2.14 and elr X 1.982.
- 6704 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of no work on elevated railroads. Otherwise, assign appropriate construction or erection code rate and elr each X 1.35.
- 7409 Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005. The ELR on the rate page should be applied to policies with effective dates on or after January 1, 2005 (\$600 payroll limitation). An ELR of 11.36 should be applied to policies with effective dates prior to January 1, 2005 (\$300 payroll limitation).
- 7420 Payroll is subject to a maximum of \$600 per week per employee effective July 1, 2006. The ELR on the rate page should be applied to policies with effective dates on or after July 1, 2006 (\$600 payroll limitation). An ELR of 4.16 should be applied to policies with effective dates prior to July 1, 2006 (uncapped payroll).
- 8018 See Arkansas Special Classification for Warehousing-groceries exclusively.
- 8833 The ex-medical rate for this classification is \$0.70. A charge of \$0.10 is to be added to this class' rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Home Office for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or development.
- 9040 The ex-medical rate for this classification is \$2.02. A charge of \$0.10 is to be added to this class' rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Home Office for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or development.

Miscellaneous Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

**ZURICH AMERICAN INSURANCE COMPANY
 AMERICAN ZURICH INSURANCE COMPANY
 AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY
 ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS
 MARYLAND CASUALTY COMPANY
 NORTHERN INSURANCE COMPANY OF NEW YORK
 ASSURANCE COMPANY OF AMERICA
 FIDELITY AND DEPOSIT COMPANY OF MARYLAND
 COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
 UNIVERSAL UNDERWRITERS INSURANCE COMPANY**

Basis of Premium applicable in accordance with the footnote instructions for Code 7370 Taxicab Co:
 7370 -- Employee operated vehicles **\$46,220.00**
 Leased or rented vehicles **\$30,813.00**

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

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents - (Rate) \$0.01

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**

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 and Members of Limited Liability Companies in connection with Basic Manual Rule a-A-4..... **\$ 30,800.00**

Foreign Terrorism (Rate)..... \$ 0.03

United States Longshore and Harbor Workers Compensation Coverage Percentage applicable only in connection with Basic Manual Rule 3-A-4..... **90%**

(Multiply a Non-F classification rate by a factor of 1.90. This factor adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and for differences in loss-based expenses (1.139).)

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.

Miscellaneous Rating Values

State: **Arkansas**
 Effective Date: **01/01/2008**

ZURICH AMERICAN INSURANCE COMPANY
 AMERICAN ZURICH INSURANCE COMPANY
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 COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
 UNIVERSAL UNDERWRITERS INSURANCE COMPANY

Premium Deductible Program

TOTAL LOSSES							
DEDUCTIBLE	HAZARD GROUP						
AMOUNT	A	B	C	D	E	F	G
\$1,000	9.9%	8.0%	6.9%	5.8%	4.9%	3.4%	2.6%
\$1,500	12.0%	9.9%	8.6%	7.2%	6.1%	4.3%	3.3%
\$2,000	13.7%	11.3%	9.8%	8.4%	7.2%	5.2%	4.0%
\$2,500	15.2%	12.6%	11.0%	9.4%	8.0%	5.8%	4.5%
\$3,000	16.5%	13.7%	12.0%	10.3%	8.8%	6.5%	5.0%
\$3,500	17.7%	14.7%	13.0%	11.2%	9.6%	7.2%	5.5%
\$4,000	18.8%	15.7%	13.9%	12.0%	10.3%	7.7%	6.0%
\$4,500	19.8%	16.6%	14.7%	12.8%	11.0%	8.3%	6.4%
\$5,000	20.8%	17.5%	15.5%	13.5%	11.6%	8.8%	6.9%

INDEMNITY LOSSES							
DEDUCTIBLE	HAZARD GROUP						
AMOUNT	A	B	C	D	E	F	G
\$1,000	2.1%	1.8%	1.6%	1.5%	1.3%	1.1%	0.8%
\$1,500	2.9%	2.4%	2.2%	2.1%	1.8%	1.5%	1.2%
\$2,000	3.7%	3.0%	2.8%	2.6%	2.3%	2.0%	1.5%
\$2,500	4.3%	3.6%	3.3%	3.1%	2.7%	2.4%	1.8%
\$3,000	4.9%	4.1%	3.8%	3.5%	3.2%	2.7%	2.1%
\$3,500	5.5%	4.6%	4.3%	4.0%	3.5%	3.0%	2.3%
\$4,000	5.9%	5.0%	4.6%	4.3%	3.8%	3.3%	2.6%
\$4,500	6.4%	5.5%	5.0%	4.7%	4.2%	3.5%	2.8%
\$5,000	6.9%	5.8%	5.4%	5.0%	4.5%	3.8%	3.0%

MEDICAL LOSSES							
DEDUCTIBLE	HAZARD GROUP						
AMOUNT	A	B	C	D	E	F	G
\$1,000	9.6%	7.8%	6.7%	5.6%	4.7%	3.2%	2.5%
\$1,500	11.4%	9.4%	8.1%	6.9%	5.8%	4.1%	3.1%
\$2,000	12.9%	10.6%	9.2%	7.8%	6.6%	4.7%	3.6%
\$2,500	14.2%	11.6%	10.2%	8.6%	7.4%	5.3%	4.1%
\$3,000	15.2%	12.6%	11.0%	9.4%	8.0%	5.8%	4.5%
\$3,500	16.1%	13.4%	11.7%	10.0%	8.6%	6.3%	4.9%
\$4,000	17.0%	14.2%	12.4%	10.7%	9.1%	6.7%	5.2%
\$4,500	17.7%	14.8%	13.0%	11.2%	9.7%	7.2%	5.5%
\$5,000	18.4%	15.5%	13.6%	11.7%	10.1%	7.5%	5.8%

Premium Discount Table

State: **Arkansas**
Effective Date: **01/01/2008**

ZURICH AMERICAN INSURANCE COMPANY
AMERICAN ZURICH INSURANCE COMPANY
AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY
ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS
MARYLAND CASUALTY COMPANY
NORTHERN INSURANCE COMPANY OF NEW YORK
ASSURANCE COMPANY OF AMERICA
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
UNIVERSAL UNDERWRITERS INSURANCE COMPANY

Premium Discount Table 9 - Type A

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

State: **Arkansas**
 Effective Date: **01/01/2008**

ZURICH AMERICAN INSURANCE COMPANY
 AMERICAN ZURICH INSURANCE COMPANY
 AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY
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 MARYLAND CASUALTY COMPANY
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 COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
 UNIVERSAL UNDERWRITERS INSURANCE COMPANY

**WORKERS' COMPENSATION AND EMPLOYERS LIABILITY
 RETROSPECTIVE RATING VALUES**

HAZARD GROUP DIFFERENTIALS							TAX MULTIPLIERS	
A	B	C	D	E	F	G	State:	Federal:
1.89	1.42	1.26	1.13	0.98	0.79	0.59	1.062	1.147

