

SERFF Tracking Number: ERCA-125352179 State: Arkansas
 First Filing Company: Westport Insurance Corporation, ... State Tracking Number: EFT \$50
 Company Tracking Number: 9-WC-AR-07-02913-1-R
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation NCCI Adoption - 07-02913
 Project Name/Number: Workers Compensation NCCI Adoption - 07-02913 /9-WC-AR-07-02913-1-R

Filing at a Glance

Companies: Westport Insurance Corporation, North American Elite Insurance Company, North American Specialty Insurance Company

Product Name: Workers Compensation NCCI Adoption - 07-02913 SERFF Tr Num: ERCA-125352179 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 16.0004 Standard WC

Co Tr Num: 9-WC-AR-07-02913-1-R State Status: Fees received

Filing Type: Rate

Co Status:

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

Author: Linda Snook

Disposition Date: 11/09/2007

Date Submitted: 11/08/2007

Disposition Status: Approved

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

Effective Date (New): 01/01/2008

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

Effective Date (Renewal):

General Information

Project Name: Workers Compensation NCCI Adoption - 07-02913

Status of Filing in Domicile: Not Filed

Project Number: 9-WC-AR-07-02913-1-R

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: AR-2007-10

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/09/2007

State Status Changed: 11/08/2007

Deemer Date:

Corresponding Filing Tracking Number: na

Filing Description:

Westport Insurance Corporation, North American Specialty Insurance Company and North American Elite Insurance Company are adopting the loss costs from NCCI Workers' Compensation Item filing AR-2007-10. With this adoption, the companies will maintain their current approved multipliers. The overall impact of the circular adoption is +2.5% on our book of business.

Company and Contact

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Filing Contact Information

Linda Snook, Product & Regulatory Services linda_snook@swissre.com
 Specialist
 5200 Metcalf (800) 255-6931 [Phone]
 Overland Park, KS 66201-1379 (913) 676-6226[FAX]

Filing Company Information

Westport Insurance Corporation CoCode: 34207 State of Domicile: Missouri
 5200 Metcalf Group Code: 181 Company Type:
 P.O. Box 2979
 Overland Park, KS 66201-1379 Group Name: State ID Number:
 (800) 241-3470 ext. [Phone] FEIN Number: 13-1941868

North American Elite Insurance Company CoCode: 29700 State of Domicile: New Hampshire
 5200 Metcalf, P.O. Box 2979 Group Code: 181 Company Type:
 Overland Park, KS 66201-1379 Group Name: State ID Number:
 (800) 255-6931 ext. [Phone] FEIN Number: 13-3440360

North American Specialty Insurance Company CoCode: 29874 State of Domicile: New Hampshire
 5200 Metcalf, P.O. Box 2979 Group Code: 181 Company Type:
 Overland Park, KS 66201-1379 Group Name: State ID Number:
 (800) 255-6931 ext. [Phone] FEIN Number: 02-0311919

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Filing to adopt an advisory organization's loss costs with no changes to loss cost multiplier already on file.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
North American Elite Insurance Company	\$0.00	11/08/2007	

<i>SERFF Tracking Number:</i>	<i>ERCA-125352179</i>	<i>State:</i>	<i>Arkansas</i>
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North American Specialty Insurance Company	\$0.00	11/08/2007	
Westport Insurance Corporation	\$50.00	11/08/2007	16543492

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	11/09/2007	11/09/2007

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Disposition

Disposition Date: 11/09/2007
 Effective Date (New): 01/01/2008
 Effective Date (Renewal):
 Status: Approved
 Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Westport Insurance Corporation	2.500%	\$129,247	54	\$5,169,883	0.000%	0.000%	%
North American Elite Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	%
North American Specialty Insurance Company	2.500%	\$15,505	161	\$620,200	0.000%	0.000%	%

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing 0.000%
 Overall Percentage Rate Impact For This Filing 2.500%
 Effect of Rate Filing-Written Premium Change For This Program \$144,752

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Effect of Rate Filing - Number of Policyholders Affected

215

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Actuarial Memorandum & Company Exhibits	Approved	Yes
Rate	Workers Compensation and Employers Liability Rates - WIC	Approved	Yes
Rate	Workers Compensation and Employers Liability Rates - NAS	Approved	Yes
Rate	Workers Compensation and Employers Liability Rates - NAE	Approved	Yes

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Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: -3.500%
Effective Date of Last Rate Revision: 09/01/2007
Filing Method of Last Filing: Prior Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Westport Insurance Corporation	%	2.500%	\$129,247	54	\$5,169,883	0.000%	0.000%
North American Elite Insurance Company	%	0.000%	\$0	0	\$0	0.000%	0.000%
North American Specialty Insurance Company	%	2.500%	\$15,505	161	\$620,200	0.000%	0.000%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated: 0.000%

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Overall Percentage Rate Impact For This Filing:	2.500%
Effect of Rate Filing - Written Premium Change For This Program:	\$144,752
Effect of Rate Filing - Number of Policyholders Affected:	215

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Workers Compensation and Employers Liability Rates - WIC	WIC-WC-AR-Rates 01-01-2008	Replacement	WIC-WC-AR-Rates 01-01-2008.pdf
Approved	Workers Compensation and Employers Liability Rates - NAS	NAS-WC-AR-Rates 01-01-2008	Replacement	NAS-WC-AR-Rates 01-01-2008.pdf
Approved	Workers Compensation and Employers Liability Rates - NAE	NAE-WC-AR-Rates 01-01-2008	Replacement	NAE-WC-AR-Rates 01-01-2008.pdf

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY
WESTPORT INSURANCE CORPORATION

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Effective January 01, 2008
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CLASS	RATE		CLASS	RATE		CLASS	RATE		CLASS	RATE		CLASS	RATE	
CODE	INCL	MIN	CODE	INCL	MIN	CODE	INCL	MIN	CODE	INCL	MIN	CODE	INCL	MIN
	DIS	PREM		DIS	PREM		DIS	PREM		DIS	PREM		DIS	PREM
0005	4.64	750	1860	1.47	513	2587	2.09	603	3118	1.39	502	3648	2.04	596
0008	2.84	712	1924	3.11	750	2589	1.55	525	3119	1.05	452	3681	1.36	497
0016	5.97	750	1925	2.57	673	2600	4.69	750	3122	1.12	462	3685	1.78	558
0034	4.07	750	2001	2.33	638	2623	2.43	652	3126	1.90	576	3719	3.29	750
0035	2.37	644	2002	3.22	750	2651	2.16	613	3131	0.87	426	3724	6.49	750
0036	3.93	750	2003	2.71	693	2660	1.52	520	3132	1.99	589	3726	3.47	750
0037	4.26	750	2014	5.10	750	2670	2.27	629	3145	1.85	568	3803	1.80	561
0042	6.90	750	2016	2.34	639	2683	1.96	584	3146	2.49	661	3807	1.55	525
0050	5.25	750	2021	3.24	750	2688	2.80	706	3169	2.56	671	3808	2.65	684
0059 D	0.29	--	2039	4.45	750	2701	7.63	750	3175 D	2.82	709	3821	4.08	750
0065 D	0.05	--	2041	3.82	750	2702 X	26.19	750	3179	2.30	634	3822	2.67	687
0066 D	0.05	--	2065	1.18	471	2710	8.06	750	3180	2.05	597	3824	4.68	750
0067 D	0.05	--	2070	4.87	750	2714	4.86	750	3188	1.37	499	3826	1.01	446
0079	3.06	744	2081	4.20	750	2719 X	10.58	750	3220	1.94	581	3827	1.16	468
0083	8.04	750	2089	2.62	680	2731	3.55	750	3223	3.14	750	3830	1.12	462
0106	13.63	750	2095	3.11	750	2735	2.88	718	3224	2.57	673	3851	2.77	702
0113	4.56	750	2105	2.41	649	2759	7.19	750	3227	1.71	548	3865	1.25	481
0170	2.53	667	2110	2.16	613	2790	1.36	497	3240	3.22	750	3881	3.69	750
0251	5.13	750	2111	1.96	584	2802	6.27	750	3241	2.86	715	4000	7.18	750
0400	8.17	750	2112	2.49	661	2812	4.20	750	3255	2.53	667	4021	4.35	750
0401	11.93	750	2114	2.99	734	2835	1.60	532	3257	2.60	677	4024 E	1.65	539
0771 N	0.30	--	2121	1.90	576	2836	2.28	631	3270	4.26	750	4034	6.68	750
0908 P	121.04	421	2130	2.80	706	2841	3.98	750	3300	3.56	750	4036	2.56	671
0913 P	323.68	624	2131	1.71	548	2881	2.20	619	3303	3.51	750	4038	2.05	597
0917	3.58	750	2143	2.12	607	2883	4.18	750	3307	3.44	750	4053	3.13	750
1005 *	9.51	750	2157	3.67	750	2913	3.01	736	3315	2.57	673	4061	4.19	750
1016 *	35.17	750	2172	2.08	602	2915	3.73	750	3334	2.45	655	4062	3.03	739
1164 E	6.96	750	2174	2.71	693	2916	2.38	645	3336	2.38	645	4101	1.92	578
1165 E	6.64	750	2211	5.09	750	2923	1.97	586	3365	9.40	750	4111	2.26	628
1320	2.80	706	2220	1.93	580	2942	2.34	639	3372	2.64	683	4112	0.92	433
1322	11.29	750	2286	1.43	507	2960	2.92	723	3373	3.29	750	4113	1.63	536
1430	5.09	750	2288	4.46	750	3004	2.49	661	3383	0.94	436	4114	2.34	639
1438	2.61	678	2300	2.08	602	3018	2.99	734	3385	0.86	425	4130	5.44	750
1452	1.80	561	2302	1.82	564	3022	3.21	750	3400	2.50	663	4131	2.62	680
1463	11.18	750	2305	2.41	649	3027	2.91	722	3507	2.83	710	4133	2.50	663
1472	3.40	750	2361	1.31	490	3028	3.06	744	3515	2.28	631	4150	1.26	483
1624 E	7.36	750	2362	1.75	554	3030	4.04	750	3548	1.21	475	4206	3.86	750
1642	3.69	750	2380	5.98	750	3040	4.01	750	3559	2.09	603	4207	1.12	462
1654	7.96	750	2386	1.17	470	3041	3.47	750	3574	1.16	468	4239	1.29	487
1655	4.43	750	2388	1.85	568	3042	3.14	750	3581	1.17	470	4240	2.84	712
1699	2.05	597	2402	2.23	623	3064	4.49	750	3612	2.15	612	4243	1.39	502
1701	3.41	750	2413	1.78	558	3069	6.51	750	3620	5.90	750	4244	2.28	631
1710 E	6.38	750	2416	1.85	568	3076	2.68	689	3629	1.85	568	4250	1.44	509
1741 E	1.70	547	2417	1.71	548	3081 D	2.46	657	3632	2.99	734	4251	1.60	532
1745 X	2.80	706	2501	1.46	512	3082 D	3.90	750	3634	1.85	568	4263	2.31	635
1747	2.34	639	2503	1.31	490	3085 D	2.88	718	3635	1.73	551	4273	1.58	529
1748	5.48	750	2534	2.31	635	3110	2.94	726	3638	1.54	523	4279	1.71	548
1803 D	5.25	750	2570	4.69	750	3111	2.92	723	3642	0.90	431	4282	2.11	606
1852 D	2.15	612	2585	2.58	674	3113	2.09	603	3643	2.91	722	4283	2.27	629
1853	2.56	671	2586	0.98	442	3114	2.48	660	3647	3.13	750	4299	1.46	512

