## Filing at a Glance

Company: AmCOMP Preferred Insurance Company

| | | |
|---|---|---|
| Product Name: Arkansas Preferred 10/2007 | SERFF Tr Num: AMCP-125256312 | State: Arkansas |
| TOI: 16.0 Workers Compensation | SERFF Status: Closed | State Tr Num: AR-PC-07-025828 |
| Sub-TOI: 16.0004 Standard WC | Co Tr Num: AR APIC RF 10.01.2007 | State Status: |
| Filing Type: Rate | Co Status: | Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding |
| | Authors: Melody Misiaszek, Hayden Burrus, Lisa Patterson, Jayson Taylor | Disposition Date: 08/21/2007 |
| | Date Submitted: 08/17/2007 | Disposition Status: Approved |
| Effective Date Requested (New): 10/01/2007 | | Effective Date (New): 10/01/2007 |
| Effective Date Requested (Renewal): | | Effective Date (Renewal): |

## General Information

Project Name:
Project Number:
Reference Organization: NCCI
Reference Title:
Filing Status Changed: 08/21/2007
State Status Changed: 08/20/2007
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Not Filed
Domicile Status Comments:
Reference Number:
Advisory Org. Circular: AR-2007-05

Deemer Date:

Filing Description:

Initial workers compensation rate filing for newly authorized carrier.

## Company and Contact

**Filing Contact Information**

Melody Misiaszek, VP Regulatory Reporting & Compliance mmisiasz@amcomp.com

P.O. Box 88806

North Palm Beach, FL 33408-8806

(800) 226-1898 [Phone]

() -[FAX]


**Filing Company Information**

| | | |
|---|---|---|
| AmCOMP Preferred Insurance Company | CoCode: 10346 | State of Domicile: Florida |
| P. O. Box 88806 | Group Code: 1237 | Company Type: Workers Compensation |
| North Palm Beach, FL 33408-8806 | Group Name: AmCOMP Incorperated | State ID Number: |
| (800) 226-1898 ext. [Phone] | FEIN Number: 59-2222527 | |

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# Filing Fees

| | |
|---|---|
| Fee Required? | Yes |
| Fee Amount: | $100.00 |
| Retaliatory? | No |
| Fee Explanation: | 1 initial Rate filing X $100 = $100 |
| Per Company: | No |

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|---|---|---|
| 0000271066 | $100.00 | 08/17/2007 |

# Correspondence Summary

## Dispositions

| Status | Created By | Created On | Date Submitted |
|---|---|---|---|
| Approved | Carol Stiffler | 08/21/2007 | 08/21/2007 |

# Disposition

Disposition Date: 08/21/2007
Effective Date (New): 10/01/2007
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:** |
|---|---|---|---|---|---|---|---|
| AmCOMP Preferred Insurance Company | 0.000% | $0 | 0 | $0 | 0.000% | 0.000% | 0.000% |

| | | | |
|---|---|---|---|
| *SERFF Tracking Number:* | *AMCP-125256312* | *State:* | *Arkansas* |
| *Filing Company:* | *AmCOMP Preferred Insurance Company* | *State Tracking Number:* | *AR-PC-07-025828* |
| *Company Tracking Number:* | *AR APIC RF 10.01.2007* | | |
| *TOI:* | *16.0 Workers Compensation* | *Sub-TOI:* | *16.0004 Standard WC* |
| *Product Name:* | *Arkansas Preferred 10/2007* | | |
| *Project Name/Number:* | */* | | |

| 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 |
| **Rate** | MISC and Retro Rating exhibig | Approved | Yes |
| **Rate** | AR Rate Pages 10.01.2007 | Approved | Yes |
| **Rate** | Schedule Rating Plan | Approved | Yes |

# Rate Information

Rate data applies to filing.

| | |
|---|---|
| **Filing Method:** | SERFF |
| **Rate Change Type:** | Neutral |
| **Overall Percentage of Last Rate Revision:** | 0.000% |
| **Effective Date of Last Rate Revision:** | 10/01/2007 |
| **Filing Method of Last Filing:** | N/A |

## 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):** |
|---|---|---|---|---|---|---|---|
| AmCOMP Preferred Insurance Company | 0.000% | 0.000% | $0 | 0 | $0 | 0.000% | 0.000% |

# Rate/Rule Schedule

| Review Status: | Exhibit Name: | Rule # or Page #: | Rate Action | Previous State Filing Number: | Attachments |
|---|---|---|---|---|---|
| Approved | MISC and Retro Rating exhibig | | New | | AR Misc and Retro.pdf |
| Approved | AR Rate Pages 10.01.2007 | | New | | Preferred AR.2007 Rate Pages.pdf |
| Approved | Schedule Rating Plan | | New | | ARSchRatPlnWrksht APIC 10.01.2007.pdf |

## AmCOMP Preferred Insurance Company

### State of Arkansas
### Miscellaneous Values
**Effective 10/01/2007**

Basis of Premium applicable in accordance with the footnote instructions for Code 7370
7370 - "Taxicab Co.";

| | | |
|---|---|---|
| Employee operated vehicles | | $46,220.00 |
| Leased or rented vehicles | | $30,813.00 |

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

| | | |
|---|---|---|
| Maximum payroll per week per employee | | $600.00 |

| | | |
|---|---|---|
| Maximum Payroll applicable in accordance with Basic Manual Rule 2-E-1 - "Executive Officers" and the footnote instructions for Code 9178 - "Athletic Team: Non-Contact Sports," Code 9179 - "Athletic Team: Contact Sports" and Code 9186 - "Carnival - Traveling"... | $ | 2,400 |
| Minimum Payroll applicable in accordance with Basic Manual Rule 2-E-1 - "Executive Officers"... | $ | 300 |
| Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents (rate per $100 of payroll) | | 0.01 |
| Foreign Terrorism (rate per $100 of paryoll) | | 0.03 |
| Premium Determination for Partners and Sole Proprietors in accordance with the in accordance with Basic Manual Rule 2-E-3 | $ | 30,800 |

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 |

| | |
|---|---|
| United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with Basic Manual Rule 3-A-4. | 95% |

(Multiply a Non - "F" classification loss cost by a factor of 1.95 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.71) and the adjustment for differences in loss-based expenses (1.139).