EXPECTED LOSS RATIO	EXPECTED LOSS AND ALLOCATED EXPENSE RATIO	TABLE OF EXPENSE RATIOS
0.636	0.698	Type A: XXII-E XXII-G

2008 TABLE OF EXPECTED LOSS RANGES
 Effective January 1, 2008

Factor Applied to Excess Loss Pure Premium
 Factors and Excess Loss and Allocated
 Exp. Pure Premium Factors **0.668**

Excess Loss Factors

Per Accident Limitation	Hazard Groups						
	A	B	C	D	E	F	G
\$25,000	0.257	0.297	0.320	0.342	0.367	0.403	0.437
\$30,000	0.236	0.276	0.300	0.322	0.349	0.387	0.422 *
\$35,000	0.220	0.258	0.282	0.305	0.333	0.371	0.409 *
\$40,000	0.204	0.242	0.267	0.289	0.317	0.357	0.397 *
\$50,000	0.181	0.217	0.240	0.263	0.293	0.333	0.375 *
\$75,000	0.142	0.173	0.196	0.217	0.246	0.287	0.333 *
\$100,000	0.118	0.145	0.167	0.186	0.214	0.254	0.302 *
\$125,000	0.102	0.125	0.146	0.164	0.190	0.229	0.278
\$150,000	0.090	0.112	0.131	0.148	0.173	0.210	0.259
\$175,000	0.081	0.100	0.119	0.134	0.158	0.194	0.242
\$200,000	0.073	0.092	0.110	0.124	0.146	0.181	0.228
\$225,000	0.068	0.084	0.102	0.115	0.136	0.169	0.216
\$250,000	0.063	0.079	0.096	0.108	0.128	0.160	0.207
\$275,000	0.059	0.073	0.090	0.102	0.121	0.152	0.198
\$300,000	0.056	0.069	0.085	0.096	0.114	0.144	0.190
\$325,000	0.053	0.065	0.080	0.091	0.109	0.138	0.182
\$350,000	0.050	0.062	0.077	0.087	0.104	0.132	0.176
\$375,000	0.048	0.059	0.073	0.083	0.100	0.126	0.170
\$400,000	0.046	0.057	0.070	0.079	0.096	0.122	0.164
\$425,000	0.044	0.054	0.067	0.077	0.092	0.117	0.159
\$450,000	0.042	0.052	0.065	0.073	0.088	0.113	0.155
\$475,000	0.041	0.050	0.063	0.071	0.086	0.110	0.150
\$500,000	0.039	0.049	0.061	0.069	0.083	0.106	0.146
\$600,000	0.035	0.043	0.054	0.061	0.073	0.095	0.133
\$700,000	0.032	0.039	0.049	0.055	0.067	0.086	0.123
\$800,000	0.030	0.037	0.046	0.051	0.062	0.080	0.115
\$900,000	0.028	0.034	0.043	0.048	0.057	0.075	0.108
\$1,000,000	0.026	0.032	0.040	0.045	0.054	0.070	0.102
\$2,000,000	0.015	0.019	0.025	0.029	0.035	0.045	0.067
\$3,000,000	0.011	0.014	0.018	0.021	0.025	0.034	0.052
\$4,000,000	0.008	0.011	0.014	0.016	0.020	0.027	0.043
\$5,000,000	0.007	0.009	0.011	0.013	0.017	0.023	0.036
\$6,000,000	0.005	0.007	0.009	0.011	0.013	0.019	0.030
\$7,000,000	0.005	0.006	0.008	0.009	0.011	0.016	0.026
\$8,000,000	0.004	0.005	0.007	0.008	0.010	0.014	0.023
\$9,000,000	0.004	0.005	0.006	0.007	0.009	0.012	0.021
\$10,000,000	0.003	0.004	0.005	0.007	0.008	0.011	0.019

Excess Loss Factors

Per Accident Limitation	Hazard Groups					
	A	B	C	D	E	F	G

Excess Loss & Allocated Expense Factors

Per Accident Limitation	Hazard Groups						
	A	B	C	D	E	F	G
\$25,000	0.302	0.345	0.369	0.393	0.420	0.457	0.491
\$30,000	0.280	0.323	0.348	0.372	0.400	0.440	0.476 *
\$35,000	0.261	0.303	0.329	0.353	0.383	0.424	0.463 *
\$40,000	0.244	0.287	0.313	0.337	0.367	0.409	0.450 *
\$50,000	0.218	0.259	0.285	0.309	0.341	0.384	0.428 *
\$75,000	0.174	0.209	0.235	0.259	0.290	0.335	0.384 *
\$100,000	0.146	0.177	0.202	0.224	0.255	0.299	0.351 *
\$125,000	0.126	0.154	0.178	0.199	0.228	0.272	0.324
\$150,000	0.112	0.138	0.160	0.180	0.208	0.250	0.303
\$175,000	0.101	0.124	0.146	0.164	0.191	0.232	0.285
\$200,000	0.092	0.114	0.134	0.151	0.177	0.216	0.269
\$225,000	0.085	0.104	0.124	0.140	0.165	0.203	0.256
\$250,000	0.079	0.098	0.117	0.132	0.156	0.192	0.244
\$275,000	0.074	0.092	0.110	0.124	0.147	0.182	0.234
\$300,000	0.070	0.086	0.104	0.118	0.139	0.174	0.224
\$325,000	0.066	0.081	0.099	0.112	0.132	0.166	0.216
\$350,000	0.063	0.077	0.094	0.106	0.126	0.158	0.208
\$375,000	0.059	0.073	0.090	0.102	0.121	0.152	0.201
\$400,000	0.057	0.070	0.086	0.098	0.116	0.146	0.195
\$425,000	0.055	0.067	0.083	0.094	0.112	0.142	0.189
\$450,000	0.053	0.065	0.080	0.090	0.108	0.137	0.184
\$475,000	0.051	0.063	0.077	0.088	0.104	0.132	0.179
\$500,000	0.049	0.060	0.075	0.084	0.101	0.128	0.174
\$600,000	0.043	0.053	0.067	0.075	0.090	0.115	0.158
\$700,000	0.039	0.048	0.061	0.068	0.081	0.104	0.146
\$800,000	0.037	0.045	0.056	0.063	0.075	0.097	0.137
\$900,000	0.034	0.042	0.053	0.059	0.070	0.090	0.128
\$1,000,000	0.032	0.039	0.049	0.055	0.065	0.085	0.121
\$2,000,000	0.019	0.024	0.031	0.035	0.042	0.055	0.081
\$3,000,000	0.013	0.017	0.023	0.026	0.032	0.042	0.063
\$4,000,000	0.010	0.013	0.018	0.021	0.025	0.034	0.052
\$5,000,000	0.008	0.011	0.015	0.017	0.021	0.028	0.044
\$6,000,000	0.006	0.009	0.011	0.013	0.017	0.023	0.037
\$7,000,000	0.005	0.007	0.010	0.011	0.015	0.020	0.033
\$8,000,000	0.005	0.007	0.009	0.010	0.013	0.017	0.029
\$9,000,000	0.005	0.006	0.008	0.009	0.011	0.015	0.026
\$10,000,000	0.004	0.005	0.007	0.008	0.010	0.014	0.023

* Also applicable to Underground Coal Mine classifications.

