

SERFF Tracking Number: FRNK-125351147 State: Arkansas  
First Filing Company: Ansur America Insurance Company, ... State Tracking Number: #368762 \$50  
Company Tracking Number: CLARFGWC-34  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Arkansas WC Revision  
Project Name/Number: AR WC - FMI & Ansur - NCCI LC Rev. - eff. 1-1-08/15925

## Filing at a Glance

Companies: Ansur America Insurance Company, Frankenmuth Mutual Insurance Company

Product Name: Arkansas WC Revision SERFF Tr Num: FRNK-125351147 State: Arkansas  
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #368762 \$50  
Sub-TOI: 16.0004 Standard WC Co Tr Num: CLARFGWC-34 State Status: Fees verified  
Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding  
Disposition Date: 11/13/2007  
Authors: Alice Jaruzel, Anne Kohler, Wanda Raymond  
Date Submitted: 11/13/2007 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: AR WC - FMI & Ansur - NCCI LC Rev. - eff. 1-1-08 Status of Filing in Domicile: Not Filed  
Project Number: 15925 Domicile Status Comments: Not required to file.  
Reference Organization: NCCI Reference Number: Item AR-2007-10  
Reference Title: Approved Voluntary Advisory Loss Costs Advisory Org. Circular: AR-2007-13  
Filing Status Changed: 11/13/2007  
State Status Changed: 11/13/2007 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
See cover letter.

## Company and Contact

### Filing Contact Information

Alice Jaruzel, Analyst II alice.jaruzel@ffgrp.com  
One Mutual Avenue (989) 652-6121 [Phone]  
Frankenmuth, MI 48787 (989) 652-5509[FAX]

### Filing Company Information



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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Apply to both Ansur America and Frankenmuth Mutual Insurance Companies.  
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
368762	\$50.00	11/08/2007

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	11/13/2007	11/13/2007

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## Disposition

Disposition Date: 11/13/2007  
Effective Date (New): 01/01/2008  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Approved	Yes
<b>Supporting Document</b>	Cover letter.	Approved	Yes

*SERFF Tracking Number:* FRNK-125351147      *State:* Arkansas  
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*Company Tracking Number:* CLARFGWC-34  
*TOI:* 16.0 Workers Compensation      *Sub-TOI:* 16.0004 Standard WC  
*Product Name:* Arkansas WC Revision  
*Project Name/Number:* AR WC - FMI & Ansur - NCCILC Rev. - eff. 1-1-08/15925

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 11/13/2007

**Comments:**

**Attachment:**

PC-T-D-1 Transmittal Form.pdf

**Satisfied -Name:** NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 11/13/2007

**Comments:**

**Attachments:**

adoption form - Ansur.pdf

adoption form - FMI.pdf

**Satisfied -Name:** NAIC loss cost data entry document **Review Status:** Approved 11/13/2007

**Comments:**

N/A - Our loss cost multiplier is not changing, we are only adopting loss costs.

**Satisfied -Name:** Cover letter. **Review Status:** Approved 11/13/2007

**Comments:**

**Attachment:**

Cover Letter.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</b>	
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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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input 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 #	
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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**Check #:**  
**Amount:**

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

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

PC TD-1 pg 2 of 2

Date: 11-13-07

Space Reserved for Insurance  
Department Use

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

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

1. INSURER NAME Ansur America Insurance Company  
ADDRESS One Mutual Avenue  
Frankenmuth, Michigan 48787
2. PERSON RESPONSIBLE FOR FILING Alice Jaruzel  
TITLE R & D, Analyst II TELEPHONE #. 800-234-1133, Ext. 2430
3. INSURER NAIC # 10984
4. ADVISORY ORGANIZATION NCCI
- 5A. PROPOSED RATE LEVEL CHANGE +2.7% EFFECTIVE DATE 7-1-08  
5B. PROPOSED PREMIUM LEVEL CHANGE\* +2.7% EFFECTIVE DATE 7-1-08  
6A. PRIOR RATE LEVEL CHANGE -5.4% EFFECTIVE DATE 7-1-07  
6B. PRIOR PREMIUM LEVEL CHANGE\* -5.4% EFFECTIVE DATE 7-1-07
7. ATTACH "NAIC LOSS COST FILING DOCUMENT—WORKERS' COMPENSATION"  
(Attach this document separately for each insurer selected loss cost multiplier.)

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

Date: 11-13-07

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Department Use

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

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

1. INSURER NAME Frankenmuth Mutual Insurance Company  
ADDRESS One Mutual Avenue  
Frankenmuth, Michigan 48787
2. PERSON RESPONSIBLE FOR FILING Alice Jaruzel  
TITLE R & D, Analyst II TELEPHONE #. 800-234-1133, Ext. 2430
3. INSURER NAIC # 13986
4. ADVISORY ORGANIZATION NCCI
- 5A. PROPOSED RATE LEVEL CHANGE +2.7% EFFECTIVE DATE 7-1-08  
5B. PROPOSED PREMIUM LEVEL CHANGE\* +2.7% EFFECTIVE DATE 7-1-08  
6A. PRIOR RATE LEVEL CHANGE -5.4% EFFECTIVE DATE 7-1-07  
6B. PRIOR PREMIUM LEVEL CHANGE\* -5.4% EFFECTIVE DATE 7-1-07
7. ATTACH "NAIC LOSS COST FILING DOCUMENT—WORKERS' COMPENSATION"  
(Attach this document separately for each insurer selected loss cost multiplier.)

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



November 13, 2007

Subject: Workers' Compensation Rate Filing  
Effective January 1, 2008; Filing Number CLARFGWC-34  
Ansur America Insurance Company, NAIC 10984  
Frankenmuth Mutual Insurance Company, NAIC 13986

Dear Commissioner:

Frankenmuth Financial Group would like to file the following revision to our Workers' Compensation Program:

Adopt NCCI's Voluntary Advisory Loss Cost and Rating Values revision, Item # AR-2007-10. We will retain the January 1, 2008 effective date for all new and renewal business. Our Loss Cost Multipliers will remain the same, at 1.40 for referred classes and 1.30 for non-referred classes.

Should you have any questions regarding this filing, you can contact me at 800-234-1133, Ext. 2430 or [alice.jaruzel@ffgrp.com](mailto:alice.jaruzel@ffgrp.com).

Sincerely,

*Alice Jaruzel*

Alice Jaruzel  
R&D Analyst II

Enclosures

Project # 15925

wjr