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

# AmCOMP Preferred Insurance Company

## State of Arkansas
## Miscellaneous Values
### Effective 10/01/2007

Deductible Amount Per Claim

Total Losses

| Deductible Amount | HAZARD GROUP | | | | | | |
|---|---|---|---|---|---|---|---|
| | A | B | C | D | E | F | G |
| 1,000 | 9.66% | 7.86% | 6.78% | 5.70% | 4.76% | 3.32% | 2.52% |
| 1,500 | 11.75% | 9.66% | 8.36% | 7.07% | 5.98% | 4.25% | 3.24% |
| 2,000 | 13.41% | 11.03% | 9.59% | 8.22% | 6.99% | 5.05% | 3.89% |
| 2,500 | 14.85% | 12.33% | 10.74% | 9.23% | 7.86% | 5.70% | 4.40% |
| 3,000 | 16.15% | 13.41% | 11.75% | 10.09% | 8.65% | 6.34% | 4.90% |
| 3,500 | 17.30% | 14.42% | 12.69% | 10.96% | 9.37% | 6.99% | 5.41% |
| 4,000 | 18.39% | 15.36% | 13.55% | 11.75% | 10.09% | 7.57% | 5.84% |
| 4,500 | 19.39% | 16.22% | 14.35% | 12.47% | 10.74% | 8.15% | 6.27% |
| 5,000 | 20.33% | 17.09% | 15.14% | 13.19% | 11.39% | 8.65% | 6.71% |

Deductible Amount Per Claim

Medical Losses

| Deductible Amount | HAZARD GROUP | | | | | | |
|---|---|---|---|---|---|---|---|
| | A | B | C | D | E | F | G |
| 1,000 | 9.37% | 7.64% | 6.56% | 5.48% | 4.61% | 3.17% | 2.45% |
| 1,500 | 11.18% | 9.16% | 7.93% | 6.71% | 5.62% | 3.97% | 3.03% |
| 2,000 | 12.62% | 10.38% | 9.01% | 7.64% | 6.49% | 4.61% | 3.53% |
| 2,500 | 13.84% | 11.39% | 9.95% | 8.44% | 7.21% | 5.19% | 3.97% |
| 3,000 | 14.85% | 12.33% | 10.74% | 9.16% | 7.79% | 5.70% | 4.40% |
| 3,500 | 15.79% | 13.12% | 11.46% | 9.81% | 8.36% | 6.13% | 4.76% |
| 4,000 | 16.58% | 13.84% | 12.11% | 10.45% | 8.94% | 6.56% | 5.12% |
| 4,500 | 17.30% | 14.49% | 12.69% | 10.96% | 9.45% | 6.99% | 5.41% |
| 5,000 | 18.03% | 15.14% | 13.27% | 11.46% | 9.88% | 7.35% | 5.70% |

Deductible Amount Per Claim

Indemnity Losses

| Deductible Amount | HAZARD GROUP | | | | | | |
|---|---|---|---|---|---|---|---|
| | A | B | C | D | E | F | G |
| 1,000 | 2.09% | 1.73% | 1.59% | 1.44% | 1.30% | 1.08% | 0.79% |
| 1,500 | 2.88% | 2.38% | 2.16% | 2.02% | 1.80% | 1.51% | 1.15% |
| 2,000 | 3.61% | 2.96% | 2.74% | 2.52% | 2.24% | 1.95% | 1.44% |
| 2,500 | 4.18% | 3.53% | 3.24% | 3.03% | 2.67% | 2.31% | 1.73% |
| 3,000 | 4.76% | 4.04% | 3.75% | 3.46% | 3.10% | 2.60% | 2.02% |
| 3,500 | 5.34% | 4.47% | 4.18% | 3.89% | 3.46% | 2.96% | 2.24% |
| 4,000 | 5.77% | 4.90% | 4.54% | 4.25% | 3.75% | 3.24% | 2.52% |
| 4,500 | 6.27% | 5.34% | 4.90% | 4.61% | 4.11% | 3.46% | 2.74% |
| 5,000 | 6.71% | 5.70% | 5.26% | 4.90% | 4.40% | 3.75% | 2.96% |

## AmCOMP Preferred Insurance Company

State of Arkansas

### Retrospective Rating Plan Values

Effective 10/01/2007

1.) Hazard Group Differentials

| A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|
| 1.86 | 1.40 | 1.24 | 1.13 | 0.97 | 0.78 | 0.59 |

2.) Tax Multipliers 1.064

a. State (non-F Classes)

3.) Expected Loss Ratio

0.659

Expected Loss and Allocated Expense Ratio

0.711

5.) 2007 Table of Expected Loss Ranges

Effective July 1, 2007

6.) Excess Loss Pure Premium Factors (Applicable to New and Renewal Policies)