Retrospective Development Factors

<i>With Loss Limit</i>			<i>Without Loss Limit</i>			<i>4th and Subsequent</i>
1st Adj.	2nd Adj.	3rd Adj.	1st Adj.	2nd Adj.	3rd Adj.	Adjustment
0.60	0.04	0.04	0.14	0.10	0.10	0.000

State Special Classifications by Hazard Group

<u>Code No.</u>	<u>HG</u>	<u>Code No.</u>	<u>HG</u>	<u>Code No.</u>	<u>HG</u>
1745	E	2719	E	8295	C

SERFF Tracking Number: ZURC-125330668 State: Arkansas
First Filing Company: Assurance Company of America, ... State Tracking Number: AR-PC-07-026519
Company Tracking Number: AR-WC-26493
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: AR-WC-26493 Adoption of Advisory Loss Costs Impacted by Approval of Act 1415 and 1599
Project Name/Number: AR-WC-26493 Adoption of Advisory Loss Costs Impacted by Approval of Act 1415 and 1599/AR-WC-26493

Supporting Document Schedules

Review Status:
Satisfied -Name: Uniform Transmittal Document-Property & Casualty 10/22/2007

Comments:

Attachment:
AR RRFS.pdf

Review Status:
Satisfied -Name: NAIC Loss Cost Filing Document for Workers' Compensation 10/22/2007

Comments:

Attachment:
LCM.pdf

Review Status:
Satisfied -Name: NAIC loss cost data entry document 10/22/2007

Comments:

Attachment:
F319.pdf

Review Status:
Satisfied -Name: Cover Documents 10/22/2007

Comments:

Attachment:
Cover.pdf

Review Status:
Satisfied -Name: Explanatory Memo 10/22/2007

Comments:

Attachment:
AR Filing Memorandum.pdf

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	AR_WC-26493
This filing corresponds to form filing number <small>(Company tracking number of form filing, if applicable)</small>	

- Loss Cost Reference Filing** NCCI # 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? Yes

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)

- 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.) Co. Deviation (10%)
- B.** Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.10

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	11.8	%
B.	General Expense	0.0	%
C.	Taxes, Licenses & Fee	5.3	%
D.	Underwriting profit & contingencies*	6.8	%
E.	Other (explain)	0.0	%
F.	Total	23.9	%
	* Explain how investment income is taken into account		

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	76.1
B.	ELR in Decimal Form =	0.761

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.010
7.	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)	0.906
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.630
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.630

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.

11. Are you changing your premium discount schedules?

-

If yes, attach schedules and support, detailing premium or rate level changes.

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	AR-WC-26493
This filing corresponds to form filing number <small>(Company tracking number of form filing, if applicable)</small>	

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

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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? Yes

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)

- 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.) Co. Deviation (-10%)

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 0.90

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	11.8	%
B.	General Expense	0.0	%
C.	Taxes, Licenses & Fee	5.3	%
D.	Underwriting profit & contingencies*	6.8	%
E.	Other (explain)	0.0	%
F.	Total	23.9	%
	* Explain how investment income is taken into account		

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	76.1
B.	ELR in Decimal Form =	0.761

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.010
7.	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)	0.906
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.334
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.334

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.

11. Are you changing your premium discount schedules?

-

If yes, attach schedules and support, detailing premium or rate level changes.

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	AR-WC-26493
This filing corresponds to form filing number <small>(Company tracking number of form filing, if applicable)</small>	

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

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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? Yes

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)

- 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) 1.00

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	11.8	%
B.	General Expense	0.0	%
C.	Taxes, Licenses & Fee	5.3	%
D.	Underwriting profit & contingencies*	6.8	%
E.	Other (explain)	0.0	%
F.	Total	23.9	%
	* Explain how investment income is taken into account		

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	76.1
B.	ELR in Decimal Form =	0.761

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.010
7.	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)	0.906
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.482
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.482

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.

11. Are you changing your premium discount schedules?

- If yes, attach schedules and support, detailing premium or rate level changes.

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	AR-WC-26493
This filing corresponds to form filing number <small>(Company tracking number of form filing, if applicable)</small>	

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

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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? Yes

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)

- 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) 1.00

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	11.8	%
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D.	Underwriting profit & contingencies*	6.8	%
E.	Other (explain)	0.0	%
F.	Total	23.9	%
* Explain how investment income is taken into account			

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	76.1
B.	ELR in Decimal Form =	0.761

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.010
7.	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)	0.906
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.482
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.482

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.

11. Are you changing your premium discount schedules?

-

If yes, attach schedules and support, detailing premium or rate level changes.

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	AR-WC-26493
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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? Yes

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)

- 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.) Co. Deviation (-20%)

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 0.80

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.

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- 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	11.8	%
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C.	Taxes, Licenses & Fee	5.3	%
D.	Underwriting profit & contingencies*	6.8	%
E.	Other (explain)	0.0	%
F.	Total	23.9	%
* Explain how investment income is taken into account			

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	76.1
B.	ELR in Decimal Form =	0.761

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.010
7.	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)	0.906
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.186
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.186

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.

11. Are you changing your premium discount schedules?

-

If yes, attach schedules and support, detailing premium or rate level changes.

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

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- Loss Cost Reference Filing** NCCI # 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? Yes

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)

- 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.) Co. Deviation (-10%)

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 0.90

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	11.8	%
B.	General Expense	0.0	%
C.	Taxes, Licenses & Fee	5.3	%
D.	Underwriting profit & contingencies*	6.8	%
E.	Other (explain)	0.0	%
F.	Total	23.9	%
	* Explain how investment income is taken into account		

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	76.1
B.	ELR in Decimal Form =	0.761

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.010
7.	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)	0.906
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.334
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.334

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.

11. Are you changing your premium discount schedules?

-

If yes, attach schedules and support, detailing premium or rate level changes.

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	AR-WC-26493
This filing corresponds to form filing number <small>(Company tracking number of form filing, if applicable)</small>	

- Loss Cost Reference Filing** NCCI # 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? Yes

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)

- 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.) Co. Deviation (10%)
- B.** Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.10

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	11.8	%
B.	General Expense	0.0	%
C.	Taxes, Licenses & Fee	5.3	%
D.	Underwriting profit & contingencies*	6.8	%
E.	Other (explain)	0.0	%
F.	Total	23.9	%
	* Explain how investment income is taken into account		

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	76.1
B.	ELR in Decimal Form =	0.761

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.010
7.	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)	0.906
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.630
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.630

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.