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY

ARKANSAS

WESTPORT INSURANCE CORPORATION

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CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM
4304	2.69	690	5057	15.68	750	6213	11.22	750	7231	8.20	750	8006	2.20	619
4307	2.61	678	5059	22.51	750	6214	2.71	693	7232	13.95	750	8008	1.14	465
4351	1.06	454	5069	21.64	750	6216	5.11	750	7309 F	26.38	750	8010	2.11	606
4352	0.99	444	5102	4.16	750	6217	4.77	750	7313 F	6.08	750	8013	0.49	371
4360	0.78	413	5146	4.92	750	6229	4.00	750	7317 F	9.74	750	8015	0.68	399
4361	1.31	490	5160	4.38	750	6233	7.34	750	7327 F	21.23	750	8017	1.17	470
4362	1.05	452	5183	3.17	750	6235	11.11	750	7333 M	7.24	750	8018 X*	2.62	680
4410	2.84	712	5188	5.28	750	6236	12.69	750	7335 M	8.04	750	8021	1.69	545
4420	3.37	750	5190	3.09	748	6237	3.48	750	7337 M	12.74	750	8031	3.06	744
4431	1.43	507	5191 X	1.73	551	6251 D	7.56	750	7350 F	23.05	750	8032	1.58	529
4432	1.54	523	5192	3.89	750	6252 D	6.85	750	7360	5.75	750	8033	1.92	578
4439	1.81	562	5213	7.48	750	6260 D	5.20	750	7370	4.98	750	8039	1.43	507
4452	3.32	750	5215	3.92	750	6306	5.37	750	7380 X	4.04	750	8044	3.14	750
4459	2.04	596	5221	3.98	750	6319	5.37	750	7382	2.73	696	8045	0.45	365
4470	2.20	619	5222	9.81	750	6325	4.99	750	7390	3.45	750	8046	2.79	705
4484	2.27	629	5223	5.36	750	6400	6.70	750	7394 M	14.51	750	8047	1.20	474
4493	2.73	696	5348	3.74	750	6504	2.34	639	7395 M	16.12	750	8058	2.82	709
4511	0.67	397	5402	4.91	750	6702 M*	7.14	750	7398 M	25.54	750	8072	0.64	393
4557	1.77	557	5403	10.00	750	6703 M*	12.57	750	7403 X	2.77	702	8102	2.60	677
4558	1.82	564	5437	4.58	750	6704 M*	7.93	750	7405 N	1.47	513	8103	4.58	750
4561	1.85	568	5443	3.64	750	6801 F	13.71	750	7420 X*	21.18	750	8105	4.64	750
4568	2.60	677	5445	4.64	750	6811	5.48	750	7421	2.20	619	8106	4.32	750
4581	1.63	536	5462	6.04	750	6824 F	23.69	750	7422	2.43	652	8107	3.98	750
4583	4.45	750	5472	4.99	750	6826 F	11.46	750	7423 X	2.77	702	8111	3.10	750
4611	0.91	432	5473	5.09	750	6834	4.09	750	7425	3.43	750	8116	4.49	750
4635	3.73	750	5474	7.07	750	6836	8.98	750	7431 N	1.90	576	8203	6.07	750
4653	1.31	490	5478	4.34	750	6843 F	15.75	750	7445 N	0.79	--	8204	6.12	750
4665	6.62	750	5479	10.13	750	6845 F	18.54	750	7453 N	1.02	--	8209	3.01	736
4670	4.26	750	5480	9.90	750	6854	5.17	750	7502	2.88	718	8215	5.39	750
4683	4.52	750	5491	2.12	607	6872 F	21.41	750	7515	1.06	454	8227	4.27	750
4686	1.12	462	5506	4.34	750	6874 F	38.03	750	7520	2.95	728	8232	6.32	750
4692	0.35	351	5507	5.67	750	6882	5.92	750	7538	9.44	750	8233	4.77	750
4693	0.84	422	5508 D	7.21	750	6884	12.99	750	7539	6.00	750	8235	4.00	750
4703	2.24	625	5535	6.51	750	7016 M	5.37	750	7540	3.98	750	8263	8.98	750
4717	2.35	641	5537	5.44	750	7024 M	5.97	750	7580	2.01	591	8264	3.98	750
4720	3.85	750	5551	14.20	750	7038 M	6.38	750	7590	4.28	750	8265	9.45	750
4740	1.46	512	5606	1.92	578	7046 M	28.10	750	7600	2.91	722	8279	10.21	750
4741	1.74	552	5610	6.73	750	7047 M	9.47	750	7601	11.67	750	8288	6.62	750
4751	1.85	568	5645	11.25	750	7050 M	11.23	750	7605	3.26	750	8291	2.41	649
4771 N	1.73	551	5651	9.11	750	7090 M	7.09	750	7610	0.46	367	8292	2.92	723
4777	1.71	548	5703	98.00	750	7098 M	31.23	750	7611	5.78	750	8293	8.08	750
4825	0.73	406	5705	4.94	750	7099 M	49.49	750	7612	16.09	750	8295 X	5.86	750
4828	1.39	502	5951	0.37	354	7133	3.41	750	7613	4.62	750	8304	6.99	750
4829	1.51	519	6003	10.13	750	7151 M	4.15	750	7705	2.69	690	8350	5.11	750
4902	1.66	541	6005	6.68	750	7152 M	7.30	750	7710	6.50	750	8380	3.45	750
4923	1.10	460	6017	4.22	750	7153 M	4.61	750	7711	6.50	750	8381	1.37	499
5020	5.59	750	6018	2.15	612	7222	9.74	750	7720 X	2.69	690	8385	2.64	683
5022	6.11	750	6045	2.88	718	7228 X	7.63	750	7855	5.88	750	8392	3.40	750
5037	17.04	750	6204	9.41	750	7229 X	7.59	750	8001	2.39	647	8393	1.60	532
5040	19.91	750	6206	7.25	750	7230	3.71	750	8002	3.14	750	8500	4.96	750

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY

ARKANSAS

WESTPORT INSURANCE CORPORATION

Effective January 01, 2008

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CLASS	RATE		CLASS	RATE		CLASS	RATE		CLASS	RATE		CLASS	RATE	
CODE	INCL	MIN	CODE	INCL	MIN	CODE	INCL	MIN	CODE	INCL	MIN	CODE	INCL	MIN
	DIS	PREM		DIS	PREM		DIS	PREM		DIS	PREM		DIS	PREM
8601	0.68	399	9082	1.62	535									
8606	3.52	750	9083	1.44	509									
8709 F	8.02	750	9084	2.00	590									
8719	1.75	554	9089	1.29	487									
8720	1.17	470	9093	1.44	509									
8721	0.39	357	9101	3.01	736									
8726 F	9.53	750	9102	2.95	728									
8734 M	0.68	399	9154	2.41	649									
8737 M	0.61	388	9156	1.37	499									
8738 M	1.07	455	9170	2.30	634									
8742 X	0.50	373	9178	24.58	750									
8745	4.58	750	9179	42.89	750									
8748	0.41	359	9180	4.26	750									
8755	0.29	342	9182	2.62	680									
8799	0.95	438	9186	53.46	750									
8800	0.95	438	9220	3.71	750									
8803	0.08	312	9402	5.17	750									
8805 M	0.33	348	9403	6.35	750									
8810	0.24	335	9410	1.93	580									
8814 M	0.30	344	9501	4.75	750									
8815 M	0.53	377	9505	3.48	750									
8820	0.22	332	9516	2.77	702									
8824	2.79	705	9519	2.42	651									
8825	2.31	635	9521	5.20	750									
8826	2.22	622	9522	1.51	519									
8829	2.64	683	9534	7.36	750									
8831	2.92	723	9554	8.50	750									
8832	0.27	339	9586	0.72	404									
8833 X*	1.10	460	9600	1.59	531									
8835	2.12	607	9620	1.20	474									
8842	1.16	468												
8864	1.16	468												
8868	0.39	357												
8869	0.73	406												
8871	0.24	335												
8901	0.29	342												
9012	1.65	539												
9014	2.30	634												
9015 X	2.72	694												
9016	4.87	750												
9019	3.28	750												
9033	1.78	558												
9040 *	3.44	750												
9052	1.73	551												
9058	1.69	545												
9059	2.90	721												
9060	1.77	557												
9061	1.35	496												
9063	1.07	455												
9077 F	3.90	750												

FOOTNOTE

- D Advisory loss cost for classification already includes the specific disease loading shown in the table below. See Basic Manual Rule 3-A-7.
- E Advisory loss cost for classification already includes the specific disease loadings shown in the table below.

Disease			Disease			Disease		
Code No.	Loading	Symbol	Code No.	Loading	Symbol	Code No.	Loading	Symbol
0059D	0.21	S	1710E	0.04	S	3175D	0.02	S
0065D	0.04	S	1741E	0.17	S	4024E	0.01	S
0066D	0.04	S	1803D	0.17	S	5508D	0.02	S
0067D	0.04	S	1852D	0.03	Asb	6251D	0.04	S
1164E	0.06	S	3081D	0.03	S	6252D	0.03	S
1165E	0.03	S	3082D	0.04	S	6260D	0.02	S
1624E	0.03	S	3085D	0.04	S			

S = Silica, Asb = Asbestos

- F Advisory loss cost provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Advisory loss cost includes a provision for federal assessment.
- M Advisory loss cost 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 advisory loss cost 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 which is applicable in this state.

*** Class Codes with Specific Footnotes**

- 1005 Advisory loss cost includes a non-ratable disease element of \$2.85. (For coverage written separately for federal benefits only, \$2.15. For coverage written separately for state benefits only, \$0.70.)
- 1016 Advisory loss cost includes a non-ratable disease element of \$11.40. (For coverage written separately for federal benefits only, \$8.59. For coverage written separately for state benefits only, \$2.81.) It also includes a catastrophe loading of \$0.10. Refer to the Manual of Underground Coal Mine Rules, Classifications and Rates for the rules applicable to the use of this classification code.
- 6702 Loss cost 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 loss cost and elr each x 1.215.
- 6703 Loss cost 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 loss cost x 2.14 and elr x 1.982.
- 6704 Loss cost 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 loss cost 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 loss cost for the classification is \$0.43. A charge of \$0.10 is to be added to this loss cost whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- 9040 The ex-medical loss cost for the classification is \$1.24. A charge of \$0.10 is to be added to this loss cost whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

Basis of premium applicable in accordance with Basic Manual footnote instructions for Code:

7370 -- "Taxicab Co.":

Employee operated vehicle	\$46,220
Leased or rented vehicle	\$30,813

7420--"Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew":

Maximum payroll per week per employee	\$600
---------------------------------------------	-------

Maximum Payroll applicable in accordance with Basic Manual Rule 2-E-1 -- "Executive Officers" and the footnote instructions for Code 9178 -- "Athletic Sports or Park: Noncontact Sports", Code 9179 -- "Athletic Sports or Park: Contact Sports," and Code 9186 -- "Carnival--Traveling"

\$2,400

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

\$300

Per Passenger Seat Surcharge -- In accordance with Basic Manual footnote instructions for classification Code 7421, the surcharge is:

Maximum surcharge per aircraft	\$1,000
Per passenger seat	\$100

Premium Determination for Partners, Sole Proprietors and Members of Limited Liability Companies in accordance with Basic Manual Rule 2-E-3

\$30,800

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 loss cost by a factor of 1.90 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and the adjustment for differences in loss-based expenses (1.139).)

MISCELLANEOUS VALUES

Effective January 1, 2008

Expense Constant applicable in accordance with Basic Manual Rule 3-A-11	\$300
The rate is the advisory loss cost multiplied by a factor of	1.360
Minimum Premium applicable in accordance with Basic Manual Rule 3-A-16-b or Rule 3-C-5-c are calculated for each class: Standard formula = Rate x minimum premium multiplier + expense constant; but not over the maximum minimum premium. Per capita formula = Rate + expense constant; but not over the maximum minimum premium.	
Minimum Premium Multiplier	145
Maximum Minimum Premium	\$750
Installment Fee - An installment handling fee will be charged for each direct bill installment	\$9
Late Fee - A late fee will be charged when payment is received between the mailing of the "notice of intent to cancel" and the cancellation date	\$15
Reinstatement Fee - A fee will be charged when a policy is reinstated after the cancellation date	\$25
Foreign Terrorism Rate	0.03
Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents Rate	0.01

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

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

Premium Determination under Basic Manual Rule 3-A-22

Specific Waiver: Charge the premium developed on the payroll used in connection with the work performed for the person or organization requiring the waiver	5%
Minimum premium for a Specific Waiver	\$250
Blanket Waiver: Charge the premium for each state the waiver is required	2%
Minimum premium for a Blanket Waiver	\$250

Percentage Premium Reductions - The following reduction percentages are applicable by hazard group and deductible amount on a per claim basis. The deductible percentage is determined by utilizing the following formula:

$\frac{f \times LER \times ELR}{(1-VER) \times LAE}$	where:	
	f:	0.60 = safety factor
	LER:	bureau = loss elimination ratios from advisory miscellaneous values
	ELR:	0.700 = expected loss ratio
	LAE:	1.20 = loss adjustment expense
	VER:	0.300 = variable expense ratio (VER: = (K) x (1 - ELR)
	K:	1.00 = K is the ratio of variable expenses to total expenses.

