

SERFF Tracking Number: UTCX-125364421 State: Arkansas
First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: #? \$00
Company Tracking Number: WC AR09371CGR01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Workers Compensation/WC AR09371CGR01

Filing at a Glance

Companies: Utica Mutual Insurance Company, Graphic Arts Mutual Insurance Company
Product Name: Workers Compensation SERFF Tr Num: UTCX-125364421 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #? \$00
Sub-TOI: 16.0004 Standard WC Co Tr Num: WC AR09371CGR01 State Status: Fees verified and received
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Author: SPI UticaNational Disposition Date: 11/20/2007
Date Submitted: 11/19/2007 Disposition Status: Withdrawn
Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): Effective Date (Renewal):

General Information

Project Name: Workers Compensation Status of Filing in Domicile:
Project Number: WC AR09371CGR01 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 11/20/2007
State Status Changed: 11/20/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
With this filing we respectfully wish to withdraw our Workers Comp Managed Care Credit, Manual Page 8-MP-1143 (AR) Ed. 10-99. The page was originally approved effective 5/1/98.

Company and Contact

Filing Contact Information

Tina Cirelli, Senior State Filings Coordinator tina.cirelli@uticanational.com
180 Genesee Street (315) 734-2129 [Phone]
New Hartford, NY 13413 (315) 734-2252[FAX]

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Filing Company Information

Utica Mutual Insurance Company CoCode: 25976 State of Domicile: New York
180 Genesee Street Group Code: 201 Company Type:
New Hartford, NY 13413 Group Name: Utica National Insurance Group State ID Number:
(315) 734-2000 ext. [Phone] FEIN Number: 15-0476880

Graphic Arts Mutual Insurance Company CoCode: 25984 State of Domicile: New York
180 Genesee Street Group Code: 201 Company Type:
New Hartford, NY 13413 Group Name: Utica National Insurance Group State ID Number:
(315) 734-2000 ext. [Phone] FEIN Number: 13-5274760

SERFF Tracking Number: UTCX-125364421 *State:* Arkansas
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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Carol Stiffler	11/20/2007	11/20/2007

<i>SERFF Tracking Number:</i>	<i>UTCX-125364421</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Utica Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$00</i>
<i>Company Tracking Number:</i>	<i>WC AR09371CGR01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation/WC AR09371CGR01</i>		

Disposition

Disposition Date: 11/20/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Withdrawn

Comment:

SERFF Tracking Number: UTCX-125364421 *State:* Arkansas
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An error occurred rendering Disposition 125309706: null.

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Overall Percentage of Last Rate Revision:

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

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):
Utica Mutual Insurance Company	%	%				%	%
Graphic Arts Mutual Insurance Company	%	%				%	%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:

Overall Percentage Rate Impact For This Filing:

Effect of Rate Filing - Written Premium Change For This Program: \$0

<i>SERFF Tracking Number:</i>	<i>UTCX-125364421</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Workers Compensation</i>		
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Effect of Rate Filing - Number of Policyholders Affected: 0

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Withdrawn	Managed Care Credit	8-MP-1143 (AR)	Withdrawn	8-MP-1143 (AR).PDF

WORKERS COMPENSATION MANUAL

EXCEPTION PAGE

ARKANSAS

The following is added as our Managed Care Program Premium Credit rules under the Special Rules of the Arkansas Basic Manual for Workers Compensation and Employers Liability:

MANAGED CARE PROGRAM PREMIUM CREDIT

1. A premium credit of 10% shall apply to any policy involving Arkansas exposure when the policyholder elects to utilize our approved managed care program. The premium credit will apply as of the date that the insured so subscribes to the plan and will be rescinded effective as of the date when the insured ceases to comply with requirements of the managed care program.
2. When this credit applies, attach "Arkansas Managed Care Endorsement," **WC 03 04 04** to the policy.
3. The premium credit shall be applied to a risk in a multiplicative manner, after increased limits factors and deductible credits, if applicable, but before application of the experience modification, and before application of any other premium adjustments and expense constant.
4. Expected losses used in the calculation of the insured's experience modification factor will be decreased by the policy credit percentage.
5. Standard earned premium figures reported to the National Council on Compensation Insurance, Inc. on the aggregate calls for experience (e.g., policy year, calendar/accident year, etc.) must be net of the effects of the credit (i.e., be after). The net standard premium will then be the basis of any adjustment (i.e., guaranteed cost or retro).
6. The managed care premium credits must be reported under Statistical Code 9843 on unit statistical reports submitted to the National Council on Compensation Insurance, Inc.

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Supporting Document Schedules

Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Withdrawn	11/20/2007
Bypass Reason:	Not applicable to this filing.		
Comments:			

Bypassed -Name:	NAIC loss cost data entry document	Review Status: Withdrawn	11/20/2007
Bypass Reason:	Not applicable to this filing.		
Comments:			

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Withdrawn	11/20/2007
Comments:			
Attachments:	AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF		
	AR - NAIC RATE RULE FILING SCHEDULE.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: <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					

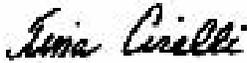
3. Group Name	Group NAIC #
Utica National Insurance Group	0201

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Utica Mutual Insurance Company	NY	25976	15-0476880	
Graphic Arts Mutual Insurance Company	NY	25984	13-5274760	

5. Company Tracking Number	WC AR09371CGR01
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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
	Tina D. Cirelli 180 Genesee Street New Hartford NY 13413	Senior State Filings Coordinator	800-274-1914 Ext. 2129	315-734-2252	tina.cirelli@uticanational.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Tina D. Cirelli

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)	AR - Withdrawal of Managed Care Credit
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input checked="" type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01/01/2008 Renewal: 01/01/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	11/19/2007
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 #	WC AR09371CGR01
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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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With this filing we respectfully wish to withdraw our Workers Comp Managed Care Credit, Manual Page 8-MP-1143 (AR) Ed. 10-99. The page was originally approved effective 5/1/98.

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]
	<p>Check #: Not applicable as we are only withdrawing a manual page. Amount:</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>

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

PROPERTY & CASUALTY RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	WC AR09371CGR01
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a. Rate Change by Company (As Proposed)							
Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)
Utica Mutual Insurance Company		0	0	0	0	0	0
Graphic Arts Mutual Insurance Company		0	0	0	0	0	0

4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)

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

6.	Overall percentage of last rate revision	N/A
7.	Effective Date of last rate revision	N/A
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	8-MP-1143(AR) Ed. 10-1999	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	