11. Are you changing your premium discount schedules?

-

If yes, attach schedules and support, detailing premium or rate level changes.

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	AR-WC-26493
This filing corresponds to form filing number <small>(Company tracking number of form filing, if applicable)</small>	

- Loss Cost Reference Filing** NCCI # 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? Yes

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)

- 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) 1.00

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	11.8	%
B.	General Expense	0.0	%
C.	Taxes, Licenses & Fee	5.3	%
D.	Underwriting profit & contingencies*	6.8	%
E.	Other (explain)	0.0	%
F.	Total	23.9	%
	* Explain how investment income is taken into account		

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	76.1
B.	ELR in Decimal Form =	0.761

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.010
7.	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)	0.906
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.482
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.482

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.

11. Are you changing your premium discount schedules?

- If yes, attach schedules and support, detailing premium or rate level changes.

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	AR-WC-26493
This filing corresponds to form filing number <small>(Company tracking number of form filing, if applicable)</small>	

- Loss Cost Reference Filing** NCCI # 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? Yes

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)

- 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.) Co. Deviation (-10%)

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 0.90

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	11.8	%
B.	General Expense	0.0	%
C.	Taxes, Licenses & Fee	5.3	%
D.	Underwriting profit & contingencies*	6.8	%
E.	Other (explain)	0.0	%
F.	Total	23.9	%
	* Explain how investment income is taken into account		

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	76.1
B.	ELR in Decimal Form =	0.761

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.010
7.	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)	0.906
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.334
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.334

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.

11. Are you changing your premium discount schedules?

-

If yes, attach schedules and support, detailing premium or rate level changes.

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	AR-WC-26493
This filing corresponds to form filing number <small>(Company tracking number of form filing, if applicable)</small>	

- Loss Cost Reference Filing** NCCI # 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? Yes

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)

- 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.) Co. Deviation (5%)

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.05

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	11.8	%
B.	General Expense	0.0	%
C.	Taxes, Licenses & Fee	5.3	%
D.	Underwriting profit & contingencies*	6.8	%
E.	Other (explain)	0.0	%
F.	Total	23.9	%
	* Explain how investment income is taken into account		

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	76.1
B.	ELR in Decimal Form =	0.761

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.010
7.	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)	0.906
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.556
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.556

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. - impact is negligible.

11. Are you changing your premium discount schedules?

-

If yes, attach schedules and support, detailing premium or rate level changes. - see Exhibit 9 for details.

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking #	AR-WC-26493
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2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	National Council on Compensation Insurance - Circular Number AR-2007-10
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3. A. Company Name Maryland Casualty Co.	B. Company NAIC Number 0212-19356
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4. A. Product Coding Matrix Line of Business (i.e., Type of Insurance) Workers' Compensation	B. Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)
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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
Workers' Compensation	N/A	2.2%	66.8%	1.100	1.630	160	1.630
TOTAL OVERALL EFFECT	N/A	2.2%	66.8%	1.100	1.630	160	1.630

6. 5 Year History (all companies combined) Rate Change History							
Year	Policy Count	% of Change	Eff. Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	1,965	3.3%	08/01/2002	8,933	11,058	123.8%	74.9%
2003	1,861	-0.1%	08/01/2003	9,053	1,730	19.1%	64.9%
2004	1,548	0.7%	07/01/2004	7,948	11,217	141.1%	64.5%
2005	1,445	-10.5%	07/01/2005	6,670	4,857	72.8%	69.5%
2006	1,492	-1.1%	07/01/2006	8,117	3,183	39.2%	57.5%

7. Expense Constants		Selected Provisions
A.	Total Production Expense	11.8%
B.	General Expense	0.0%
C.	Taxes, License & Fees	5.3%
D.	Underwriting Profit & Contingencies	6.8%
E.	Other (Ave. Premium Discount)	9.4%
F.	TOTAL	33.2%

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

9. 5.9% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. 0% Estimated Maximum Rate Decrease for any Arkansas Insured (%). Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking #	AR-WC-26493
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2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	National Council on Compensation Insurance - Circular Number AR-2007-10
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3. A. Company Name Northern Ins. Co. of NY	B. Company NAIC Number 0212-19372
---	--------------------------------------

4. A. Product Coding Matrix Line of Business (i.e., Type of Insurance) Workers' Compensation	B. Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)
---	---

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
Workers' Compensation	N/A	1.9%	66.8%	0.900	1.334	160	1.334
TOTAL OVERALL EFFECT	N/A	1.9%	66.8%	0.900	1.334	160	1.334

6. 5 Year History (all companies combined) Rate Change History							
Year	Policy Count	% of Change	Eff. Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	1,965	3.3%	08/01/2002	8,933	11,058	123.8%	74.9%
2003	1,861	-0.1%	08/01/2003	9,053	1,730	19.1%	64.9%
2004	1,548	0.7%	07/01/2004	7,948	11,217	141.1%	64.5%
2005	1,445	-10.5%	07/01/2005	6,670	4,857	72.8%	69.5%
2006	1,492	-1.1%	07/01/2006	8,117	3,183	39.2%	57.5%

7. Expense Constants		Selected Provisions
A.	Total Production Expense	11.8%
B.	General Expense	0.0%
C.	Taxes, License & Fees	5.3%
D.	Underwriting Profit & Contingencies	6.8%
E.	Other (Ave. Premium Discount)	9.4%
F.	TOTAL	33.2%

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

9. 5.9% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. 0% Estimated Maximum Rate Decrease for any Arkansas Insured (%). Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking #	AR-WC-26493
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2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	National Council on Compensation Insurance - Circular Number AR-2007-10
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3. A. Company Name Assurance Co. of America	B. Company NAIC Number 0212-19305
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4. A. Product Coding Matrix Line of Business (i.e., Type of Insurance) Workers' Compensation	B. Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)
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5. (A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				(H) Co. Current Loss Cost Multiplier
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	
Workers' Compensation	N/A	2.7%	66.8%	1.000	1.482	160	1.482
TOTAL OVERALL EFFECT	N/A	2.7%	66.8%	1.000	1.482	160	1.482

5 Year History (all companies combined)				Rate Change History			
Year	Policy Count	% of Change	Eff. Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	1,965	3.3%	08/01/2002	8,933	11,058	123.8%	74.9%
2003	1,861	-0.1%	08/01/2003	9,053	1,730	19.1%	64.9%
2004	1,548	0.7%	07/01/2004	7,948	11,217	141.1%	64.5%
2005	1,445	-10.5%	07/01/2005	6,670	4,857	72.8%	69.5%
2006	1,492	-1.1%	07/01/2006	8,117	3,183	39.2%	57.5%

7. Expense Constants	Selected Provisions
A. Total Production Expense	11.8%
B. General Expense	0.0%
C. Taxes, License & Fees	5.3%
D. Underwriting Profit & Contingencies	6.8%
E. Other (Ave. Premium Discount)	9.4%
F. TOTAL	33.2%