Deductible Amount	Total Losses Hazard Group						
	A	B	C	D	E	F	G
\$1,000	6.7%	5.5%	4.7%	4.0%	3.3%	2.3%	1.8%
\$1,500	8.2%	6.7%	5.8%	4.9%	4.2%	3.0%	2.3%
\$2,000	9.3%	7.7%	6.7%	5.7%	4.9%	3.5%	2.7%
\$2,500	10.3%	8.6%	7.5%	6.4%	5.5%	4.0%	3.1%
\$3,000	11.2%	9.3%	8.2%	7.0%	6.0%	4.4%	3.4%
\$3,500	12.0%	10.0%	8.8%	7.6%	6.5%	4.9%	3.8%
\$4,000	12.8%	10.7%	9.4%	8.2%	7.0%	5.3%	4.1%
\$4,500	13.5%	11.3%	10.0%	8.7%	7.5%	5.7%	4.4%
\$5,000	14.1%	11.9%	10.5%	9.2%	7.9%	6.0%	4.7%

Deductible Amount	Medical Losses Hazard Group						
	A	B	C	D	E	F	G
\$1,000	6.5%	5.3%	4.6%	3.8%	3.2%	2.2%	1.7%
\$1,500	7.8%	6.4%	5.5%	4.7%	3.9%	2.8%	2.1%
\$2,000	8.8%	7.2%	6.3%	5.3%	4.5%	3.2%	2.5%
\$2,500	9.6%	7.9%	6.9%	5.9%	5.0%	3.6%	2.8%
\$3,000	10.3%	8.6%	7.5%	6.4%	5.4%	4.0%	3.1%
\$3,500	11.0%	9.1%	8.0%	6.8%	5.8%	4.3%	3.3%
\$4,000	11.5%	9.6%	8.4%	7.3%	6.2%	4.6%	3.6%
\$4,500	12.0%	10.1%	8.8%	7.6%	6.6%	4.9%	3.8%
\$5,000	12.5%	10.5%	9.2%	8.0%	6.9%	5.1%	4.0%

Deductible Amount	Indemnity Losses Hazard Group						
	A	B	C	D	E	F	G
\$1,000	1.5%	1.2%	1.1%	1.0%	0.9%	0.8%	0.6%
\$1,500	2.0%	1.7%	1.5%	1.4%	1.3%	1.1%	0.8%
\$2,000	2.5%	2.1%	1.9%	1.8%	1.6%	1.4%	1.0%
\$2,500	2.9%	2.5%	2.3%	2.1%	1.9%	1.6%	1.2%
\$3,000	3.3%	2.8%	2.6%	2.4%	2.2%	1.8%	1.4%
\$3,500	3.7%	3.1%	2.9%	2.7%	2.4%	2.1%	1.6%
\$4,000	4.0%	3.4%	3.2%	3.0%	2.6%	2.3%	1.8%
\$4,500	4.4%	3.7%	3.4%	3.2%	2.9%	2.4%	1.9%
\$5,000	4.7%	4.0%	3.7%	3.4%	3.1%	2.6%	2.1%

**WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY
NORTH AMERICAN SPECIALTY INSURANCE COMPANY**

Effective January 1, 2008 **ARKANSAS**
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CLASS	RATE		CLASS	RATE		CLASS	RATE		CLASS	RATE		CLASS	RATE	
CODE	INCL	MIN	CODE	INCL	MIN	CODE	INCL	MIN	CODE	INCL	MIN	CODE	INCL	MIN
	DIS	PREM		DIS	PREM		DIS	PREM		DIS	PREM		DIS	PREM
0005	5.33	750	1860	1.69	545	2587	2.41	649	3118	1.60	532	3648	2.35	641
0008	3.27	750	1924	3.58	750	2589	1.78	558	3119	1.20	474	3681	1.56	526
0016	6.87	750	1925	2.96	729	2600	5.40	750	3122	1.28	486	3685	2.05	597
0034	4.68	750	2001	2.67	687	2623	2.80	706	3126	2.19	618	3719	3.78	750
0035	2.72	694	2002	3.71	750	2651	2.49	661	3131	1.00	445	3724	7.46	750
0036	4.52	750	2003	3.11	750	2660	1.75	554	3132	2.28	631	3726	3.99	750
0037	4.90	750	2014	5.87	750	2670	2.61	678	3145	2.13	609	3803	2.06	599
0042	7.93	750	2016	2.69	690	2683	2.25	626	3146	2.86	715	3807	1.78	558
0050	6.04	750	2021	3.72	750	2688	3.22	750	3169	2.94	726	3808	3.05	742
0059 D	0.33	--	2039	5.11	750	2701	8.77	750	3175 D	3.24	750	3821	4.69	750
0065 D	0.06	--	2041	4.39	750	2702 X	30.12	750	3179	2.64	683	3822	3.07	745
0066 D	0.06	--	2065	1.36	497	2710	9.27	750	3180	2.36	642	3824	5.38	750
0067 D	0.06	--	2070	5.60	750	2714	5.58	750	3188	1.58	529	3826	1.16	468
0079	3.52	750	2081	4.83	750	2719 X	12.17	750	3220	2.24	625	3827	1.33	493
0083	9.24	750	2089	3.02	738	2731	4.08	750	3223	3.61	750	3830	1.28	486
0106	15.67	750	2095	3.58	750	2735	3.32	750	3224	2.96	729	3851	3.19	750
0113	5.24	750	2105	2.77	702	2759	8.27	750	3227	1.97	586	3865	1.44	509
0170	2.91	722	2110	2.49	661	2790	1.56	526	3240	3.71	750	3881	4.24	750
0251	5.90	750	2111	2.25	626	2802	7.21	750	3241	3.28	750	4000	8.26	750
0400	9.40	750	2112	2.86	715	2812	4.83	750	3255	2.91	722	4021	5.00	750
0401	13.72	750	2114	3.44	750	2835	1.85	568	3257	2.99	734	4024 E	1.89	574
0771 N	0.34	--	2121	2.19	618	2836	2.63	681	3270	4.90	750	4034	7.68	750
0908 P	139.20	439	2130	3.22	750	2841	4.58	750	3300	4.10	750	4036	2.94	726
0913 P	372.23	672	2131	1.97	586	2881	2.53	667	3303	4.04	750	4038	2.36	642
0917	4.11	750	2143	2.44	654	2883	4.80	750	3307	3.96	750	4053	3.60	750
1005 *	10.93	750	2157	4.22	750	2913	3.46	750	3315	2.96	729	4061	4.82	750
1016 *	40.45	750	2172	2.39	647	2915	4.29	750	3334	2.82	709	4062	3.49	750
1164 E	8.01	750	2174	3.11	750	2916	2.74	697	3336	2.74	697	4101	2.21	620
1165 E	7.63	750	2211	5.85	750	2923	2.27	629	3365	10.81	750	4111	2.60	677
1320	3.22	750	2220	2.22	622	2942	2.69	690	3372	3.03	739	4112	1.06	454
1322	12.98	750	2286	1.64	538	2960	3.36	750	3373	3.78	750	4113	1.88	573
1430	5.85	750	2288	5.13	750	3004	2.86	715	3383	1.08	457	4114	2.69	690
1438	3.00	735	2300	2.39	647	3018	3.44	750	3385	0.99	444	4130	6.26	750
1452	2.06	599	2302	2.10	605	3022	3.69	750	3400	2.88	718	4131	3.02	738
1463	12.86	750	2305	2.77	702	3027	3.35	750	3507	3.25	750	4133	2.88	718
1472	3.91	750	2361	1.50	518	3028	3.52	750	3515	2.63	681	4150	1.45	510
1624 E	8.46	750	2362	2.02	593	3030	4.65	750	3548	1.39	502	4206	4.44	750
1642	4.24	750	2380	6.88	750	3040	4.61	750	3559	2.41	649	4207	1.28	486
1654	9.15	750	2386	1.35	496	3041	3.99	750	3574	1.33	493	4239	1.49	516
1655	5.10	750	2388	2.13	609	3042	3.61	750	3581	1.35	496	4240	3.27	750
1699	2.36	642	2402	2.56	671	3064	5.16	750	3612	2.47	658	4243	1.60	532
1701	3.93	750	2413	2.05	597	3069	7.49	750	3620	6.79	750	4244	2.63	681
1710 E	7.34	750	2416	2.13	609	3076	3.08	747	3629	2.13	609	4250	1.66	541
1741 E	1.96	584	2417	1.97	586	3081 D	2.83	710	3632	3.44	750	4251	1.85	568
1745 X	3.22	750	2501	1.67	542	3082 D	4.49	750	3634	2.13	609	4263	2.66	686
1747	2.69	690	2503	1.50	518	3085 D	3.32	750	3635	1.99	589	4273	1.81	562
1748	6.30	750	2534	2.66	686	3110	3.38	750	3638	1.77	557	4279	1.97	586
1803 D	6.04	750	2570	5.40	750	3111	3.36	750	3642	1.03	449	4282	2.42	651
1852 D	2.47	658	2585	2.97	731	3113	2.41	649	3643	3.35	750	4283	2.61	678
1853	2.94	726	2586	1.13	464	3114	2.85	713	3647	3.60	750	4299	1.67	542