| Per Accident Limitation | Hazard Groups A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|---|
| $25,000 | 0.255 | 0.295 | 0.317 | 0.339 | 0.364 | 0.399 | 0.432 |
| $30,000 | 0.235 | 0.274 | 0.297 | 0.319 | 0.345 | 0.383 | 0.418 |
| $35,000 | 0.218 | 0.256 | 0.280 | 0.302 | 0.330 | 0.368 | 0.405 |
| $40,000 | 0.203 | 0.241 | 0.264 | 0.287 | 0.315 | 0.354 | 0.393 |
| $50,000 | 0.180 | 0.216 | 0.239 | 0.261 | 0.290 | 0.330 | 0.372 |
| $75,000 | 0.141 | 0.172 | 0.195 | 0.216 | 0.244 | 0.285 | 0.330 |
| $100,000 | 0.118 | 0.145 | 0.166 | 0.185 | 0.212 | 0.252 | 0.299 |
| $125,000 | 0.102 | 0.125 | 0.146 | 0.164 | 0.189 | 0.228 | 0.276 |
| $150,000 | 0.091 | 0.112 | 0.131 | 0.147 | 0.172 | 0.209 | 0.257 |
| $175,000 | 0.081 | 0.100 | 0.119 | 0.134 | 0.157 | 0.193 | 0.241 |
| $200,000 | 0.074 | 0.092 | 0.110 | 0.124 | 0.145 | 0.180 | 0.227 |
| $225,000 | 0.069 | 0.085 | 0.102 | 0.115 | 0.135 | 0.168 | 0.215 |
| $250,000 | 0.064 | 0.079 | 0.096 | 0.108 | 0.127 | 0.160 | 0.206 |
| $275,000 | 0.060 | 0.074 | 0.090 | 0.102 | 0.121 | 0.151 | 0.197 |
| $300,000 | 0.057 | 0.070 | 0.085 | 0.097 | 0.114 | 0.144 | 0.189 |
| $325,000 | 0.054 | 0.066 | 0.081 | 0.091 | 0.109 | 0.137 | 0.181 |
| $350,000 | 0.051 | 0.063 | 0.077 | 0.087 | 0.104 | 0.131 | 0.175 |
| $375,000 | 0.049 | 0.060 | 0.074 | 0.083 | 0.100 | 0.126 | 0.169 |
| $400,000 | 0.047 | 0.058 | 0.071 | 0.080 | 0.096 | 0.122 | 0.164 |
| $425,000 | 0.045 | 0.055 | 0.068 | 0.077 | 0.092 | 0.117 | 0.158 |
| $450,000 | 0.043 | 0.053 | 0.066 | 0.074 | 0.089 | 0.113 | 0.154 |
| $475,000 | 0.042 | 0.051 | 0.064 | 0.072 | 0.086 | 0.110 | 0.150 |
| $500,000 | 0.041 | 0.050 | 0.062 | 0.070 | 0.083 | 0.106 | 0.146 |
| $600,000 | 0.037 | 0.045 | 0.055 | 0.062 | 0.074 | 0.095 | 0.133 |
| $700,000 | 0.033 | 0.041 | 0.050 | 0.056 | 0.068 | 0.087 | 0.123 |
| $800,000 | 0.031 | 0.038 | 0.047 | 0.052 | 0.063 | 0.081 | 0.115 |
| $900,000 | 0.029 | 0.035 | 0.044 | 0.049 | 0.058 | 0.075 | 0.108 |
| $1,000,000 | 0.027 | 0.033 | 0.041 | 0.046 | 0.055 | 0.071 | 0.102 |
| $2,000,000 | 0.017 | 0.021 | 0.027 | 0.030 | 0.036 | 0.046 | 0.068 |
| $3,000,000 | 0.012 | 0.016 | 0.019 | 0.022 | 0.027 | 0.035 | 0.053 |

**AmCOMP Preferred Insurance Company**

State of Arkansas

**Retrospective Rating Plan Values**

Effective 10/01/2007

7.) Excess Loss and Allocated Expense Pure Premium Factors
(Applicable to New and Renewal Policies)

| Per Accident Limitation | Hazard Groups A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|---|
| $25,000 | 0.299 | 0.342 | 0.366 | 0.389 | 0.415 | 0.452 | 0.486 |
| $30,000 | 0.278 | 0.320 | 0.345 | 0.369 | 0.396 | 0.435 | 0.471 |
| $35,000 | 0.259 | 0.301 | 0.326 | 0.350 | 0.379 | 0.419 | 0.458 |
| $40,000 | 0.243 | 0.284 | 0.310 | 0.334 | 0.364 | 0.405 | 0.446 |
| $50,000 | 0.217 | 0.257 | 0.282 | 0.307 | 0.338 | 0.380 | 0.424 |
| $75,000 | 0.173 | 0.208 | 0.234 | 0.257 | 0.288 | 0.332 | 0.380 |
| $100,000 | 0.145 | 0.176 | 0.201 | 0.223 | 0.253 | 0.297 | 0.347 |
| $125,000 | 0.126 | 0.154 | 0.177 | 0.198 | 0.227 | 0.270 | 0.321 |
| $150,000 | 0.112 | 0.137 | 0.160 | 0.179 | 0.207 | 0.248 | 0.300 |
| $175,000 | 0.101 | 0.124 | 0.145 | 0.163 | 0.190 | 0.230 | 0.282 |
| $200,000 | 0.093 | 0.114 | 0.134 | 0.151 | 0.176 | 0.215 | 0.267 |
| $225,000 | 0.085 | 0.104 | 0.124 | 0.140 | 0.164 | 0.202 | 0.254 |
| $250,000 | 0.080 | 0.098 | 0.117 | 0.131 | 0.155 | 0.191 | 0.243 |
| $275,000 | 0.075 | 0.092 | 0.110 | 0.124 | 0.147 | 0.181 | 0.232 |
| $300,000 | 0.071 | 0.087 | 0.104 | 0.118 | 0.139 | 0.173 | 0.223 |
| $325,000 | 0.067 | 0.082 | 0.099 | 0.112 | 0.132 | 0.165 | 0.214 |
| $350,000 | 0.064 | 0.078 | 0.095 | 0.106 | 0.126 | 0.158 | 0.207 |
| $375,000 | 0.060 | 0.074 | 0.091 | 0.102 | 0.121 | 0.152 | 0.200 |
| $400,000 | 0.058 | 0.071 | 0.087 | 0.098 | 0.116 | 0.146 | 0.194 |
| $425,000 | 0.056 | 0.068 | 0.083 | 0.094 | 0.112 | 0.141 | 0.188 |
| $450,000 | 0.054 | 0.066 | 0.081 | 0.091 | 0.108 | 0.137 | 0.183 |
| $475,000 | 0.052 | 0.064 | 0.078 | 0.088 | 0.104 | 0.132 | 0.178 |
| $500,000 | 0.050 | 0.061 | 0.075 | 0.085 | 0.101 | 0.128 | 0.174 |
| $600,000 | 0.045 | 0.054 | 0.068 | 0.075 | 0.090 | 0.115 | 0.158 |
| $700,000 | 0.041 | 0.049 | 0.062 | 0.069 | 0.082 | 0.104 | 0.146 |
| $800,000 | 0.038 | 0.046 | 0.057 | 0.064 | 0.076 | 0.097 | 0.137 |
| $900,000 | 0.035 | 0.043 | 0.054 | 0.060 | 0.071 | 0.091 | 0.128 |
| $1,000,000 | 0.033 | 0.041 | 0.050 | 0.056 | 0.066 | 0.085 | 0.121 |
| $2,000,000 | 0.021 | 0.025 | 0.033 | 0.037 | 0.043 | 0.056 | 0.082 |
| $3,000,000 | 0.015 | 0.019 | 0.025 | 0.027 | 0.033 | 0.043 | 0.064 |