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

9. 5.9% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. 0% Estimated Maximum Rate Decrease for any Arkansas Insured (%). Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking #	AR-WC-26493
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2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	National Council on Compensation Insurance - Circular Number AR-2007-10
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3. A. Company Name Zurich American Ins. Co.	B. Company NAIC Number 0212-16535
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4. A. Product Coding Matrix Line of Business (i.e., Type of Insurance) Workers' Compensation	B. Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)
---	---

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
Workers' Compensation	N/A	3.4%	66.8%	1.000	1.482	160	1.482
TOTAL OVERALL EFFECT	N/A	3.4%	66.8%	1.000	1.482	160	1.482

6. 5 Year History (all companies combined) Rate Change History							
Year	Policy Count	% of Change	Eff. Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	1,965	3.3%	08/01/2002	8,933	11,058	123.8%	74.9%
2003	1,861	-0.1%	08/01/2003	9,053	1,730	19.1%	64.9%
2004	1,548	0.7%	07/01/2004	7,948	11,217	141.1%	64.5%
2005	1,445	-10.5%	07/01/2005	6,670	4,857	72.8%	69.5%
2006	1,492	-1.1%	07/01/2006	8,117	3,183	39.2%	57.5%

7. Expense Constants		Selected Provisions
A.	Total Production Expense	11.8%
B.	General Expense	0.0%
C.	Taxes, License & Fees	5.3%
D.	Underwriting Profit & Contingencies	6.8%
E.	Other (Ave. Premium Discount)	9.4%
F.	TOTAL	33.2%

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

9. 5.9% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. 0% Estimated Maximum Rate Decrease for any Arkansas Insured (%). Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking #	AR-WC-26493
--	-------------

2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	National Council on Compensation Insurance - Circular Number AR-2007-10
---	---

3. A. Company Name American Zurich Ins Co.	B. Company NAIC Number 0212-40142
---	--------------------------------------

4. A. Product Coding Matrix Line of Business (i.e., Type of Insurance) Workers' Compensation	B. Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)
---	---

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
Workers' Compensation	N/A	2.5%	66.8%	0.800	1.186	160	1.186
TOTAL OVERALL EFFECT	N/A	2.5%	66.8%	0.800	1.186	160	1.186

6. 5 Year History (all companies combined)				Rate Change History			
Year	Policy Count	% of Change	Eff. Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	1,965	3.3%	08/01/2002	8,933	11,058	123.8%	74.9%
2003	1,861	-0.1%	08/01/2003	9,053	1,730	19.1%	64.9%
2004	1,548	0.7%	07/01/2004	7,948	11,217	141.1%	64.5%
2005	1,445	-10.5%	07/01/2005	6,670	4,857	72.8%	69.5%
2006	1,492	-1.1%	07/01/2006	8,117	3,183	39.2%	57.5%

7. Expense Constants		Selected Provisions
A.	Total Production Expense	11.8%
B.	General Expense	0.0%
C.	Taxes, License & Fees	5.3%
D.	Underwriting Profit & Contingencies	6.8%
E.	Other (Ave. Premium Discount)	9.4%
F.	TOTAL	33.2%

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

9. 5.9% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. 0% Estimated Maximum Rate Decrease for any Arkansas Insured (%). Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking #	AR-WC-26493
--	-------------

2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	National Council on Compensation Insurance - Circular Number AR-2007-10
---	---

3. A. Company Name American Guar. & Liab. Ins. Co.	B. Company NAIC Number 0212-26247
---	--------------------------------------

4. A. Product Coding Matrix Line of Business (i.e., Type of Insurance) Workers' Compensation	B. Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)
---	---

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
Workers' Compensation	N/A	2.9%	66.8%	0.900	1.334	160	1.334
TOTAL OVERALL EFFECT	N/A	2.9%	66.8%	0.900	1.334	160	1.334

6. 5 Year History (all companies combined) Rate Change History							
Year	Policy Count	% of Change	Eff. Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	1,965	3.3%	08/01/2002	8,933	11,058	123.8%	74.9%
2003	1,861	-0.1%	08/01/2003	9,053	1,730	19.1%	64.9%
2004	1,548	0.7%	07/01/2004	7,948	11,217	141.1%	64.5%
2005	1,445	-10.5%	07/01/2005	6,670	4,857	72.8%	69.5%
2006	1,492	-1.1%	07/01/2006	8,117	3,183	39.2%	57.5%

7. Expense Constants		Selected Provisions
A.	Total Production Expense	11.8%
B.	General Expense	0.0%
C.	Taxes, License & Fees	5.3%
D.	Underwriting Profit & Contingencies	6.8%
E.	Other (Ave. Premium Discount)	9.4%
F.	TOTAL	33.2%

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

9. 5.9% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. 0% Estimated Maximum Rate Decrease for any Arkansas Insured (%). Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking #	AR-WC-26493
--	-------------

2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	National Council on Compensation Insurance - Circular Number AR-2007-10
---	---

Company Name	Company NAIC Number
3. A. Zurich American Ins. Co. of IL.	B. 0212-27855

Product Coding Matrix Line of Business (i.e., Type of Insurance)	Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)
4. A. Workers' Compensation	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
Workers' Compensation	N/A	2.9%	66.8%	1.100	1.630	160	1.630
TOTAL OVERALL EFFECT	N/A	2.9%	66.8%	1.100	1.630	160	1.630

5 Year History (all companies combined)				Rate Change History			
Year	Policy Count	% of Change	Eff. Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	1,965	3.3%	08/01/2002	8,933	11,058	123.8%	74.9%
2003	1,861	-0.1%	08/01/2003	9,053	1,730	19.1%	64.9%
2004	1,548	0.7%	07/01/2004	7,948	11,217	141.1%	64.5%
2005	1,445	-10.5%	07/01/2005	6,670	4,857	72.8%	69.5%
2006	1,492	-1.1%	07/01/2006	8,117	3,183	39.2%	57.5%

7. Expense Constants	Selected Provisions
A. Total Production Expense	11.8%
B. General Expense	0.0%
C. Taxes, License & Fees	5.3%
D. Underwriting Profit & Contingencies	6.8%
E. Other (Ave. Premium Discount)	9.4%
F. TOTAL	33.2%

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

9. 5.9% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. 0% Estimated Maximum Rate Decrease for any Arkansas Insured (%). Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking #	AR-WC-26493
--	-------------

2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	National Council on Compensation Insurance - Circular Number AR-2007-10
---	---

3. A. Company Name Fidelity and Deposit Co. of Maryland	B. Company NAIC Number 0212-39306
--	--------------------------------------

4. A. Product Coding Matrix Line of Business (i.e., Type of Insurance) Workers' Compensation	B. Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)
---	---