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY

ARKANSAS

NORTH AMERICAN SPECIALTY INSURANCE COMPANY

Effective January 1, 2008

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CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM
4304	3.10	750	5057	18.03	750	6213	12.90	750	7231	9.43	750	8006	2.53	667
4307	3.00	735	5059	25.88	750	6214	3.11	750	7232	16.05	750	8008	1.31	490
4351	1.22	477	5069	24.88	750	6216	5.88	750	7309 F	30.34	750	8010	2.42	651
4352	1.14	465	5102	4.79	750	6217	5.49	750	7313 F	6.99	750	8013	0.56	381
4360	0.89	429	5146	5.66	750	6229	4.60	750	7317 F	11.20	750	8015	0.78	413
4361	1.50	518	5160	5.04	750	6233	8.45	750	7327 F	24.41	750	8017	1.35	496
4362	1.20	474	5183	3.64	750	6235	12.78	750	7333 M	8.32	750	8018 X*	3.02	738
4410	3.27	750	5188	6.07	750	6236	14.59	750	7335 M	9.24	750	8021	1.94	581
4420	3.88	750	5190	3.55	750	6237	4.00	750	7337 M	14.65	750	8031	3.52	750
4431	1.64	538	5191 X	1.99	589	6251 D	8.70	750	7350 F	26.51	750	8032	1.81	562
4432	1.77	557	5192	4.47	750	6252 D	7.88	750	7360	6.62	750	8033	2.21	620
4439	2.08	602	5213	8.60	750	6260 D	5.97	750	7370	5.72	750	8039	1.64	538
4452	3.82	750	5215	4.50	750	6306	6.18	750	7380 X	4.65	750	8044	3.61	750
4459	2.35	641	5221	4.58	750	6319	6.18	750	7382	3.14	750	8045	0.52	375
4470	2.53	667	5222	11.28	750	6325	5.74	750	7390	3.97	750	8046	3.21	750
4484	2.61	678	5223	6.16	750	6400	7.71	750	7394 M	16.69	750	8047	1.38	500
4493	3.14	750	5348	4.30	750	6504	2.69	690	7395 M	18.53	750	8058	3.24	750
4511	0.77	412	5402	5.65	750	6702 M*	8.21	750	7398 M	29.37	750	8072	0.74	407
4557	2.03	594	5403	11.50	750	6703 M*	14.45	750	7403 X	3.19	750	8102	2.99	734
4558	2.10	605	5437	5.27	750	6704 M*	9.12	750	7405 N	1.69	545	8103	5.27	750
4561	2.13	609	5443	4.19	750	6801 F	15.77	750	7420 X*	24.35	750	8105	5.33	750
4568	2.99	734	5445	5.33	750	6811	6.30	750	7421	2.53	667	8106	4.97	750
4581	1.88	573	5462	6.94	750	6824 F	27.24	750	7422	2.80	706	8107	4.58	750
4583	5.11	750	5472	5.74	750	6826 F	13.18	750	7423 X	3.19	750	8111	3.57	750
4611	1.05	452	5473	5.85	750	6834	4.71	750	7425	3.94	750	8116	5.16	750
4635	4.29	750	5474	8.13	750	6836	10.32	750	7431 N	2.19	618	8203	6.98	750
4653	1.50	518	5478	4.99	750	6843 F	18.11	750	7445 N	0.91	--	8204	7.04	750
4665	7.62	750	5479	11.65	750	6845 F	21.32	750	7453 N	1.17	--	8209	3.46	750
4670	4.90	750	5480	11.39	750	6854	5.94	750	7502	3.32	750	8215	6.19	750
4683	5.19	750	5491	2.44	654	6872 F	24.62	750	7515	1.22	477	8227	4.91	750
4686	1.28	486	5506	4.99	750	6874 F	43.73	750	7520	3.39	750	8232	7.27	750
4692	0.41	359	5507	6.52	750	6882	6.80	750	7538	10.85	750	8233	5.49	750
4693	0.97	441	5508 D	8.29	750	6884	14.94	750	7539	6.90	750	8235	4.60	750
4703	2.58	674	5535	7.49	750	7016 M	6.18	750	7540	4.58	750	8263	10.32	750
4717	2.71	693	5537	6.26	750	7024 M	6.87	750	7580	2.31	635	8264	4.58	750
4720	4.43	750	5551	16.33	750	7038 M	7.34	750	7590	4.93	750	8265	10.87	750
4740	1.67	542	5606	2.21	620	7046 M	32.31	750	7600	3.35	750	8279	11.75	750
4741	2.00	590	5610	7.74	750	7047 M	10.89	750	7601	13.42	750	8288	7.62	750
4751	2.13	609	5645	12.93	750	7050 M	12.92	750	7605	3.75	750	8291	2.77	702
4771 N	1.99	589	5651	10.48	750	7090 M	8.15	750	7610	0.53	377	8292	3.36	750
4777	1.97	586	5703	112.70	750	7098 M	35.91	750	7611	6.65	750	8293	9.29	750
4825	0.84	422	5705	5.68	750	7099 M	56.91	750	7612	18.50	750	8295 X	6.74	750
4828	1.60	532	5951	0.42	361	7133	3.93	750	7613	5.32	750	8304	8.04	750
4829	1.74	552	6003	11.65	750	7151 M	4.77	750	7705	3.10	750	8350	5.88	750
4902	1.91	577	6005	7.68	750	7152 M	8.40	750	7710	7.48	750	8380	3.97	750
4923	1.27	484	6017	4.85	750	7153 M	5.30	750	7711	7.48	750	8381	1.58	529
5020	6.43	750	6018	2.47	658	7222	11.20	750	7720 X	3.10	750	8385	3.03	739
5022	7.02	750	6045	3.32	750	7228 X	8.77	750	7855	6.76	750	8392	3.91	750
5037	19.60	750	6204	10.82	750	7229 X	8.73	750	8001	2.75	699	8393	1.85	568
5040	22.90	750	6206	8.34	750	7230	4.27	750	8002	3.61	750	8500	5.71	750

**WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY
NORTH AMERICAN SPECIALTY INSURANCE COMPANY**

CLASS	RATE		CLASS	RATE		CLASS	RATE		CLASS	RATE		CLASS	RATE	
CODE	INCL	MIN	CODE	INCL	MIN	CODE	INCL	MIN	CODE	INCL	MIN	CODE	INCL	MIN
	DIS	PREM		DIS	PREM		DIS	PREM		DIS	PREM		DIS	PREM
8601	0.78	413	9082	1.86	570									
8606	4.05	750	9083	1.66	541									
8709 F	9.23	750	9084	2.30	634									
8719	2.02	593	9089	1.49	516									
8720	1.35	496	9093	1.66	541									
8721	0.45	365	9101	3.46	750									
8726 F	10.96	750	9102	3.39	750									
8734 M	0.78	413	9154	2.77	702									
8737 M	0.70	402	9156	1.58	529									
8738 M	1.24	480	9170	2.64	683									
8742 X	0.58	384	9178	28.26	750									
8745	5.27	750	9179	49.33	750									
8748	0.47	368	9180	4.90	750									
8755	0.33	348	9182	3.02	738									
8799	1.09	458	9186	61.48	750									
8800	1.09	458	9220	4.27	750									
8803	0.09	313	9402	5.94	750									
8805 M	0.38	355	9403	7.30	750									
8810	0.28	341	9410	2.22	622									
8814 M	0.34	349	9501	5.46	750									
8815 M	0.61	388	9505	4.00	750									
8820	0.25	336	9516	3.19	750									
8824	3.21	750	9519	2.78	703									
8825	2.66	686	9521	5.97	750									
8826	2.55	670	9522	1.74	552									
8829	3.03	739	9534	8.46	750									
8831	3.36	750	9554	9.78	750									
8832	0.31	345	9586	0.83	420									
8833 X*	1.27	484	9600	1.83	565									
8835	2.44	654	9620	1.38	500									
8842	1.33	493												
8864	1.33	493												
8868	0.45	365												
8869	0.84	422												
8871	0.28	341												
8901	0.33	348												
9012	1.89	574												
9014	2.64	683												
9015 X	3.13	750												
9016	5.60	750												
9019	3.77	750												
9033	2.05	597												
9040 *	3.96	750												
9052	1.99	589												
9058	1.94	581												
9059	3.33	750												
9060	2.03	594												
9061	1.55	525												
9063	1.24	480												
9077 F	4.49	750												

- D Advisory loss cost for classification already includes the specific disease loading shown in the table below. See Basic Manual Rule 3-A-7.
- E Advisory loss cost for classification already includes the specific disease loadings shown in the table below.

Disease			Disease			Disease		
Code No.	Loading	Symbol	Code No.	Loading	Symbol	Code No.	Loading	Symbol
0059D	0.21	S	1710E	0.04	S	3175D	0.02	S
0065D	0.04	S	1741E	0.17	S	4024E	0.01	S
0066D	0.04	S	1803D	0.17	S	5508D	0.02	S
0067D	0.04	S	1852D	0.03	Asb	6251D	0.04	S
1164E	0.06	S	3081D	0.03	S	6252D	0.03	S
1165E	0.03	S	3082D	0.04	S	6260D	0.02	S
1624E	0.03	S	3085D	0.04	S			

S = Silica, Asb = Asbestos

- F Advisory loss cost provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Advisory loss cost includes a provision for federal assessment.
- M Advisory loss cost 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 advisory loss cost 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 which is applicable in this state.

*** Class Codes with Specific Footnotes**

- 1005 Advisory loss cost includes a non-ratable disease element of \$2.85. (For coverage written separately for federal benefits only, \$2.15. For coverage written separately for state benefits only, \$0.70.)
- 1016 Advisory loss cost includes a non-ratable disease element of \$11.40. (For coverage written separately for federal benefits only, \$8.59. For coverage written separately for state benefits only, \$2.81.) It also includes a catastrophe loading of \$0.10. Refer to the Manual of Underground Coal Mine Rules, Classifications and Rates for the rules applicable to the use of this classification code.
- 6702 Loss cost 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 loss cost and elr each x 1.215.
- 6703 Loss cost 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 loss cost x 2.14 and elr x 1.982.
- 6704 Loss cost 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 loss cost 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 loss cost for the classification is \$0.43. A charge of \$0.10 is to be added to this loss cost whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- 9040 The ex-medical loss cost for the classification is \$1.24. A charge of \$0.10 is to be added to this loss cost whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY
 NORTH AMERICAN SPECIALTY INSURANCE COMPANY
 MISCELLANEOUS VALUES**

**ARKANSAS
 Page 5
 Effective January 1, 2008**

Basis of premium applicable in accordance with Basic Manual footnote instructions for Code:

7370 -- "Taxicab Co.":	
Employee operated vehicle	\$46,220
Leased or rented vehicle	\$30,813

7420--"Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew":	
Maximum payroll per week per employee	\$600

Maximum Payroll applicable in accordance with Basic Manual Rule 2-E-1 -- "Executive Officers" and the footnote instructions for Code 9178 -- "Athletic Sports or Park: Noncontact Sports", Code 9179 -- "Athletic Sports or Park: Contact Sports," and Code 9186 -- "Carnival--Traveling"

\$2,400

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

\$300

Per Passenger Seat Surcharge -- In accordance with Basic Manual footnote instructions for classification Code 7421, the surcharge is:

Maximum surcharge per aircraft	\$1,000
Per passenger seat	\$100

Premium Determination for Partners, Sole Proprietors and Members of Limited Liability Companies in accordance with Basic Manual Rule 2-E-3

\$30,800

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 loss cost by a factor of 1.90 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and the adjustment for differences in loss-based expenses (1.139).)

Expense Constant applicable in accordance with Basic Manual Rule 3-A-11	\$300
The rate is the advisory loss cost multiplied by a factor of	1.564

Minimum Premium applicable in accordance with Basic Manual Rule 3-A-16-b or Rule 3-C-5-c are calculated for each class:
Standard formula = Rate x minimum premium multiplier + expense constant; but not over the maximum minimum premium.
Per capita formula = Rate + expense constant; but not over the maximum minimum premium.

Minimum Premium Multiplier	145
Maximum Minimum Premium	\$750
Installment Fee - An installment handling fee will be charged for each direct bill installment	\$9
Late Fee - A late fee will be charged when payment is received between the mailing of the "notice of intent to cancel" and the cancellation date	\$15
Reinstatement Fee - A fee will be charged when a policy is reinstated after the cancellation date	\$25

Foreign Terrorism Rate	0.03
Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents Rate	0.02

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

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

Premium Determination under Basic Manual Rule 3-A-22

Specific Waiver: Charge the premium developed on the payroll used in connection with the work performed for the person or organization requiring the waiver	5%
Minimum premium for a Specific Waiver	\$250
Blanket Waiver: Charge the premium for each state the waiver is required	2%
Minimum premium for a Blanket Waiver	\$250

Percentage Premium Reductions - The following reduction percentages are applicable by hazard group and deductible amount on a per claim basis. The deductible percentage is determined by utilizing the following formula:

$\frac{f \times LER \times ELR}{(1-VER) \times LAE}$	where:	
	f:	0.60 = safety factor
	LER:	bureau = loss elimination ratios from advisory miscellaneous values
	ELR:	0.700 = expected loss ratio
	LAE:	1.20 = loss adjustment expense
	VER:	0.300 = variable expense ratio (VER: = (K) x (1 - ELR)
	K:	1.00 = K is the ratio of variable expenses to total expenses.