8.) Retrospective Premium Development Factors

| With Loss Limit | | | Without Loss Limit | | | |
|---|---|---|---|---|---|---|
| 1st Adj. | 2nd Adj. | 3rd Adj. | 1st Adj. | 2nd Adj. | 3rd Adj. | 4th and Subsequent Adjustment |
| 0.06 | 0.04 | 0.04 | 0.14 | 0.10 | 0.10 | 0.00 |

State Special Classifications by Hazard Group

9.) State Special Classifications by Hazard Group

| Code Number | Hazard Group | Code Number | Hazard Group |
|---|---|---|---|
| 1745 | E | 8295 | C |
| 2719 | E | | |

# AmCOMP Preferred Insurance Company



## ARKANSAS WORKERS' COMPENSATION RATES EFFECTIVE10/01/2007

Expense Constant $180 Schedule Rating: + /- 25% Minimum Premium = 1,000 Stck DiscTbl 7

| Class Code | Loss Cost | AmCOMP Preferred Rate | Min. Prem. | Class Code | Loss Cost | AmCOMP Preferred Rate | Min. Prem. | Class Code | Loss Cost | AmCOMP Preferred Rate | Min. Prem. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 07/01/2007 | 1.35 | | | 07/01/2007 | 1.35 | | | 07/01/2007 | 1.35 | |
| 0005 | 3.35 | 4.52 | 1000 | 1745 | 1.98 | 2.67 | 1000 | 2380 | 4.33 | 5.85 | 1000 |
| 0008 | 2.03 | 2.74 | 1000 | 1747 | 1.67 | 2.25 | 1000 | 2386 | 0.83 | 1.12 | 1000 |
| 0016 | 4.27 | 5.76 | 1000 | 1748 | 3.98 | 5.37 | 1000 | 2388 | 1.34 | 1.81 | 1000 |
| 0034 | 2.88 | 3.89 | 1000 | 1803D | 3.78 | 5.10 | 1000 | 2402 | 1.60 | 2.16 | 1000 |
| 0035 | 1.71 | 2.31 | 1000 | 1852D | 1.53 | 2.07 | 1000 | 2413 | 1.28 | 1.73 | 1000 |
| 0036 | 2.82 | 3.81 | 1000 | 1853 | 1.83 | 2.47 | 1000 | 2416 | 1.33 | 1.80 | 1000 |
| 0037 | 3.03 | 4.09 | 1000 | 1860 | 1.06 | 1.43 | 1000 | 2417 | 1.22 | 1.65 | 1000 |
| 0042 | 4.96 | 6.70 | 1000 | 1924 | 2.24 | 3.02 | 1000 | 2501 | 1.05 | 1.42 | 1000 |
| 0050 | 3.74 | 5.05 | 1000 | 1925 | 1.86 | 2.51 | 1000 | 2503 | 0.94 | 1.27 | 1000 |
| 0059D | 0.20 | 0.27 | 1000 | 2001 | 1.68 | 2.27 | 1000 | 2534 | 1.66 | 2.24 | 1000 |
| 0065D | 0.04 | 0.05 | 1000 | 2002 | 2.32 | 3.13 | 1000 | 2570 | 3.36 | 4.54 | 1000 |
| 0066D | 0.04 | 0.05 | 1000 | 2003 | 1.95 | 2.63 | 1000 | 2585 | 1.85 | 2.50 | 1000 |
| 0067D | 0.04 | 0.05 | 1000 | 2014 | 3.70 | 5.00 | 1000 | 2586 | 0.70 | 0.95 | 1000 |
| 0079 | 2.20 | 2.97 | 1000 | 2016 | 1.68 | 2.27 | 1000 | 2587 | 1.52 | 2.05 | 1000 |
| 0083 | 5.83 | 7.87 | 1000 | 2021 | 2.30 | 3.11 | 1000 | 2589 | 1.12 | 1.51 | 1000 |
| 0106 | 9.78 | 13.20 | 1000 | 2039 | 3.19 | 4.31 | 1000 | 2600 | 3.41 | 4.60 | 1000 |