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
Workers' Compensation	N/A	5.8%	66.8%	1.000	1.482	160	1.482
TOTAL OVERALL EFFECT	N/A	5.8%	66.8%	1.000	1.482	160	1.482

6. 5 Year History (all companies combined)				Rate Change History			
Year	Policy Count	% of Change	Eff. Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	1,965	3.3%	08/01/2002	8,933	11,058	123.8%	74.9%
2003	1,861	-0.1%	08/01/2003	9,053	1,730	19.1%	64.9%
2004	1,548	0.7%	07/01/2004	7,948	11,217	141.1%	64.5%
2005	1,445	-10.5%	07/01/2005	6,670	4,857	72.8%	69.5%
2006	1,492	-1.1%	07/01/2006	8,117	3,183	39.2%	57.5%

7. Expense Constants		Selected Provisions
A.	Total Production Expense	11.8%
B.	General Expense	0.0%
C.	Taxes, License & Fees	5.3%
D.	Underwriting Profit & Contingencies	6.8%
E.	Other (Ave. Premium Discount)	9.4%
F.	TOTAL	33.2%

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

9. 5.9% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. 0% Estimated Maximum Rate Decrease for any Arkansas Insured (%). Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking #	AR-WC-26493
--	-------------

2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	National Council on Compensation Insurance - Circular Number AR-2007-10
---	---

Company Name	Company NAIC Number
3. A. Colonial American Cas. & Surety	B. 0212-34347

Product Coding Matrix Line of Business (i.e., Type of Insurance)	Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)
4. A. Workers' Compensation	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
Workers' Compensation	N/A	2.9%	66.8%	0.900	1.334	160	1.334
TOTAL OVERALL EFFECT	N/A	2.9%	66.8%	0.900	1.334	160	1.334

5 Year History (all companies combined)				Rate Change History			
Year	Policy Count	% of Change	Eff. Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	1,965	3.3%	08/01/2002	8,933	11,058	123.8%	74.9%
2003	1,861	-0.1%	08/01/2003	9,053	1,730	19.1%	64.9%
2004	1,548	0.7%	07/01/2004	7,948	11,217	141.1%	64.5%
2005	1,445	-10.5%	07/01/2005	6,670	4,857	72.8%	69.5%
2006	1,492	-1.1%	07/01/2006	8,117	3,183	39.2%	57.5%

7. Expense Constants		Selected Provisions
A.	Total Production Expense	11.8%
B.	General Expense	0.0%
C.	Taxes, License & Fees	5.3%
D.	Underwriting Profit & Contingencies	6.8%
E.	Other (Ave. Premium Discount)	9.4%
F.	TOTAL	33.2%

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

9. 5.9% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. 0% Estimated Maximum Rate Decrease for any Arkansas Insured (%). Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking #	AR-WC-26493
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2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	National Council on Compensation Insurance - Circular Number AR-2007-10
---	---

3. A. Company Name Universal Underwriters Ins. Co.	B. Company NAIC Number 0212-41181
---	--------------------------------------

4. A. Product Coding Matrix Line of Business (i.e., Type of Insurance) Workers' Compensation	B. Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)
---	---

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
Workers' Compensation	N/A	1.9%	66.8%	1.050	1.556	160	1.556
TOTAL OVERALL EFFECT	N/A	1.9%	66.8%	1.050	1.556	160	1.556

5 Year History (all companies combined)				Rate Change History			
Year	Policy Count	% of Change	Eff. Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	1,965	3.3%	08/01/2002	8,933	11,058	123.8%	74.9%
2003	1,861	-0.1%	08/01/2003	9,053	1,730	19.1%	64.9%
2004	1,548	0.7%	07/01/2004	7,948	11,217	141.1%	64.5%
2005	1,445	-10.5%	07/01/2005	6,670	4,857	72.8%	69.5%
2006	1,492	-1.1%	07/01/2006	8,117	3,183	39.2%	57.5%

7. Expense Constants	Selected Provisions
A. Total Production Expense	11.8%
B. General Expense	0.0%
C. Taxes, License & Fees	5.3%
D. Underwriting Profit & Contingencies	6.8%
E. Other (Ave. Premium Discount)	9.4%
F. TOTAL	33.2%

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

9. 5.9% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. 2% Estimated Maximum Rate Decrease for any Arkansas Insured (%). Territory (if applicable): _____

Date: 10/23/2007

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

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

1. INSURER NAME Maryland Casualty Co.
ADDRESS 1400 American Lane
Schaumburg, Illinois 60196

2. PERSON RESPONSIBLE FOR FILING Susan Papineau
TITLE Business Analyst TELEPHONE NO. 847-605-4305
3. INSURER NAIC NO. 0212-19356 GROUP NO. 0212
ADVISORY ORGANIZATION National Council on Compensation Insurance
4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2007-10
- | | | | | |
|--------------------------------------|-------------|----------|----------------|-------------------|
| 5. A. PROPOSED RATE LEVEL CHANGE | <u>2.2</u> | <u>%</u> | EFFECTIVE DATE | <u>01/01/2008</u> |
| 5. B. PROPOSED PREMIUM LEVEL CHANGE* | <u>2.2</u> | <u>%</u> | EFFECTIVE DATE | <u>01/01/2008</u> |
| 6. A. PRIOR RATE LEVEL CHANGE | <u>-5.9</u> | <u>%</u> | EFFECTIVE DATE | <u>07/01/2007</u> |
| 6. B. PRIOR PREMIUM LEVEL CHANGE* | <u>-5.9</u> | <u>%</u> | EFFECTIVE DATE | <u>07/01/2007</u> |
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.

Date: 10/23/2007

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

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

1. INSURER NAME Northern Ins. Co. of NY
ADDRESS 1400 American Lane
Schaumburg, Illinois 60196

2. PERSON RESPONSIBLE FOR FILING Susan Papineau
TITLE Business Analyst TELEPHONE NO. 847-605-4305
3. INSURER NAIC NO. 0212-19372 GROUP NO. 0212
ADVISORY ORGANIZATION National Council on Compensation Insurance
4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2007-10
- | | | | | |
|--------------------------------------|-------------|----------|----------------|-------------------|
| 5. A. PROPOSED RATE LEVEL CHANGE | <u>1.9</u> | <u>%</u> | EFFECTIVE DATE | <u>01/01/2008</u> |
| 5. B. PROPOSED PREMIUM LEVEL CHANGE* | <u>1.9</u> | <u>%</u> | EFFECTIVE DATE | <u>01/01/2008</u> |
| 6. A. PRIOR RATE LEVEL CHANGE | <u>-4.6</u> | <u>%</u> | EFFECTIVE DATE | <u>07/01/2007</u> |
| 6. B. PRIOR PREMIUM LEVEL CHANGE* | <u>-4.6</u> | <u>%</u> | EFFECTIVE DATE | <u>07/01/2007</u> |
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.