Deductible Amount	Total Losses Hazard Group						
	A	B	C	D	E	F	G
\$1,000	6.7%	5.5%	4.7%	4.0%	3.3%	2.3%	1.8%
\$1,500	8.2%	6.7%	5.8%	4.9%	4.2%	3.0%	2.3%
\$2,000	9.3%	7.7%	6.7%	5.7%	4.9%	3.5%	2.7%
\$2,500	10.3%	8.6%	7.5%	6.4%	5.5%	4.0%	3.1%
\$3,000	11.2%	9.3%	8.2%	7.0%	6.0%	4.4%	3.4%
\$3,500	12.0%	10.0%	8.8%	7.6%	6.5%	4.9%	3.8%
\$4,000	12.8%	10.7%	9.4%	8.2%	7.0%	5.3%	4.1%
\$4,500	13.5%	11.3%	10.0%	8.7%	7.5%	5.7%	4.4%
\$5,000	14.1%	11.9%	10.5%	9.2%	7.9%	6.0%	4.7%

Deductible Amount	Medical Losses Hazard Group						
	A	B	C	D	E	F	G
\$1,000	6.5%	5.3%	4.6%	3.8%	3.2%	2.2%	1.7%
\$1,500	7.8%	6.4%	5.5%	4.7%	3.9%	2.8%	2.1%
\$2,000	8.8%	7.2%	6.3%	5.3%	4.5%	3.2%	2.5%
\$2,500	9.6%	7.9%	6.9%	5.9%	5.0%	3.6%	2.8%
\$3,000	10.3%	8.6%	7.5%	6.4%	5.4%	4.0%	3.1%
\$3,500	11.0%	9.1%	8.0%	6.8%	5.8%	4.3%	3.3%
\$4,000	11.5%	9.6%	8.4%	7.3%	6.2%	4.6%	3.6%
\$4,500	12.0%	10.1%	8.8%	7.6%	6.6%	4.9%	3.8%
\$5,000	12.5%	10.5%	9.2%	8.0%	6.9%	5.1%	4.0%

Deductible Amount	Indemnity Losses Hazard Group						
	A	B	C	D	E	F	G
\$1,000	1.5%	1.2%	1.1%	1.0%	0.9%	0.8%	0.6%
\$1,500	2.0%	1.7%	1.5%	1.4%	1.3%	1.1%	0.8%
\$2,000	2.5%	2.1%	1.9%	1.8%	1.6%	1.4%	1.0%
\$2,500	2.9%	2.5%	2.3%	2.1%	1.9%	1.6%	1.2%
\$3,000	3.3%	2.8%	2.6%	2.4%	2.2%	1.8%	1.4%
\$3,500	3.7%	3.1%	2.9%	2.7%	2.4%	2.1%	1.6%
\$4,000	4.0%	3.4%	3.2%	3.0%	2.6%	2.3%	1.8%
\$4,500	4.4%	3.7%	3.4%	3.2%	2.9%	2.4%	1.9%
\$5,000	4.7%	4.0%	3.7%	3.4%	3.1%	2.6%	2.1%

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY

ARKANSAS

NORTH AMERICAN ELITE INSURANCE COMPANY

Effective January 01, 2008

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CLASS	RATE		CLASS	RATE		CLASS	RATE		CLASS	RATE		CLASS	RATE	
CODE	INCL	MIN	CODE	INCL	MIN	CODE	INCL	MIN	CODE	INCL	MIN	CODE	INCL	MIN
	DIS	PREM		DIS	PREM		DIS	PREM		DIS	PREM		DIS	PREM
0005	6.51	750	1860	2.06	599	2587	2.94	726	3118	1.95	583	3648	2.86	715
0008	3.99	750	1924	4.37	750	2589	2.18	616	3119	1.47	513	3681	1.91	577
0016	8.38	750	1925	3.61	750	2600	6.58	750	3122	1.56	526	3685	2.50	663
0034	5.70	750	2001	3.26	750	2623	3.42	750	3126	2.67	687	3719	4.62	750
0035	3.32	750	2002	4.52	750	2651	3.03	739	3131	1.22	477	3724	9.10	750
0036	5.51	750	2003	3.80	750	2660	2.14	610	3132	2.79	705	3726	4.87	750
0037	5.97	750	2014	7.16	750	2670	3.19	750	3145	2.59	676	3803	2.52	665
0042	9.67	750	2016	3.28	750	2683	2.75	699	3146	3.49	750	3807	2.18	616
0050	7.36	750	2021	4.54	750	2688	3.93	750	3169	3.59	750	3808	3.72	750
0059 D	0.40	--	2039	6.24	750	2701	10.70	750	3175 D	3.95	750	3821	5.72	750
0065 D	0.08	--	2041	5.36	750	2702 X	36.75	750	3179	3.22	750	3822	3.74	750
0066 D	0.08	--	2065	1.66	541	2710	11.31	750	3180	2.88	718	3824	6.56	750
0067 D	0.08	--	2070	6.83	750	2714	6.81	750	3188	1.93	580	3826	1.41	504
0079	4.29	750	2081	5.90	750	2719 X	14.84	750	3220	2.73	696	3827	1.62	535
0083	11.28	750	2089	3.68	750	2731	4.98	750	3223	4.41	750	3830	1.56	526
0106	19.12	750	2095	4.37	750	2735	4.04	750	3224	3.61	750	3851	3.89	750
0113	6.39	750	2105	3.38	750	2759	10.09	750	3227	2.40	648	3865	1.76	555
0170	3.55	750	2110	3.03	739	2790	1.91	577	3240	4.52	750	3881	5.17	750
0251	7.19	750	2111	2.75	699	2802	8.80	750	3241	4.01	750	4000	10.07	750
0400	11.47	750	2112	3.49	750	2812	5.90	750	3255	3.55	750	4021	6.11	750
0401	16.73	750	2114	4.20	750	2835	2.25	626	3257	3.64	750	4024 E	2.31	635
0771 N	0.42	--	2121	2.67	687	2836	3.21	750	3270	5.97	750	4034	9.37	750
0908 P	169.81	470	2130	3.93	750	2841	5.59	750	3300	5.00	750	4036	3.59	750
0913 P	454.10	750	2131	2.40	648	2881	3.09	748	3303	4.92	750	4038	2.88	718
0917	5.02	750	2143	2.98	732	2883	5.86	750	3307	4.83	750	4053	4.39	750
1005 *	13.34	750	2157	5.15	750	2913	4.22	750	3315	3.61	750	4061	5.88	750
1016 *	49.34	750	2172	2.92	723	2915	5.23	750	3334	3.43	750	4062	4.25	750
1164 E	9.77	750	2174	3.80	750	2916	3.34	750	3336	3.34	750	4101	2.69	690
1165 E	9.31	750	2211	7.14	750	2923	2.77	702	3365	13.18	750	4111	3.17	750
1320	3.93	750	2220	2.71	693	2942	3.28	750	3372	3.70	750	4112	1.30	489
1322	15.84	750	2286	2.00	590	2960	4.10	750	3373	4.62	750	4113	2.29	632
1430	7.14	750	2288	6.26	750	3004	3.49	750	3383	1.32	491	4114	3.28	750
1438	3.66	750	2300	2.92	723	3018	4.20	750	3385	1.20	474	4130	7.63	750
1452	2.52	665	2302	2.56	671	3022	4.50	750	3400	3.51	750	4131	3.68	750
1463	15.68	750	2305	3.38	750	3027	4.08	750	3507	3.97	750	4133	3.51	750
1472	4.77	750	2361	1.83	565	3028	4.29	750	3515	3.21	750	4150	1.77	557
1624 E	10.32	750	2362	2.46	657	3030	5.67	750	3548	1.70	547	4206	5.42	750
1642	5.17	750	2380	8.40	750	3040	5.63	750	3559	2.94	726	4207	1.56	526
1654	11.16	750	2386	1.64	538	3041	4.87	750	3574	1.62	535	4239	1.81	562
1655	6.22	750	2388	2.59	676	3042	4.41	750	3581	1.64	538	4240	3.99	750
1699	2.88	718	2402	3.13	750	3064	6.30	750	3612	3.01	736	4243	1.95	583
1701	4.79	750	2413	2.50	663	3069	9.14	750	3620	8.28	750	4244	3.21	750
1710 E	8.95	750	2416	2.59	676	3076	3.76	750	3629	2.59	676	4250	2.02	593
1741 E	2.39	647	2417	2.40	648	3081 D	3.45	750	3632	4.20	750	4251	2.25	626
1745 X	3.93	750	2501	2.04	596	3082 D	5.48	750	3634	2.59	676	4263	3.24	750
1747	3.28	750	2503	1.83	565	3085 D	4.04	750	3635	2.42	651	4273	2.21	620
1748	7.69	750	2534	3.24	750	3110	4.12	750	3638	2.16	613	4279	2.40	648
1803 D	7.36	750	2570	6.58	750	3111	4.10	750	3642	1.26	483	4282	2.96	729
1852 D	3.01	736	2585	3.63	750	3113	2.94	726	3643	4.08	750	4283	3.19	750
1853	3.59	750	2586	1.37	499	3114	3.47	750	3647	4.39	750	4299	2.04	596

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY

ARKANSAS

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CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM
4304	3.78	750	5057	22.00	750	6213	15.74	750	7231	11.51	750	8006	3.09	748
4307	3.66	750	5059	31.58	750	6214	3.80	750	7232	19.58	750	8008	1.60	532
4351	1.49	516	5069	30.36	750	6216	7.17	750	7309 F	37.02	750	8010	2.96	729
4352	1.39	502	5102	5.84	750	6217	6.70	750	7313 F	8.53	750	8013	0.69	400
4360	1.09	458	5146	6.91	750	6229	5.61	750	7317 F	13.66	750	8015	0.95	438
4361	1.83	565	5160	6.14	750	6233	10.30	750	7327 F	29.78	750	8017	1.64	538
4362	1.47	513	5183	4.45	750	6235	15.59	750	7333 M	10.15	750	8018 X*	3.68	750
4410	3.99	750	5188	7.40	750	6236	17.80	750	7335 M	11.28	750	8021	2.37	644
4420	4.73	750	5190	4.33	750	6237	4.88	750	7337 M	17.88	750	8031	4.29	750
4431	2.00	590	5191 X	2.42	651	6251 D	10.61	750	7350 F	32.34	750	8032	2.21	620
4432	2.16	613	5192	5.46	750	6252 D	9.62	750	7360	8.07	750	8033	2.69	690
4439	2.54	668	5213	10.49	750	6260 D	7.29	750	7370	6.98	750	8039	2.00	590
4452	4.66	750	5215	5.50	750	6306	7.54	750	7380 X	5.67	750	8044	4.41	750
4459	2.86	715	5221	5.59	750	6319	7.54	750	7382	3.84	750	8045	0.63	391
4470	3.09	748	5222	13.76	750	6325	7.00	750	7390	4.85	750	8046	3.91	750
4484	3.19	750	5223	7.52	750	6400	9.41	750	7394 M	20.36	750	8047	1.68	544
4493	3.84	750	5348	5.25	750	6504	3.28	750	7395 M	22.61	750	8058	3.95	750
4511	0.93	435	5402	6.89	750	6702 M*	10.02	750	7398 M	35.83	750	8072	0.90	431
4557	2.48	660	5403	14.02	750	6703 M*	17.63	750	7403 X	3.89	750	8102	3.64	750
4558	2.56	671	5437	6.43	750	6704 M*	11.12	750	7405 N	2.06	599	8103	6.43	750
4561	2.59	676	5443	5.11	750	6801 F	19.23	750	7420 X*	29.71	750	8105	6.51	750
4568	3.64	750	5445	6.51	750	6811	7.69	750	7421	3.09	748	8106	6.07	750
4581	2.29	632	5462	8.47	750	6824 F	33.24	750	7422	3.42	750	8107	5.59	750
4583	6.24	750	5472	7.00	750	6826 F	16.08	750	7423 X	3.89	750	8111	4.35	750
4611	1.28	486	5473	7.14	750	6834	5.74	750	7425	4.81	750	8116	6.30	750
4635	5.23	750	5474	9.92	750	6836	12.59	750	7431 N	2.67	687	8203	8.51	750
4653	1.83	565	5478	6.09	750	6843 F	22.09	750	7445 N	1.11	--	8204	8.59	750
4665	9.29	750	5479	14.21	750	6845 F	26.01	750	7453 N	1.43	--	8209	4.22	750
4670	5.97	750	5480	13.89	750	6854	7.25	750	7502	4.04	750	8215	7.56	750
4683	6.33	750	5491	2.98	732	6872 F	30.03	750	7515	1.49	516	8227	5.99	750
4686	1.56	526	5506	6.09	750	6874 F	53.35	750	7520	4.14	750	8232	8.87	750
4692	0.50	373	5507	7.96	750	6882	8.30	750	7538	13.24	750	8233	6.70	750
4693	1.18	471	5508 D	10.11	750	6884	18.22	750	7539	8.41	750	8235	5.61	750
4703	3.15	750	5535	9.14	750	7016 M	7.54	750	7540	5.59	750	8263	12.59	750
4717	3.30	750	5537	7.63	750	7024 M	8.38	750	7580	2.82	709	8264	5.59	750
4720	5.40	750	5551	19.92	750	7038 M	8.95	750	7590	6.01	750	8265	13.26	750
4740	2.04	596	5606	2.69	690	7046 M	39.42	750	7600	4.08	750	8279	14.33	750
4741	2.44	654	5610	9.44	750	7047 M	13.28	750	7601	16.37	750	8288	9.29	750
4751	2.59	676	5645	15.78	750	7050 M	15.76	750	7605	4.58	750	8291	3.38	750
4771 N	2.42	651	5651	12.78	750	7090 M	9.94	750	7610	0.65	394	8292	4.10	750
4777	2.40	648	5703	137.49	750	7098 M	43.81	750	7611	8.11	750	8293	11.33	750
4825	1.03	449	5705	6.93	750	7099 M	69.43	750	7612	22.57	750	8295 X	8.22	750
4828	1.95	583	5951	0.52	375	7133	4.79	750	7613	6.49	750	8304	9.81	750
4829	2.12	607	6003	14.21	750	7151 M	5.82	750	7705	3.78	750	8350	7.17	750
4902	2.33	638	6005	9.37	750	7152 M	10.25	750	7710	9.12	750	8380	4.85	750
4923	1.55	525	6017	5.91	750	7153 M	6.47	750	7711	9.12	750	8381	1.93	580
5020	7.84	750	6018	3.01	736	7222	13.66	750	7720 X	3.78	750	8385	3.70	750
5022	8.57	750	6045	4.04	750	7228 X	10.70	750	7855	8.24	750	8392	4.77	750
5037	23.91	750	6204	13.20	750	7229 X	10.65	750	8001	3.36	750	8393	2.25	626
5040	27.93	750	6206	10.17	750	7230	5.21	750	8002	4.41	750	8500	6.96	750