| 0113 | 3.28 | 4.43 | 1000 | 2041 | 2.78 | 3.75 | 1000 | 2623 | 1.76 | 2.38 | 1000 |
| 0170 | 1.80 | 2.43 | 1000 | 2065 | 0.84 | 1.13 | 1000 | 2651 | 1.57 | 2.12 | 1000 |
| 0251 | 3.68 | 4.97 | 1000 | 2070 | 3.49 | 4.71 | 1000 | 2660 | 1.09 | 1.47 | 1000 |
| 0400 | 5.87 | 7.92 | 1000 | 2081 | 3.01 | 4.06 | 1000 | 2670 | 1.64 | 2.21 | 1000 |
| 0401 | 8.50 | 11.48 | 1000 | 2089 | 1.90 | 2.57 | 1000 | 2683 | 1.42 | 1.92 | 1000 |
| 0771N | 0.22 | 0.30 | 1000 | 2095 | 2.24 | 3.02 | 1000 | 2688 | 2.02 | 2.73 | 1000 |
| 0908P | 88.00 | 118.80 | 1000 | 2105 | 1.73 | 2.34 | 1000 | 2701 | 5.40 | 7.29 | 1000 |
| 0913P | 233.00 | 314.55 | 1000 | 2110 | 1.58 | 2.13 | 1000 | 2702 | 18.62 | 25.14 | 1000 |
| 0917 | 2.60 | 3.51 | 1000 | 2111 | 1.42 | 1.92 | 1000 | 2710 | 5.78 | 7.80 | 1000 |
| 1005 | 6.55 | 8.84 | 1000 | 2112 | 1.78 | 2.40 | 1000 | 2714 | 3.51 | 4.74 | 1000 |
| 1016* | 23.34 | 31.51 | 1000 | 2114 | 2.17 | 2.93 | 1000 | 2719 | 7.52 | 10.15 | 1000 |
| 1164E | 4.92 | 6.64 | 1000 | 2121 | 1.37 | 1.85 | 1000 | 2731 | 2.56 | 3.46 | 1000 |
| 1165E | 4.79 | 6.47 | 1000 | 2130 | 2.02 | 2.73 | 1000 | 2735 | 2.09 | 2.82 | 1000 |
| 1320 | 1.98 | 2.67 | 1000 | 2131 | 1.24 | 1.67 | 1000 | 2759 | 5.22 | 7.05 | 1000 |
| 1322 | 8.10 | 10.94 | 1000 | 2143 | 1.52 | 2.05 | 1000 | 2790 | 0.98 | 1.32 | 1000 |
| 1430 | 3.66 | 4.94 | 1000 | 2156 | - | - | - | 2802 | 4.53 | 6.12 | 1000 |
| 1438 | 1.88 | 2.54 | 1000 | 2157 | 2.62 | 3.54 | 1000 | 2812 | 3.05 | 4.12 | 1000 |
| 1452 | 1.28 | 1.73 | 1000 | 2172 | 1.47 | 1.98 | 1000 | 2835 | 1.17 | 1.58 | 1000 |
| 1463 | 7.91 | 10.68 | 1000 | 2174 | 1.95 | 2.63 | 1000 | 2836 | 1.66 | 2.24 | 1000 |
| 1472 | 2.40 | 3.24 | 1000 | 2211 | 3.64 | 4.91 | 1000 | 2841 | 2.89 | 3.90 | 1000 |
| 1624E | 5.28 | 7.13 | 1000 | 2220 | 1.40 | 1.89 | 1000 | 2881 | 1.59 | 2.15 | 1000 |
| 1642 | 2.63 | 3.55 | 1000 | 2286 | 1.03 | 1.39 | 1000 | 2883 | 3.02 | 4.08 | 1000 |
| 1654 | 5.64 | 7.61 | 1000 | 2288 | 3.21 | 4.33 | 1000 | 2913 | 2.11 | 2.85 | 1000 |
| 1655 | 3.17 | 4.28 | 1000 | 2300 | 1.49 | 2.01 | 1000 | 2915 | 2.69 | 3.63 | 1000 |
| 1699 | 1.46 | 1.97 | 1000 | 2302 | 1.31 | 1.77 | 1000 | 2916 | 1.70 | 2.30 | 1000 |
| 1701 | 2.43 | 3.28 | 1000 | 2305 | 1.71 | 2.31 | 1000 | 2923 | 1.43 | 1.93 | 1000 |
| 1710E | 4.56 | 6.16 | 1000 | 2361 | 0.95 | 1.28 | 1000 | 2942 | 1.70 | 2.30 | 1000 |
| 1741E | 1.22 | 1.65 | 1000 | 2362 | 1.27 | 1.71 | 1000 | 2960 | 2.09 | 2.82 | 1000 |