Date: 10/23/2007

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

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

1. INSURER NAME Assurance Co. of America
ADDRESS 1400 American Lane
Schaumburg, Illinois 60196

2. PERSON RESPONSIBLE FOR FILING Susan Papineau
TITLE Business Analyst TELEPHONE NO. 847-605-4305
3. INSURER NAIC NO. 0212-19305 GROUP NO. 0212
ADVISORY ORGANIZATION National Council on Compensation Insurance
4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2007-10
- | | | | | |
|--------------------------------------|------------|----------|----------------|-------------------|
| 5. A. PROPOSED RATE LEVEL CHANGE | <u>2.7</u> | <u>%</u> | EFFECTIVE DATE | <u>01/01/2008</u> |
| 5. B. PROPOSED PREMIUM LEVEL CHANGE* | <u>2.7</u> | <u>%</u> | EFFECTIVE DATE | <u>01/01/2008</u> |
| 6. A. PRIOR RATE LEVEL CHANGE | <u>6.4</u> | <u>%</u> | EFFECTIVE DATE | <u>07/01/2007</u> |
| 6. B. PRIOR PREMIUM LEVEL CHANGE* | <u>6.4</u> | <u>%</u> | EFFECTIVE DATE | <u>07/01/2007</u> |
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.

Date: 10/23/2007

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

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

1. INSURER NAME Zurich American Ins. Co.
ADDRESS 1400 American Lane
Schaumburg, Illinois 60196

2. PERSON RESPONSIBLE FOR FILING Susan Papineau
TITLE Business Analyst TELEPHONE NO. 847-605-4305
3. INSURER NAIC NO. 0212-16535 GROUP NO. 0212
ADVISORY ORGANIZATION National Council on Compensation Insurance
4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2007-10
- | | | | | |
|--------------------------------------|-------------|----------|----------------|-------------------|
| 5. A. PROPOSED RATE LEVEL CHANGE | <u>3.4</u> | <u>%</u> | EFFECTIVE DATE | <u>01/01/2008</u> |
| 5. B. PROPOSED PREMIUM LEVEL CHANGE* | <u>3.4</u> | <u>%</u> | EFFECTIVE DATE | <u>01/01/2008</u> |
| 6. A. PRIOR RATE LEVEL CHANGE | <u>-7.6</u> | <u>%</u> | EFFECTIVE DATE | <u>07/01/2007</u> |
| 6. B. PRIOR PREMIUM LEVEL CHANGE* | <u>-7.6</u> | <u>%</u> | EFFECTIVE DATE | <u>07/01/2007</u> |
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.

Date: 10/23/2007

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

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

1. INSURER NAME American Zurich Ins Co.
ADDRESS 1400 American Lane
Schaumburg, Illinois 60196

2. PERSON RESPONSIBLE FOR FILING Susan Papineau
TITLE Business Analyst TELEPHONE NO. 847-605-4305
3. INSURER NAIC NO. 0212-40142 GROUP NO. 0212
ADVISORY ORGANIZATION National Council on Compensation Insurance
4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2007-10
- | | | | | |
|--------------------------------------|-------------|----------|----------------|-------------------|
| 5. A. PROPOSED RATE LEVEL CHANGE | <u>2.5</u> | <u>%</u> | EFFECTIVE DATE | <u>01/01/2008</u> |
| 5. B. PROPOSED PREMIUM LEVEL CHANGE* | <u>2.5</u> | <u>%</u> | EFFECTIVE DATE | <u>01/01/2008</u> |
| 6. A. PRIOR RATE LEVEL CHANGE | <u>-9.0</u> | <u>%</u> | EFFECTIVE DATE | <u>07/01/2007</u> |
| 6. B. PRIOR PREMIUM LEVEL CHANGE* | <u>-9.0</u> | <u>%</u> | EFFECTIVE DATE | <u>07/01/2007</u> |
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.

Date: 10/23/2007

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

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

1. INSURER NAME American Guar. & Liab. Ins. Co.
ADDRESS 1400 American Lane
Schaumburg, Illinois 60196
2. PERSON RESPONSIBLE FOR FILING Susan Papineau
TITLE Business Analyst TELEPHONE NO. 847-605-4305
3. INSURER NAIC NO. 0212-26247 GROUP NO. 0212
ADVISORY ORGANIZATION National Council on Compensation Insurance
4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2007-10
- | | | | | |
|--------------------------------------|--------------|----------|----------------|-------------------|
| 5. A. PROPOSED RATE LEVEL CHANGE | <u>2.9</u> | <u>%</u> | EFFECTIVE DATE | <u>01/01/2008</u> |
| 5. B. PROPOSED PREMIUM LEVEL CHANGE* | <u>2.9</u> | <u>%</u> | EFFECTIVE DATE | <u>01/01/2008</u> |
| 6. A. PRIOR RATE LEVEL CHANGE | <u>-10.4</u> | <u>%</u> | EFFECTIVE DATE | <u>07/01/2007</u> |
| 6. B. PRIOR PREMIUM LEVEL CHANGE* | <u>-10.4</u> | <u>%</u> | EFFECTIVE DATE | <u>07/01/2007</u> |
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.

Date: 10/23/2007

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

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

1. INSURER NAME Zurich American Ins. Co. of IL.
ADDRESS 1400 American Lane
Schaumburg, Illinois 60196

2. PERSON RESPONSIBLE FOR FILING Susan Papineau
TITLE Business Analyst TELEPHONE NO. 847-605-4305
3. INSURER NAIC NO. 0212-27855 GROUP NO. 0212
ADVISORY ORGANIZATION National Council on Compensation Insurance
4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2007-10
- | | | | | |
|--------------------------------------|-------------|----------|----------------|-------------------|
| 5. A. PROPOSED RATE LEVEL CHANGE | <u>2.9</u> | <u>%</u> | EFFECTIVE DATE | <u>01/01/2008</u> |
| 5. B. PROPOSED PREMIUM LEVEL CHANGE* | <u>2.9</u> | <u>%</u> | EFFECTIVE DATE | <u>01/01/2008</u> |
| 6. A. PRIOR RATE LEVEL CHANGE | <u>-7.1</u> | <u>%</u> | EFFECTIVE DATE | <u>07/01/2007</u> |
| 6. B. PRIOR PREMIUM LEVEL CHANGE* | <u>-7.1</u> | <u>%</u> | EFFECTIVE DATE | <u>07/01/2007</u> |
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.