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CLASS	RATE		CLASS	RATE		CLASS	RATE		CLASS	RATE		CLASS	RATE	
CODE	INCL	MIN	CODE	INCL	MIN	CODE	INCL	MIN	CODE	INCL	MIN	CODE	INCL	MIN
	DIS	PREM		DIS	PREM		DIS	PREM		DIS	PREM		DIS	PREM
8601	0.95	438	9082	2.27	629									
8606	4.94	750	9083	2.02	593									
8709 F	11.26	750	9084	2.80	706									
8719	2.46	657	9089	1.81	562									
8720	1.64	538	9093	2.02	593									
8721	0.55	380	9101	4.22	750									
8726 F	13.38	750	9102	4.14	750									
8734 M	0.95	438	9154	3.38	750									
8737 M	0.86	425	9156	1.93	580									
8738 M	1.51	519	9170	3.22	750									
8742 X	0.71	403	9178	34.48	750									
8745	6.43	750	9179	60.18	750									
8748	0.57	383	9180	5.97	750									
8755	0.40	358	9182	3.68	750									
8799	1.34	494	9186	75.00	750									
8800	1.34	494	9220	5.21	750									
8803	0.11	316	9402	7.25	750									
8805 M	0.46	367	9403	8.91	750									
8810	0.34	349	9410	2.71	693									
8814 M	0.42	361	9501	6.66	750									
8815 M	0.74	407	9505	4.88	750									
8820	0.31	345	9516	3.89	750									
8824	3.91	750	9519	3.40	750									
8825	3.24	750	9521	7.29	750									
8826	3.11	750	9522	2.12	607									
8829	3.70	750	9534	10.32	750									
8831	4.10	750	9554	11.93	750									
8832	0.38	355	9586	1.01	446									
8833 X*	1.55	525	9600	2.23	623									
8835	2.98	732	9620	1.68	544									
8842	1.62	535												
8864	1.62	535												
8868	0.55	380												
8869	1.03	449												
8871	0.34	349												
8901	0.40	358												
9012	2.31	635												
9014	3.22	750												
9015 X	3.82	750												
9016	6.83	750												
9019	4.60	750												
9033	2.50	663												
9040 *	4.83	750												
9052	2.42	651												
9058	2.37	644												
9059	4.06	750												
9060	2.48	660												
9061	1.89	574												
9063	1.51	519												
9077 F	5.48	750												

FOOTNOTE

- D Advisory loss cost for classification already includes the specific disease loading shown in the table below. See Basic Manual Rule 3-A-7.
- E Advisory loss cost for classification already includes the specific disease loadings shown in the table below.

Disease			Disease			Disease		
Code No.	Loading	Symbol	Code No.	Loading	Symbol	Code No.	Loading	Symbol
0059D	0.21	S	1710E	0.04	S	3175D	0.02	S
0065D	0.04	S	1741E	0.17	S	4024E	0.01	S
0066D	0.04	S	1803D	0.17	S	5508D	0.02	S
0067D	0.04	S	1852D	0.03	Asb	6251D	0.04	S
1164E	0.06	S	3081D	0.03	S	6252D	0.03	S
1165E	0.03	S	3082D	0.04	S	6260D	0.02	S
1624E	0.03	S	3085D	0.04	S			

S = Silica, Asb = Asbestos

- F Advisory loss cost provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Advisory loss cost includes a provision for federal assessment.
- M Advisory loss cost 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 advisory loss cost 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 which is applicable in this state.

*** Class Codes with Specific Footnotes**

- 1005 Advisory loss cost includes a non-ratable disease element of \$2.85. (For coverage written separately for federal benefits only, \$2.15. For coverage written separately for state benefits only, \$0.70.)
- 1016 Advisory loss cost includes a non-ratable disease element of \$11.40. (For coverage written separately for federal benefits only, \$8.59. For coverage written separately for state benefits only, \$2.81.) It also includes a catastrophe loading of \$0.10. Refer to the Manual of Underground Coal Mine Rules, Classifications and Rates for the rules applicable to the use of this classification code.
- 6702 Loss cost 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 loss cost and elr each x 1.215.
- 6703 Loss cost 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 loss cost x 2.14 and elr x 1.982.
- 6704 Loss cost 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 loss cost 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 loss cost for the classification is \$0.43. A charge of \$0.10 is to be added to this loss cost whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- 9040 The ex-medical loss cost for the classification is \$1.24. A charge of \$0.10 is to be added to this loss cost whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

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 NORTH AMERICAN ELITE INSURANCE COMPANY
 MISCELLANEOUS VALUES**

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Basis of premium applicable in accordance with Basic Manual footnote instructions for Code:
 7370 -- "Taxicab Co.":

Employee operated vehicle	\$46,220
Leased or rented vehicle	\$30,813

7420--"Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew":

Maximum payroll per week per employee	\$600
---------------------------------------------	-------

Maximum Payroll applicable in accordance with Basic Manual Rule 2-E-1 -- "Executive Officers" and the footnote instructions for Code 9178 -- "Athletic Sports or Park: Noncontact Sports", Code 9179 -- "Athletic Sports or Park: Contact Sports," and Code 9186 -- "Carnival--Traveling"

\$2,400

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

\$300

Per Passenger Seat Surcharge -- In accordance with Basic Manual footnote instructions for classification Code 7421, the surcharge is:

Maximum surcharge per aircraft	\$1,000
Per passenger seat	\$100

Premium Determination for Partners, Sole Proprietors and Members of Limited Liability Companies in accordance with Basic Manual Rule 2-E-3

\$30,800

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 loss cost by a factor of 1.90 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and the adjustment for differences in loss-based expenses (1.139).)

Expense Constant applicable in accordance with Basic Manual Rule 3-A-11	\$300
The rate is the advisory loss cost multiplied by a factor of	1.908
Minimum Premium applicable in accordance with Basic Manual Rule 3-A-16-b or Rule 3-C-5-c are calculated for each class: Standard formula = Rate x minimum premium multiplier + expense constant; but not over the maximum minimum premium. Per capita formula = Rate + expense constant; but not over the maximum minimum premium.	
Minimum Premium Multiplier	145
Maximum Minimum Premium	\$750
Installment Fee - An installment handling fee will be charged for each direct bill installment	\$9
Late Fee - A late fee will be charged when payment is received between the mailing of the "notice of intent to cancel" and the cancellation date	\$15
Reinstatement Fee - A fee will be charged when a policy is reinstated after the cancellation date	\$25
Foreign Terrorism Rate	0.04
Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents Rate	0.02

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

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

Premium Determination under Basic Manual Rule 3-A-22

Specific Waiver: Charge the premium developed on the payroll used in connection with the work performed for the person or organization requiring the waiver	5%
Minimum premium for a Specific Waiver	\$250
Blanket Waiver: Charge the premium for each state the waiver is required	2%
Minimum premium for a Blanket Waiver	\$250

Percentage Premium Reductions - The following reduction percentages are applicable by hazard group and deductible amount on a per claim basis. The deductible percentage is determined by utilizing the following formula:

$$\frac{f \times LER \times ELR}{(1-VER) \times LAE}$$

where:

f:	0.60	= safety factor
LER:	bureau	= loss elimination ratios from advisory miscellaneous values
ELR:	0.700	= expected loss ratio
LAE:	1.20	= loss adjustment expense
VER:	0.300	= variable expense ratio (VER: = (K) x (1 - ELR)
K:	1.00	= K is the ratio of variable expenses to total expenses.

Deductible Amount	Total Losses Hazard Group						
	A	B	C	D	E	F	G
\$1,000	6.7%	5.5%	4.7%	4.0%	3.3%	2.3%	1.8%
\$1,500	8.2%	6.7%	5.8%	4.9%	4.2%	3.0%	2.3%
\$2,000	9.3%	7.7%	6.7%	5.7%	4.9%	3.5%	2.7%
\$2,500	10.3%	8.6%	7.5%	6.4%	5.5%	4.0%	3.1%
\$3,000	11.2%	9.3%	8.2%	7.0%	6.0%	4.4%	3.4%
\$3,500	12.0%	10.0%	8.8%	7.6%	6.5%	4.9%	3.8%
\$4,000	12.8%	10.7%	9.4%	8.2%	7.0%	5.3%	4.1%
\$4,500	13.5%	11.3%	10.0%	8.7%	7.5%	5.7%	4.4%
\$5,000	14.1%	11.9%	10.5%	9.2%	7.9%	6.0%	4.7%

Deductible Amount	Medical Losses Hazard Group						
	A	B	C	D	E	F	G
\$1,000	6.5%	5.3%	4.6%	3.8%	3.2%	2.2%	1.7%
\$1,500	7.8%	6.4%	5.5%	4.7%	3.9%	2.8%	2.1%
\$2,000	8.8%	7.2%	6.3%	5.3%	4.5%	3.2%	2.5%
\$2,500	9.6%	7.9%	6.9%	5.9%	5.0%	3.6%	2.8%
\$3,000	10.3%	8.6%	7.5%	6.4%	5.4%	4.0%	3.1%
\$3,500	11.0%	9.1%	8.0%	6.8%	5.8%	4.3%	3.3%
\$4,000	11.5%	9.6%	8.4%	7.3%	6.2%	4.6%	3.6%
\$4,500	12.0%	10.1%	8.8%	7.6%	6.6%	4.9%	3.8%
\$5,000	12.5%	10.5%	9.2%	8.0%	6.9%	5.1%	4.0%

Deductible Amount	Indemnity Losses Hazard Group						
	A	B	C	D	E	F	G
\$1,000	1.5%	1.2%	1.1%	1.0%	0.9%	0.8%	0.6%
\$1,500	2.0%	1.7%	1.5%	1.4%	1.3%	1.1%	0.8%
\$2,000	2.5%	2.1%	1.9%	1.8%	1.6%	1.4%	1.0%
\$2,500	2.9%	2.5%	2.3%	2.1%	1.9%	1.6%	1.2%
\$3,000	3.3%	2.8%	2.6%	2.4%	2.2%	1.8%	1.4%
\$3,500	3.7%	3.1%	2.9%	2.7%	2.4%	2.1%	1.6%
\$4,000	4.0%	3.4%	3.2%	3.0%	2.6%	2.3%	1.8%
\$4,500	4.4%	3.7%	3.4%	3.2%	2.9%	2.4%	1.9%
\$5,000	4.7%	4.0%	3.7%	3.4%	3.1%	2.6%	2.1%

SERFF Tracking Number: ERCA-125352179 State: Arkansas
 First Filing Company: Westport Insurance Corporation, ... State Tracking Number: EFT \$50
 Company Tracking Number: 9-WC-AR-07-02913-1-R
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation NCCI Adoption - 07-02913
 Project Name/Number: Workers Compensation NCCI Adoption - 07-02913 /9-WC-AR-07-02913-1-R

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Approved 11/09/2007

Comments:

Attachment:

UTD.pdf

Satisfied -Name: NAIC Loss Cost Filing Document for Workers' Compensation
Review Status: Approved 11/09/2007

Comments:

Attachment:

LCM forms.pdf

Bypassed -Name: NAIC loss cost data entry document
Bypass Reason: Please the the uniform transmittal doc attached above
Review Status: Approved 11/09/2007

Comments:

Satisfied -Name: Actuarial Memorandum & Company Exhibits
Review Status: Approved 11/09/2007

Comments:

Attachments:

Actuarial memorandum.pdf

Company Exhibits.pdf

Property & Casualty Transmittal Document

1 Reserved for Insurance Dept. Use Only	2 Insurance Department Use only
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3	Group Name	Group NAIC #
	Swiss Reinsurance	181

4	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Westport Insurance Corporation	MO	39845	48-0921045	
	North American Specialty Insurance Company	NH	29874	02-0311919	
	North American Elite Insurance Company	NH	29700	13-3440360	

5	Company Tracking Number	9-WC-AR-07-02913-1-R
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6	Name and address	Title	Telephone #s	FAX #	e-mail
	Linda Snook, AIS 5200 Metcalf, OP, KS 66201	P&RS Specialist	800-255-6931, x5307	913-676-6226	linda_snook@swissre.com

7	Signature of authorized filer	<i>Linda Snook</i>
8	Please print name of authorized filer	Linda Snook

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

9	Type of Insurance (TOI)	16.0 Workers' Compensation
10	Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
11	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12	Company Program Title (Marketing title)	
13	Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14	Effective Date(s) Requested	New: 01/01/08 Renewal: 01/01/08
15	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16	Reference Organization (if applicable)	National Council on Compensation Insurance
17	Reference Organization # & Title	Item filing AR-2007-10
18	Company's Date of Filing	11/8/2007
19	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document-

20	This filing transmittal is part of Company Tracking #	9-WC-AR-07-02913-1-R
-----------	--------------------------------------------------------------	----------------------

21	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The companies captioned above are adopting the loss costs from [NCCI Workers' Compensation Item filing AR-2007-10](#). With this adoption, the companies will maintain their current approved multipliers. The overall impact of the circular adoption is +2.5% on our book of business.