# AmCOMP Preferred Insurance Company



## ARKANSAS WORKERS' COMPENSATION RATES EFFECTIVE 10/01/2007

Expense Constant $180 Schedule Rating: + /- 25% Minimum Premium = 1,000 Stck DiscTbl 7

| Class Code | Loss Cost | AmCOMP Preferred Rate | Min. Prem. | Class Code | Loss Cost | AmCOMP Preferred Rate | Min. Prem. | Class Code | Loss Cost | AmCOMP Preferred Rate | Min. Prem. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 07/01/2007 | 1.350 | | | 07/01/2007 | 1.35 | | | 07/01/2007 | 1.350 | |
| 3004 | 1.79 | 2.42 | 1000 | 3315 | 1.84 | 2.48 | 1000 | 4021 | 3.16 | 4.27 | 1000 |
| 3018 | 2.15 | 2.90 | 1000 | 3334 | 1.73 | 2.34 | 1000 | 4024E | 1.18 | 1.59 | 1000 |
| 3022 | 2.32 | 3.13 | 1000 | 3336 | 1.70 | 2.30 | 1000 | 4034 | 4.80 | 6.48 | 1000 |
| 3027 | 2.08 | 2.81 | 1000 | 3365 | 6.72 | 9.07 | 1000 | 4036 | 1.83 | 2.47 | 1000 |
| 3028 | 2.21 | 2.98 | 1000 | 3372 | 1.91 | 2.58 | 1000 | 4038 | 1.49 | 2.01 | 1000 |
| 3030 | 2.91 | 3.93 | 1000 | 3373 | 2.35 | 3.17 | 1000 | 4053 | 2.26 | 3.05 | 1000 |
| 3040 | 2.88 | 3.89 | 1000 | 3383 | 0.68 | 0.92 | 1000 | 4061 | 3.01 | 4.06 | 1000 |
| 3041 | 2.49 | 3.36 | 1000 | 3385 | 0.62 | 0.84 | 1000 | 4062 | 2.19 | 2.96 | 1000 |
| 3042 | 2.28 | 3.08 | 1000 | 3400 | 1.81 | 2.44 | 1000 | 4101 | 1.39 | 1.88 | 1000 |
| 3064 | 3.22 | 4.35 | 1000 | 3507 | 2.04 | 2.75 | 1000 | 4111 | 1.64 | 2.21 | 1000 |
| 3069 | 4.69 | 6.33 | 1000 | 3515 | 1.65 | 2.23 | 1000 | 4112 | 0.67 | 0.90 | 1000 |
| 3076 | 1.94 | 2.62 | 1000 | 3548 | 0.86 | 1.16 | 1000 | 4113 | 1.18 | 1.59 | 1000 |
| 3081D | 1.78 | 2.40 | 1000 | 3559 | 1.52 | 2.05 | 1000 | 4114 | 1.68 | 2.27 | 1000 |
| 3082D | 2.81 | 3.79 | 1000 | 3574 | 0.83 | 1.12 | 1000 | 4130 | 3.91 | 5.28 | 1000 |
| 3085D | 2.07 | 2.79 | 1000 | 3581 | 0.85 | 1.15 | 1000 | 4131 | 1.90 | 2.57 | 1000 |
| 3110 | 2.11 | 2.85 | 1000 | 3612 | 1.55 | 2.09 | 1000 | 4133 | 1.80 | 2.43 | 1000 |
| 3111 | 2.11 | 2.85 | 1000 | 3620 | 4.20 | 5.67 | 1000 | 4150 | 0.92 | 1.24 | 1000 |
| 3113 | 1.52 | 2.05 | 1000 | 3629 | 1.33 | 1.80 | 1000 | 4206 | 2.76 | 3.73 | 1000 |
| 3114 | 1.79 | 2.42 | 1000 | 3632 | 2.16 | 2.92 | 1000 | 4207 | 0.80 | 1.08 | 1000 |
| 3118 | 1.00 | 1.35 | 1000 | 3634 | 1.33 | 1.80 | 1000 | 4239 | 0.92 | 1.24 | 1000 |
| 3119 | 0.75 | 1.01 | 1000 | 3635 | 1.24 | 1.67 | 1000 | 4240 | 2.04 | 2.75 | 1000 |
| 3122 | 0.80 | 1.08 | 1000 | 3638 | 1.11 | 1.50 | 1000 | 4243 | 1.00 | 1.35 | 1000 |
| 3126 | 1.36 | 1.84 | 1000 | 3642 | 0.65 | 0.88 | 1000 | 4244 | 1.65 | 2.23 | 1000 |
| 3131 | 0.63 | 0.85 | 1000 | 3643 | 2.08 | 2.81 | 1000 | 4250 | 1.03 | 1.39 | 1000 |
| 3132 | 1.44 | 1.94 | 1000 | 3647 | 2.25 | 3.04 | 1000 | 4251 | 1.16 | 1.57 | 1000 |
| 3145 | 1.34 | 1.81 | 1000 | 3648 | 1.49 | 2.01 | 1000 | 4263 | 1.67 | 2.25 | 1000 |
| 3146 | 1.81 | 2.44 | 1000 | 3681 | 0.99 | 1.34 | 1000 | 4273 | 1.13 | 1.53 | 1000 |
| 3169 | 1.84 | 2.48 | 1000 | 3685 | 1.30 | 1.76 | 1000 | 4279 | 1.22 | 1.65 | 1000 |
| 3175 | 1.99 | 2.69 | 1000 | 3719 | 2.36 | 3.19 | 1000 | 4282 | 1.50 | 2.03 | 1000 |
| 3179 | 1.66 | 2.24 | 1000 | 3724 | 4.64 | 6.26 | 1000 | 4283 | 1.63 | 2.20 | 1000 |
| 3180 | 1.49 | 2.01 | 1000 | 3726 | 2.44 | 3.29 | 1000 | 4299 | 1.05 | 1.42 | 1000 |
| 3188 | 0.99 | 1.34 | 1000 | 3803 | 1.27 | 1.71 | 1000 | 4304 | 1.96 | 2.65 | 1000 |
| 3220 | 1.41 | 1.90 | 1000 | 3807 | 1.11 | 1.50 | 1000 | 4307 | 1.90 | 2.57 | 1000 |
| 3223 | 2.29 | 3.09 | 1000 | 3808 | 1.91 | 2.58 | 1000 | 4351 | 0.76 | 1.03 | 1000 |
| 3224 | 1.85 | 2.50 | 1000 | 3821 | 2.93 | 3.96 | 1000 | 4352 | 0.72 | 0.97 | 1000 |
| 3227 | 1.22 | 1.65 | 1000 | 3822 | 1.91 | 2.58 | 1000 | 4360 | 0.56 | 0.76 | 1000 |
| 3240 | 2.34 | 3.16 | 1000 | 3824 | 3.37 | 4.55 | 1000 | 4361 | 0.95 | 1.28 | 1000 |
| 3241 | 2.05 | 2.77 | 1000 | 3826 | 0.72 | 0.97 | 1000 | 4362 | 0.74 | 1.00 | 1000 |
| 3255 | 1.83 | 2.47 | 1000 | 3827 | 0.83 | 1.12 | 1000 | 4410 | 2.04 | 2.75 | 1000 |
| 3257 | 1.89 | 2.55 | 1000 | 3830 | 0.80 | 1.08 | 1000 | 4420 | 2.42 | 3.27 | 1000 |
| 3270 | 3.08 | 4.16 | 1000 | 3851 | 2.03 | 2.74 | 1000 | 4431 | 1.04 | 1.40 | 1000 |
| 3300 | 2.56 | 3.46 | 1000 | 3865 | 0.90 | 1.22 | 1000 | 4432 | 1.12 | 1.51 | 1000 |
| 3303 | 2.54 | 3.43 | 1000 | 3881 | 2.64 | 3.56 | 1000 | 4439 | 1.30 | 1.76 | 1000 |
| 3307 | 2.47 | 3.33 | 1000 | 4000 | 5.16 | 6.97 | 1000 | 4452 | 2.40 | 3.24 | 1000 |

# AmCOMP Preferred Insurance Company



## ARKANSAS WORKERS' COMPENSATION RATES EFFECTIVE 10/01/2007

Expense Constant $180 Schedule Rating: + /- 25% Minimum Premium = 1,000 Stck DiscTbl 7