Date: 10/23/2007

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

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

1. INSURER NAME Fidelity and Deposit Co. of Maryland
ADDRESS 1400 American Lane
Schaumburg, Illinois 60196
2. PERSON RESPONSIBLE FOR FILING Susan Papineau
TITLE Business Analyst TELEPHONE NO. 847-605-4305
3. INSURER NAIC NO. 0212-39306 GROUP NO. 0212
ADVISORY ORGANIZATION National Council on Compensation Insurance
4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2007-10
- | | | | | |
|--------------------------------------|------------|----------|----------------|-------------------|
| 5. A. PROPOSED RATE LEVEL CHANGE | <u>5.8</u> | <u>%</u> | EFFECTIVE DATE | <u>01/01/2008</u> |
| 5. B. PROPOSED PREMIUM LEVEL CHANGE* | <u>5.8</u> | <u>%</u> | EFFECTIVE DATE | <u>01/01/2008</u> |
| 6. A. PRIOR RATE LEVEL CHANGE | <u>2.6</u> | <u>%</u> | EFFECTIVE DATE | <u>07/01/2007</u> |
| 6. B. PRIOR PREMIUM LEVEL CHANGE* | <u>2.6</u> | <u>%</u> | EFFECTIVE DATE | <u>07/01/2007</u> |
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.

Date: 10/23/2007

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

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

1. INSURER NAME Colonial American Cas. & Surety
ADDRESS 1400 American Lane
Schaumburg, Illinois 60196

2. PERSON RESPONSIBLE FOR FILING Susan Papineau
TITLE Business Analyst TELEPHONE NO. 847-605-4305
3. INSURER NAIC NO. 0212-34347 GROUP NO. 0212
ADVISORY ORGANIZATION National Council on Compensation Insurance
4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2007-10
- | | | | | |
|--------------------------------------|------------|----------|----------------|-------------------|
| 5. A. PROPOSED RATE LEVEL CHANGE | <u>2.9</u> | <u>%</u> | EFFECTIVE DATE | <u>01/01/2008</u> |
| 5. B. PROPOSED PREMIUM LEVEL CHANGE* | <u>2.9</u> | <u>%</u> | EFFECTIVE DATE | <u>01/01/2008</u> |
| 6. A. PRIOR RATE LEVEL CHANGE | <u>3.6</u> | <u>%</u> | EFFECTIVE DATE | <u>07/01/2007</u> |
| 6. B. PRIOR PREMIUM LEVEL CHANGE* | <u>3.6</u> | <u>%</u> | EFFECTIVE DATE | <u>07/01/2007</u> |
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.

Date: 10/23/2007

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

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

1. INSURER NAME Universal Underwriters Ins. Co.
ADDRESS 1400 American Lane
Schaumburg, Illinois 60196
2. PERSON RESPONSIBLE FOR FILING Susan Papineau
TITLE Business Analyst TELEPHONE NO. 847-605-4305
3. INSURER NAIC NO. 0212-41181 GROUP NO. 0212
ADVISORY ORGANIZATION National Council on Compensation Insurance
4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2007-10
- | | | | | |
|--------------------------------------|-------------|----------|----------------|-------------------|
| 5. A. PROPOSED RATE LEVEL CHANGE | <u>1.9</u> | <u>%</u> | EFFECTIVE DATE | <u>01/01/2008</u> |
| 5. B. PROPOSED PREMIUM LEVEL CHANGE* | <u>1.9</u> | <u>%</u> | EFFECTIVE DATE | <u>01/01/2008</u> |
| 6. A. PRIOR RATE LEVEL CHANGE | <u>-6.0</u> | <u>%</u> | EFFECTIVE DATE | <u>07/01/2007</u> |
| 6. B. PRIOR PREMIUM LEVEL CHANGE* | <u>-6.0</u> | <u>%</u> | EFFECTIVE DATE | <u>07/01/2007</u> |
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.

**Zurich North America
Workers' Compensation
Arkansas**

Explanatory Memorandum

Zurich North America is proposing to adopt the January 1, 2008 NCCI advisory loss costs and rating values for use with Arkansas workers' compensation business. A base loss cost multiplier of 1.482 is proposed (same as existing one). Company deviations are stated in Exhibit 6. Current rates are based on loss costs adopted on July 1, 2007. The overall premium level impact of this filing is 2.9% as shown below:

<u>Proposed Changes</u>	Premium Level <u>Change</u>
January 1, 2008 Loss Cost Change	2.9%
Loss Cost Multiplier Change	0.0%
Total Proposed Change	2.9%

Exhibit 1- Summary of Loss Cost Multiplier Underlying Expense Provisions

This exhibit shows the expense provisions used in the calculation of the loss cost multiplier. All expense ratios to premium are on a standard premium basis.

Exhibit 2- Historical Expense Data

Company historical expense data is provided on this exhibit. Also shown is the adjustment of expenses from a net premium basis to a standard premium basis.

Exhibit 3 - Impact of Size of Risk Discounts

The exhibit shows the average premium discount.

Exhibit 4 - Calculation of Profit & Contingency Provision

The derivation of the profit and contingency provision in this filing is displayed in this exhibit and includes explanatory information regarding this calculation.

Exhibit 5 - Calculation of State and Federal Tax Multipliers

The calculation of the state and federal tax multipliers is shown in this exhibit.

Exhibit 6 - Summary of Proposed Change By Company

This exhibit summarizes the proposed loss cost change, loss cost multiplier change, and total change by company.

Exhibit 7 - Determination of Premium Reduction Percentage for Deductible Insurance

This exhibit shows how the factor applied to advisory loss elimination ratios to generate the deductible discount is derived.

Exhibit 8 - Impact of Expense Constant and Minimum Premium

The premium effect that expense constants and minimum premiums cause is calculated in this exhibit.

**Zurich North America
Workers' Compensation
Arkansas**

Explanatory Memorandum, continued

Following are comments regarding the rate page generation process for this program.

1. The minimum premiums are calculated as shown below, where the minimum premium multiplier is 135, the expense constant is \$160, the maximum minimum premium is \$750, and the minimum minimum premium is \$500.

rate * minimum premium multiplier + expense constant, limited to the maximum minimum premium and the minimum minimum premium.

Exceptions:

- a. Maritime classes - the minimum premiums are \$100 or \$200, unchanged from the prior Zurich filing.
- b. Per capita classes - the minimum premium is calculated as the rate plus the expense constant, limited to the maximum minimum premium and the minimum minimum premium.
- c. Minimum premiums are not calculated for the non-ratable element codes and supplementary disease rate class codes (0065, 0066, 0067, and 0059).
- d. Minimum premiums for the classes which have non-ratable element codes associated with them are determined as shown below.

(rate for class which has non-ratable element + rate for the corresponding non-ratable element) * minimum premium multiplier + expense constant, limited to the maximum minimum premium and the minimum minimum premium

2. The values in the Table of Specific Disease Loadings have been adjusted by the loss cost multiplier.
3. It is mandatory that the most recently approved NCCI hazard group differentials, table of expected loss ranges, state special hazard classification by hazard group, and experience rating plan values apply to Zurich North America.
4. The excess loss factors and retrospective development factors are calculated by adjusting the advisory excess loss pure premium factors and retrospective pure premium development factors by 0.668 where 0.668 is the proposed expected loss and LAE ratio.
5. The advisory loss elimination ratios are converted to premium reduction percentages using the formula noted on Exhibit 7.