22	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
-----------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Check #: EFT
Amount: \$50

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

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

ARKANSAS INSURANCE DEPARTMENT

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

DATE 11/08/07

Page 1 of 2

1. INSURER NAME Westport Insurance Corporation
ADDRESS P.O. Box 2991
Overland Park, KS 66201-1391

PERSON RESPONSIBLE FOR FILING Linda Snook, AIS

TITLE P&RS Specialist TELEPHONE # 800-255-6931, x5307

2. INSURER NAIC # 39845 GROUP # 181

3. ADVISORY ORGANIZATION National Council on Compensation Insurance

4. ADVISORY ORGANIZATION REFERENCE FILING # Item filing AR-2007-10

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

6. A. PROPOSED RATE LEVEL CHANGE	<u>2.5%</u>	EFFECTIVE DATE	<u>01/01/08</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>2.5%</u>	EFFECTIVE DATE	<u>01/01/08</u>

7. A. PRIOR RATE LEVEL CHANGE	<u>-3.3%</u>	EFFECTIVE DATE	<u>09/01/07</u>
B. PRIOR PREMIUM LEVEL CHANGE	<u>-3.3%</u>	EFFECTIVE DATE	<u>09/01/07</u>

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM." (RF-WC Page 2)
(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. CHECK ONE OF THE FOLLOWING:

() The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

(X) The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

ARKANSAS INSURANCE DEPARTMENT

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

Page 2 of 2

INSURER NAME Westport Insurance Corporation DATE 10/5/2007
NAIC # 39845 GROUP # 181

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

2. Loss Cost Modification:

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

 Without modification (factor = 1.000).

X With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) Maintaining our current LCM.

B. Loss Cost Modification expressed as a Factor (see examples below): 0.941

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

	Selected Provisions
A. Total Production Expense	<u>15.3%</u>
B. General Expense	<u>4.1%</u>
C. Taxes, Licenses and Fees	<u>5.8%</u>
D. Underwriting Profit and Contingencies*	<u>4.8%</u>
E. Other (explain)	
F. TOTAL	<u>30.0%</u>

* Explain how investment income is taken into account.

4. A. Expected Loss & Loss Adjustment Expense Ratio: $ELR = 100\% - 3F =$ 70.0%
B. ELR in decimal form = 0.700

5. Overall impact of Expense Constant and Minimum Premiums: 1.031
(A 2.3% impact would be expressed as 1.023.)

6. Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: 0.971
(An 8.67% average discount would be expressed as 0.914.)

7. Company Formula Loss Cost Multiplier: $(2B/[(6-3F) \times 5]) =$ 1.360

8. Company Selected Loss Cost Multiplier = 1.360
Explain any differences between 7 and 8: _____

	YES	NO
9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc.	()	(X)
10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change.	()	(X)

ARKANSAS INSURANCE DEPARTMENT

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

DATE 11/08/07

Page 1 of 2

1. INSURER NAME North American Specialty Insurance Company
ADDRESS 650 Elm St
Manchester, NH 03101

PERSON RESPONSIBLE FOR FILING Linda Snook, AIS

TITLE P&RS Specialist TELEPHONE # 800-255-6931, x5307

2. INSURER NAIC # 29874 GROUP # 181

3. ADVISORY ORGANIZATION National Council on Compensation Insurance

4. ADVISORY ORGANIZATION REFERENCE FILING # Item filing AR-2007-10

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

6. A. PROPOSED RATE LEVEL CHANGE	<u>2.5%</u>	EFFECTIVE DATE	<u>01/01/08</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>2.5%</u>	EFFECTIVE DATE	<u>01/01/08</u>

7. A. PRIOR RATE LEVEL CHANGE	<u>no insureds</u>	EFFECTIVE DATE	<u>09/01/07</u>
B. PRIOR PREMIUM LEVEL CHANGE	<u>no insureds</u>	EFFECTIVE DATE	<u>09/01/07</u>

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM." (RF-WC Page 2)
(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. CHECK ONE OF THE FOLLOWING:

() The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

(X) The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

ARKANSAS INSURANCE DEPARTMENT

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

INSURER NAME North American Specialty Insurance Company DATE 5/16/2007
NAIC # 29874 GROUP # 181

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

2. Loss Cost Modification:

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

 Without modification (factor = 1.000).
 X With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) Maintaining current multiplier.

B. Loss Cost Modification expressed as a Factor (see examples below): 0.941

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

	Selected Provisions:
A. Total Production Expense	<u>15.3%</u>
B. General Expense	<u>4.1%</u>
C. Taxes, Licenses and Fees	<u>5.8%</u>
D. Underwriting Profit and Contingencies*	<u>4.8%</u>
E. Other (explain)	
F. TOTAL	<u>30.0%</u>

* Explain how investment income is taken into account.

4. A. Expected Loss & Loss Adjustment Expense Ratio: $ELR = 100\% - 3F =$ 70.0%
B. ELR in decimal form = 0.700

5. Overall impact of Expense Constant and Minimum Premiums: 1.031
(A 2.3% impact would be expressed as 1.023.)

6. Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: 0.971
(An 8.67% average discount would be expressed as 0.914.)

7. Company Formula Loss Cost Multiplier: $(2B/[(6-3F) \times 5]) =$ 1.360

8. Company Selected Loss Cost Multiplier = 1.564
Explain any differences between 7 and 8: NAS is maintaining its +15% off of Westport.

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

10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. () (X)

ARKANSAS INSURANCE DEPARTMENT

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

DATE 11/08/07

Page 1 of 2

1. INSURER NAME North American Elite Insurance Company
ADDRESS 650 Elm St
Manchester, NH 03101

PERSON RESPONSIBLE FOR FILING Linda Snook, AIS

TITLE P&RS Specialist TELEPHONE # 800-255-6931, x5307

2. INSURER NAIC # 29700 GROUP # 181

3. ADVISORY ORGANIZATION National Council on Compensation Insurance

4. ADVISORY ORGANIZATION REFERENCE FILING # Item filing AR-2007-10

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

6. A. PROPOSED RATE LEVEL CHANGE no insureds EFFECTIVE DATE 01/01/08
B. PROPOSED PREMIUM LEVEL CHANGE no insureds EFFECTIVE DATE 01/01/08

7. A. PRIOR RATE LEVEL CHANGE no insureds EFFECTIVE DATE 09/01/07
B. PRIOR PREMIUM LEVEL CHANGE no insureds EFFECTIVE DATE 09/01/07

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM." (RF-WC Page 2)
(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. CHECK ONE OF THE FOLLOWING:

() The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

(X) 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.

Swiss Re Commercial Insurance
Actuarial Memorandum
Workers' Compensation
Arkansas

Westport Insurance Corporation
North American Specialty Insurance Company
North American Elite Insurance Company

The companies captioned above are adopting the loss costs from [NCCI Workers' Compensation Item filing AR-2007-10](#). With this adoption, the companies will maintain their current approved multipliers. The overall impact of the circular adoption is +2.5% on our book of business.

Development of Expected Loss Ratio

Enclosed please find state specific filing forms and rate pages for each company. Exhibits 1, 2 and 3, which calculate our expected loss ratio, investment income return and tax rate are attached in support of the filing.

Transmittal Forms

Required state specific filing forms are included.

Rate Pages

These pages show our Workers' Compensation rates by class code along with our Miscellaneous Values pages for each company.

Exhibit 1 – Expense Exhibit

The expenses shown are both the Industry Wide and captioned companies averages for Workers' Compensation for the latest 5 years. The total estimated expense for this line is [30.0%](#). The provision for underwriting profit is derived in Exhibit 2.

Exhibit 2 Pages 1 and 2 – Cash Flow Model

These exhibits derive the provision for underwriting profit using a discounted cash flow model. The model projects cash flows for a typical policy. It considers premiums, losses, expenses, income taxes and investment income on investable funds. Investable funds are the difference between income items (premiums collected, surplus supplied and investment income) and outgo items (expenses, losses and income taxes paid). Investable funds generate investment income earned.

The assumptions used in the model are:

- Expenses: From Exhibit 1.
- Surplus Requirement: The selected premium to surplus ratio is [1.30](#).
- Return on Equity: Swiss Re, our parent company, requires a return on equity of 15.0%.
- Reserve Discount Rate: Assumed to be the same as the Investment Income Return.
- Payout Pattern: The payout pattern is based on industry payout pattern for Workers' Compensation.

Exhibit 3 – Investment Income Return and Tax Rate

This exhibit derives the 5.0% rate of return and 20.8% income tax rate. All dollar amounts come from the Company's Annual Statement. All calculations (a) through (f) are shown in the "notes" section at the bottom of the exhibit.

The proposed effective date for the changes described above is 01/01/2008.

Swiss Re Commercial Insurance (NAIC #181)
Workers' Compensation

	2002		2003		2004		2005		2006		Total		Selected
	(000's) \$	% of Premium											
Direct Written Premium	213,116		241,026		224,760		227,969		215,270		1,122,141		
Direct Earned Premium	216,024	100.0%	228,047	100.0%	221,991	100.0%	227,839	100.0%	218,283	100.0%	1,112,184	100.0%	
Incurred Loss & ALAE	253,106	117.2%	158,533	69.5%	173,169	78.0%	143,084	62.8%	170,444	78.1%	898,336	80.8%	
ULAE	9,176	3.6%	5,137	3.2%	9,251	5.3%	13,059	9.1%	6,548	3.8%	43,171	4.8%	
Commissions	26,695	12.5%	23,958	9.9%	20,731	9.2%	20,319	8.9%	15,206	7.1%	106,909	9.5%	10.0%
Other Acquisition Expense	6,169	2.9%	10,638	4.7%	13,291	6.0%	13,057	5.7%	15,938	7.3%	59,093	5.3%	5.3%
General Expense	6,316	2.9%	13,256	5.8%	11,655	5.3%	8,180	3.6%	6,649	3.0%	46,056	4.1%	4.1%
Taxes, Licenses & Fees	6,511	3.1%	8,351	3.5%	6,467	2.9%	8,140	3.6%	5,432	2.5%	34,901	3.1%	5.8%

Total Expense Provision:	25.2%
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Profit & Contingencies:	4.8%
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Industry Wide
Workers' Compensation

	2002		2003		2004		2005		2006		Total	
	(000's) \$	% of Premium	(000's) \$	% of Premium								
Direct Written Premium	35,263,778		39,144,782		42,513,541		45,730,298		47,224,384		209,876,783	
Direct Earned Premium	33,326,899	100.0%	37,807,943	100.0%	41,706,757	100.0%	44,609,494	100.0%	46,917,098	100.0%	204,368,191	100.0%
Incurred Loss & ALAE	27,376,306	82.1%	29,897,002	79.1%	30,881,608	74.0%	31,111,865	69.7%	30,669,169	65.4%	149,935,950	73.4%
ULAE	2,255,925	8.2%	2,503,170	8.4%	2,629,713	8.5%	2,888,592	9.3%	2,736,881	8.9%	13,014,281	8.7%
Commissions	2,783,483	7.9%	2,940,996	7.5%	3,228,323	7.6%	3,301,125	7.2%	3,423,949	7.3%	15,677,876	7.5%
Other Acquisition Expense	1,682,733	5.0%	1,825,173	4.8%	1,998,502	4.8%	2,153,517	4.8%	2,059,125	4.4%	9,719,050	4.8%
General Expense	2,041,713	6.1%	2,149,629	5.7%	2,217,102	5.3%	2,405,428	5.4%	2,138,740	4.6%	10,952,612	5.4%
Taxes, Licenses & Fees	1,408,726	4.0%	1,768,545	4.5%	1,780,972	4.2%	2,338,498	5.1%	2,151,961	4.6%	9,448,702	4.5%

ULAE to Loss & ALAE Ratio:	6.7%
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Notes:

1. The 6.7% ULAE to Loss Ratio is the average of the Industry and Westport, ERC & Coregis.
2. Data taken from Line 16 of the Insurance Expense Exhibit of Westport, ERC & Coregis.
3. The Selected Other Acquisition and General Expense is the average of Westport, ERC & Coregis.