| Class Code | Loss Cost | AmCOMP Preferred Rate | Min. Prem. | Class Code | Loss Cost | AmCOMP Preferred Rate | Min. Prem. | Class Code | Loss Cost | AmCOMP Preferred Rate | Min. Prem. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 07/01/2007 | 1.350 | | | 07/01/2007 | 1.35 | | | 07/01/2007 | 1.35 | |
| 4459 | 1.46 | 1.97 | 1000 | 5188 | 3.76 | 5.08 | 1000 | 6214 | 1.92 | 2.59 | 1000 |
| 4470 | 1.58 | 2.13 | 1000 | 5190 | 2.21 | 2.98 | 1000 | 6216 | 3.64 | 4.91 | 1000 |
| 4484 | 1.64 | 2.21 | 1000 | 5191 | 1.26 | 1.70 | 1000 | 6217 | 3.39 | 4.58 | 1000 |
| 4493 | 1.95 | 2.63 | 1000 | 5192 | 2.79 | 3.77 | 1000 | 6229 | 2.84 | 3.83 | 1000 |
| 4511 | 0.48 | 0.65 | 1000 | 5213 | 5.35 | 7.22 | 1000 | 6233 | 5.24 | 7.07 | 1000 |
| 4557 | 1.28 | 1.73 | 1000 | 5215 | 2.79 | 3.77 | 1000 | 6235 | 7.81 | 10.54 | 1000 |
| 4558 | 1.31 | 1.77 | 1000 | 5221 | 2.84 | 3.83 | 1000 | 6236 | 8.94 | 12.07 | 1000 |
| 4561 | 1.29 | 1.74 | 1000 | 5222 | 6.98 | 9.42 | 1000 | 6237 | 2.50 | 3.38 | 1000 |
| 4568 | 1.85 | 2.50 | 1000 | 5223 | 3.84 | 5.18 | 1000 | 6251D | 5.33 | 7.20 | 1000 |
| 4581 | 1.17 | 1.58 | 1000 | 5348 | 2.66 | 3.59 | 1000 | 6252D | 4.82 | 6.51 | 1000 |
| 4583 | 3.22 | 4.35 | 1000 | 5402 | 3.50 | 4.73 | 1000 | 6260D | 3.64 | 4.91 | 1000 |
| 4611 | 0.66 | 0.89 | 1000 | 5403 | 7.16 | 9.67 | 1000 | 6306 | 3.83 | 5.17 | 1000 |
| 4635 | 2.71 | 3.66 | 1000 | 5437 | 3.27 | 4.41 | 1000 | 6319 | 3.81 | 5.14 | 1000 |
| 4653 | 0.94 | 1.27 | 1000 | 5443 | 2.59 | 3.50 | 1000 | 6325 | 3.55 | 4.79 | 1000 |
| 4665 | 4.74 | 6.40 | 1000 | 5445 | 3.31 | 4.47 | 1000 | 6400 | 4.82 | 6.51 | 1000 |
| 4670 | 3.02 | 4.08 | 1000 | 5462 | 4.32 | 5.83 | 1000 | 6504 | 1.70 | 2.30 | 1000 |
| 4683 | 3.28 | 4.43 | 1000 | 5472 | 3.57 | 4.82 | 1000 | 6702M* | 5.08 | 6.86 | 1000 |
| 4686 | 0.80 | 1.08 | 1000 | 5473 | 3.64 | 4.91 | 1000 | 6703M* | 9.13 | 12.33 | 1000 |
| 4692 | 0.26 | 0.35 | 1000 | 5474 | 5.06 | 6.83 | 1000 | 6704M* | 5.64 | 7.61 | 1000 |
| 4693 | 0.61 | 0.82 | 1000 | 5478 | 3.10 | 4.19 | 1000 | 6801F | 10.08 | 13.61 | 1000 |
| 4703 | 1.60 | 2.16 | 1000 | 5479 | 7.19 | 9.71 | 1000 | 6811 | 3.81 | 5.14 | 1000 |
| 4717 | 1.71 | 2.31 | 1000 | 5480 | 7.03 | 9.49 | 1000 | 6824F | 17.41 | 23.50 | 1000 |
| 4720 | 2.83 | 3.82 | 1000 | 5491 | 1.51 | 2.04 | 1000 | 6826F | 8.38 | 11.31 | 1000 |
| 4740 | 1.04 | 1.40 | 1000 | 5506 | 3.08 | 4.16 | 1000 | 6834 | 2.97 | 4.01 | 1000 |
| 4741 | 1.25 | 1.69 | 1000 | 5507 | 4.06 | 5.48 | 1000 | 6836 | 6.56 | 8.86 | 1000 |
| 4751 | 1.33 | 1.80 | 1000 | 5508D | 5.16 | 6.97 | 1000 | 6843F | 11.48 | 15.50 | 1000 |
| 4771N | 1.24 | 1.67 | 1000 | 5537 | 4.69 | 6.33 | 1000 | 6845F | 13.57 | 18.32 | 1000 |
| 4777 | 1.20 | 1.62 | 1000 | 5538 | 3.89 | 5.25 | 1000 | 6854 | 3.72 | 5.02 | 1000 |
| 4825 | 0.53 | 0.72 | 1000 | 5551 | 10.17 | 13.73 | 1000 | 6872F | 15.60 | 21.06 | 1000 |
| 4828 | 1.00 | 1.35 | 1000 | 5606 | 1.37 | 1.85 | 1000 | 6874F | 27.78 | 37.50 | 1000 |
| 4829 | 1.08 | 1.46 | 1000 | 5610 | 4.86 | 6.56 | 1000 | 6882 | 4.14 | 5.59 | 1000 |
| 4902 | 1.20 | 1.62 | 1000 | 5645 | 8.07 | 10.89 | 1000 | 6884 | 9.09 | 12.27 | 1000 |
| 4923 | 0.79 | 1.07 | 1000 | 5651 | 6.57 | 8.87 | 1000 | 7016M | 3.78 | 5.10 | 1000 |
| 5020 | 3.97 | 5.36 | 1000 | 5703 | 71.94 | 97.12 | 1000 | 7024M | 4.20 | 5.67 | 1000 |
| 5022 | 4.38 | 5.91 | 1000 | 5705 | 3.52 | 4.75 | 1000 | 7038M | 4.47 | 6.03 | 1000 |
| 5037 | 12.03 | 16.24 | 1000 | 5951 | 0.26 | 0.35 | 1000 | 7046M | 20.22 | 27.30 | 1000 |
| 5040 | 13.86 | 18.71 | 1000 | 6003 | 7.20 | 9.72 | 1000 | 7047M | 6.80 | 9.18 | 1000 |
| 5057 | 11.33 | 15.30 | 1000 | 6005 | 4.77 | 6.44 | 1000 | 7050M | 8.04 | 10.85 | 1000 |
| 5059 | 15.97 | 21.56 | 1000 | 6017 | 2.97 | 4.01 | 1000 | 7090M | 4.97 | 6.71 | 1000 |
| 5069 | 15.30 | 20.66 | 1000 | 6018 | 1.50 | 2.03 | 1000 | 7098M | 22.47 | 30.33 | 1000 |
| 5102 | 2.96 | 4.00 | 1000 | 6045 | 2.04 | 2.75 | 1000 | 7099M | 36.36 | 49.09 | 1000 |
| 5146 | 3.52 | 4.75 | 1000 | 6204 | 6.70 | 9.05 | 1000 | 7133 | 2.42 | 3.27 | 1000 |
| 5160 | 3.01 | 4.06 | 1000 | 6206 | 5.19 | 7.01 | 1000 | 7151M | 2.94 | 3.97 | 1000 |
| 5183 | 2.26 | 3.05 | 1000 | 6213 | 8.09 | 10.92 | 1000 | 7152M | 5.29 | 7.14 | 1000 |