Swiss Re Commercial Insurance
Investment Income Exhibit
Workers' Compensation

Underwriting Tax Rate:	35.0%
Invst Income Tax Rate:	20.8%
Invst Income Return:	5.0%
Reserve Discount Rate:	5.0%
Initial Prem/Surplus:	1.30
Variable (EP) Expense Ratio:	25.2%
Fixed (WP) Expense Ratio:	0.0%
Target Loss Ratio:	65.6%
ALAE to Loss Ratio:	0.0%
ULAE to Loss & ALAE Ratio:	6.7%
Premium Payments:	1 (1 or 12 only)
Loss & LAE Ratio:	70.0%
Combined Ratio:	95.2%
Underwriting Profit Margin:	4.8%
ROE:	15.0%
PVROP:	9.4%

PATTERNS	<u>Time</u>	<u>Premium Payments</u>	<u>Unearned Premium</u>	<u>Payout Pattern</u>	<u>Cumulative Paid</u>
	0.00				
	1.00	100	-	23.80%	23.8%
	2.00	-	-	29.08%	52.9%
	3.00	-	-	17.20%	70.1%
	4.00	-	-	9.80%	79.9%
	5.00	-	-	5.89%	85.8%
	6.00	-	-	3.84%	89.6%
	7.00	-	-	2.56%	92.2%
	8.00	-	-	1.82%	94.0%
	9.00	-	-	1.34%	95.3%
	10.00	-	-	1.01%	96.3%
	11.00	-	-	0.75%	97.1%
	12.00	-	-	0.57%	97.7%
	13.00	-	-	0.48%	98.1%
	14.00	-	-	0.39%	98.5%
	15.00	-	-	0.29%	98.8%
	16.00	-	-	1.19%	100.0%
				100.00%	
	Duration			2.80	

Note:

1. The payout pattern is based upon the combination of company and industry payout patterns.

Swiss Re Commercial Insurance
Investment Income Exhibit - Workers' Compensation

Total return from Insurance Transactions and Surplus												
	1	2	3	4	5	6	7	8	9	10	11	12
Time	Premium	Earned Premium	Variable Expenses	Fixed Expenses	Loss Payments	ALAE Payments	ULAE Payments	Loss & LAE Reserve	Underwriting Profit/Loss	Discount Factors	Discounted Loss & LAE Reserve	Change in Discounted Reserve
0												
1	100.00	100.00	25.20	-	15.61	-	2.72	51.65	4.81	0.8923	46.09	
2	-	-	-	-	19.07	-	0.64	31.94	-	0.8828	28.20	1.82
3	-	-	-	-	11.28	-	0.38	20.29	-	0.8708	17.66	1.12
4	-	-	-	-	6.42	-	0.22	13.64	0.00	0.8606	11.74	0.72
5	-	-	-	-	3.86	-	0.13	9.65	0.00	0.8536	8.24	0.49
6	-	-	-	-	2.52	-	0.08	7.05	(0.00)	0.8488	5.98	0.35
7	-	-	-	-	1.68	-	0.06	5.31	0.00	0.8476	4.50	0.26
8	-	-	-	-	1.19	-	0.04	4.08	0.00	0.8492	3.46	0.19
9	-	-	-	-	0.88	-	0.03	3.17	-	0.8534	2.70	0.15
10	-	-	-	-	0.66	-	0.02	2.48	0.00	0.8605	2.14	0.12
11	-	-	-	-	0.49	-	0.02	1.97	0.00	0.8724	1.72	0.09
12	-	-	-	-	0.37	-	0.01	1.59	0.00	0.8897	1.41	0.08
13	-	-	-	-	0.31	-	0.01	1.26	(0.00)	0.9109	1.15	0.06
14	-	-	-	-	0.25	-	0.01	1.00	(0.00)	0.9386	0.94	0.05
15	-	-	-	-	0.19	-	0.01	0.80	(0.00)	0.9759	0.78	0.04
16	-	-	-	-	0.78	-	0.03	-	(0.00)	0.9759	-	0.02
	100.00	100.00	25.20	-	65.59	-	4.39		4.81			5.56

Total return from Insurance Transactions and Surplus												
	13	14	15	16	17	18	19	20	21	22	23	
Time	Taxable Underwriting Profit/Loss	Tax on Und Profit	Und Profit Net of Tax	Requirement for Next Yr	Beginning Funds	Ending Funds	Investable Funds	Invst Income	Tax on Invst Income	Net Invst Income	Flows	
0	-	-	-	76.92		76.92					(76.92)	
1	10.37	3.63	1.18	0.00	151.72	133.39	142.56	7.13	1.48	5.65	83.75	
2	(1.82)	(0.64)	0.64	0.00	51.65	31.94	41.80	2.09	0.43	1.66	2.29	
3	(1.12)	(0.39)	0.39	0.00	31.94	20.29	26.11	1.31	0.27	1.03	1.43	
4	(0.72)	(0.25)	0.25	0.00	20.29	13.64	16.97	0.85	0.18	0.67	0.92	
5	(0.49)	(0.17)	0.17	0.00	13.64	9.65	11.65	0.58	0.12	0.46	0.63	
6	(0.35)	(0.12)	0.12	0.00	9.65	7.05	8.35	0.42	0.09	0.33	0.45	
7	(0.26)	(0.09)	0.09	0.00	7.05	5.31	6.18	0.31	0.06	0.24	0.33	
8	(0.19)	(0.07)	0.07	0.00	5.31	4.08	4.69	0.23	0.05	0.19	0.25	
9	(0.15)	(0.05)	0.05	0.00	4.08	3.17	3.62	0.18	0.04	0.14	0.20	
10	(0.12)	(0.04)	0.04	0.00	3.17	2.48	2.82	0.14	0.03	0.11	0.15	
11	(0.09)	(0.03)	0.03	0.00	2.48	1.97	2.23	0.11	0.02	0.09	0.12	
12	(0.08)	(0.03)	0.03	0.00	1.97	1.59	1.78	0.09	0.02	0.07	0.10	
13	(0.06)	(0.02)	0.02	0.00	1.59	1.26	1.43	0.07	0.01	0.06	0.08	
14	(0.05)	(0.02)	0.02	0.00	1.26	1.00	1.13	0.06	0.01	0.04	0.06	
15	(0.04)	(0.01)	0.01	0.00	1.00	0.80	0.90	0.05	0.01	0.04	0.05	
16	(0.02)	(0.01)	0.01	-	0.80	0.00	0.40	0.02	0.00	0.02	0.02	
	4.81	1.68	3.13		0.00			13.63	2.84	10.80	13.92	
											Return on Surplus	14.98%

1 Not actual written premium, used to reflect premium payment pattern.
2 Total(1) - Cumulative(2)
3 (2) * Variable Expense Ratio of 25.2%
4 Total(1) * Fixed Expense Ratio of 0%
5 Total(1) * Expected Loss Ratio of 65.6% * Payout Pattern
6 (5) * ALAE/Loss Ratio of 0%
7 time 1 formula is: [(5) + (6)] * ULAE*1/2 + ULAE*1/2*ELR*(1+ALAE to LR)*(1)
time 2-16 formula is: [(5)+(6)]*ULAE*1/2
8 Total(5) + Total(6) + Total(7) - sum[columns (5)+(6)+(7)]
9 (2) - (3) - (4) - [(5) - (6) - (7) - (8)] - (8prior)
10 Discounted Payout Pattern
11 (8) * (10)
12 (5) + (6) + (7) + (11) - (11prior)

13 time 1 formula is: (2) - (3) - (4) - (5) - (6) - (7) - (11)
time 2-16 formula is: (2) - (3) - (4) - (12)
14 (13) * Underwriting Tax Rate of 35%
15 (9) - (14)
16 Reserve/ Surplus Ratio
17 time 1 formula is: (18prior) + (1) - (3)
time 2-16 formula is: (18prior) + (16prior) - (16prior2) - (14prior) - (15prior)
18 time 1 formula is: (18prior)+(1) - (3) - (4) - (5) - (6) - (7)
time 2-16 formula is: (17) - (3) - (4) - (5) - (6) - (7) - (14) - (15)
19 Average[(17) + (18)]
20 (19) * Investment Income Return of 5%
21 (20) * Investment Income Tax Rate of 20.8%
22 (20) - (21)
23 time 1 is: (16prior) + (22) + (15) time 2-16 is: (22) + (15)

Swiss Re Commercial Insurance
Investment Income Exhibit
Estimated Investment Earnings On
Surplus and Unearned Premium & Loss Reserves

The rate of return is the ratio of net investment income earned to mean cash and invested assets as determined from the Company Annual Statement.

	Net Investment Income Earned (In Thousands)	Mean Cash and Investment Assets (In Thousands)	Rate of Return	Realized Capital Gains/Losses	Unrealized Capital Gains/Losses	Realized % of Assets	Unrealized % of Assets
2006	1,218,177	16,543,799	7.4%	-1,934,186	1,940,925	-11.7%	11.7%
2005	587,945	16,713,057	3.5%	57,510	-790,339	0.3%	-4.7%
	1,806,122	33,256,856	5.0%	-1,876,676	1,150,586	-5.6%	3.5%

The average rate of Federal Income Tax was determined by applying current tax rates to the distribution of investment income earned. This data is from the Company Annual Statement.

	Investment Income Earned (In Thousands)	Federal Income Tax Rate	
Bonds			
Taxable	311,692	0.350	(c)
Non-Taxable	194,018	0.053	(a)
Total	505,710	0.236	(d)
Stock			
Taxable	14,487	0.142	(b)
Taxable Affiliates	542,883		
Total	557,370		
Mortgage Loans on Real Estate	1,959		
Real Estate	0		
Cash on Deposit and Short Term Investments	164,791		
All Other	15,770		
Sub-Total	182,520	0.350	(c)
Total	1,245,600	0.211	(e)
Investment Deductions	27,422	0.350	(c)
Net Investment Income Earned	1,218,178	0.208	(f)

- Notes:
- (a) 100% of the income on tax-exempt bonds is subject to proration; that is, 15% of the of that income taxed at a full corporate income tax rate of 35%. The applicable tax rate is $[(1.00 \times .15 \times .35) = .0525]$.
 - (b) 30% of dividend income on stock is subject to the full corporate income tax rate of 35%. 100% of the remaining dividend income on stocks is subject to proration: that is, 15% of the remaining 70% of dividend income is taxed at a rate of 35%. The applicable tax rate is thus $[(.30 \times .35) + (1.00 \times .70 \times .15 \times .35) = 0.142]$.
 - (c) The full corporate income tax rate is 35%.
 - (d) Weighted average of the taxable and non-taxable bonds $[(311,692 \times 0.35 + 194,018 \times 0.053)/505,710]$.
 - (e) Weighted average of all investment incomes $[(505,710 \times 0.236 + 557,370 \times 0.142 + 182,520 \times 0.35)/1,245,600]$.
 - (f) Investment income tax rate: $[(1,245,600 \times 0.211 - 27,422 \times 0.35)/1,218,178]$.