# AmCOMP Preferred Insurance Company



## ARKANSAS WORKERS' COMPENSATION RATES EFFECTIVE 10/01/2007

Expense Constant $180 Schedule Rating: + /- 25% Minimum Premium = 1,000 Stck DiscTbl 7

| Class Code | Loss Cost | AmCOMP Preferred Rate | Min. Prem. | Class Code | Loss Cost | AmCOMP Preferred Rate | Min. Prem. | Class Code | Loss Cost | AmCOMP Preferred Rate | Min. Prem. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 07/01/2007 | 1.35 | | | 07/01/2007 | 1.35 | | | 07/01/2007 | 1.35 | |
| 7153M | 3.27 | 4.41 | 1000 | 7610 | 0.34 | 0.46 | 1000 | 8263 | 6.48 | 8.75 | 1000 |
| 7222 | 6.90 | 9.32 | 1000 | 7611 | 4.11 | 5.55 | 1000 | 8264 | 2.87 | 3.87 | 1000 |
| 7228 | 5.40 | 7.29 | 1000 | 7612 | 11.58 | 15.63 | 1000 | 8265 | 6.85 | 9.25 | 1000 |
| 7229 | 5.36 | 7.24 | 1000 | 7613 | 3.27 | 4.41 | 1000 | 8279 | 7.36 | 9.94 | 1000 |
| 7230 | 2.65 | 3.58 | 1000 | 7705 | 1.94 | 2.62 | 1000 | 8288 | 4.80 | 6.48 | 1000 |
| 7231 | 5.91 | 7.98 | 1000 | 7710 | 4.70 | 6.35 | 1000 | 8291 | 1.73 | 2.34 | 1000 |
| 7232 | 9.76 | 13.18 | 1000 | 7711 | 4.70 | 6.35 | 1000 | 8292 | 2.10 | 2.84 | 1000 |
| 7309F | 19.14 | 25.84 | 1000 | 7720 | 1.94 | 2.62 | 1000 | 8293 | 5.81 | 7.84 | 1000 |
| 7313F | 4.42 | 5.97 | 1000 | 7855 | 4.18 | 5.64 | 1000 | 8295 | 4.31 | 5.82 | 1000 |
| 7317F | 7.12 | 9.61 | 1000 | 8001 | 1.73 | 2.34 | 1000 | 8304 | 5.05 | 6.82 | 1000 |
| 7327F | 15.61 | 21.07 | 1000 | 8002 | 2.28 | 3.08 | 1000 | 8350 | 3.67 | 4.95 | 1000 |
| 7333M | 5.13 | 6.93 | 1000 | 8006 | 1.59 | 2.15 | 1000 | 8380 | 2.47 | 3.33 | 1000 |
| 7335M | 5.70 | 7.70 | 1000 | 8008 | 0.83 | 1.12 | 1000 | 8381 | 0.99 | 1.34 | 1000 |
| 7337M | 9.22 | 12.45 | 1000 | 8010 | 1.52 | 2.05 | 1000 | 8385 | 1.90 | 2.57 | 1000 |
| 7350F | 16.83 | 22.72 | 1000 | 8013 | 0.35 | 0.47 | 1000 | 8392 | 2.44 | 3.29 | 1000 |
| 7360 | 4.12 | 5.56 | 1000 | 8015 | 0.49 | 0.66 | 1000 | 8393 | 1.15 | 1.55 | 1000 |
| 7370 | 3.59 | 4.85 | 1000 | 8017 | 0.85 | 1.15 | 1000 | 8500 | 3.57 | 4.82 | 1000 |
| 7380 | 2.88 | 3.89 | 1000 | 8018* | 1.89 | 2.55 | 1000 | 8601 | 0.49 | 0.66 | 1000 |
| 7382 | 1.97 | 2.66 | 1000 | 8021 | 1.22 | 1.65 | 1000 | 8606 | 2.50 | 3.38 | 1000 |
| 7390 | 2.48 | 3.35 | 1000 | 8031 | 2.22 | 3.00 | 1000 | 8709F | 5.86 | 7.91 | 1000 |
| 7394M | 10.07 | 13.59 | 1000 | 8032 | 1.14 | 1.54 | 1000 | 8719 | 1.25 | 1.69 | 1000 |
| 7395M | 11.19 | 15.11 | 1000 | 8033 | 1.38 | 1.86 | 1000 | 8720 | 0.84 | 1.13 | 1000 |
| 7398M | 18.11 | 24.45 | 1000 | 8039 | 1.03 | 1.39 | 1000 | 8721 | 0.28 | 0.38 | 1000 |
| 7403 | 2.00 | 2.70 | 1000 | 8044 | 2.25 | 3.04 | 1000 | 8726F | 6.97 | 9.41 | 1000 |
| 7405N | 1.05 | 1.42 | 1000 | 8045 | 0.32 | 0.43 | 1000 | 8734M | 0.47 | 0.63 | 1000 |
| 7420* | 14.72 | 19.87 | 1000 | 8046 | 2.02 | 2.73 | 1000 | 8737M | 0.43 | 0.58 | 1000 |
| 7421 | 1.57 | 2.12 | 1000 | 8047 | 0.87 | 1.17 | 1000 | 8738M | 0.76 | 1.03 | 1000 |
| 7422 | 1.67 | 2.25 | 1000 | 8058 | 2.05 | 2.77 | 1000 | 8742 | 0.35 | 0.47 | 1000 |
| 7423 | 2.00 | 2.70 | 1000 | 8072 | 0.46 | 0.62 | 1000 | 8745 | 3.30 | 4.46 | 1000 |
| 7425 | 2.37 | 3.20 | 1000 | 8102 | 1.88 | 2.54 | 1000 | 8748 | 0.29 | 0.39 | 1000 |
| 7431N | 1.32 | 1.78 | 1000 | 8103 | 3.33 | 4.50 | 1000 | 8755 | 0.20 | 0.27 | 1000 |
| 7445N | 0.57 | 0.77 | 1000 | 8105 | 3.26 | 4.40 | 1000 | 8799 | 0.69 | 0.93 | 1000 |
| 7453N | 0.71 | 0.96 | 1000 | 8106 | 3.10 | 4.19 | 1000 | 8800 | 0.69 | 0.93 | 1000 |
| 7502 | 2.07 | 2.79 | 1000 | 8107 | 2.85 | 3.85 | 1000 | 8803 | 0.06 | 0.08 | 1000 |
| 7515 | 0.75 | 1.01 | 1000 | 8111 | 2.25 | 3.04 | 1000 | 8805M | 0.23 | 0.31 | 1000 |
| 7520 | 2.12 | 2.86 | 1000 | 8116 | 3.23 | 4.36 | 1000 | 8810 | 0.17 | 0.23 | 1000 |
| 7538 | 6.75 | 9.11 | 1000 | 8203 | 4.36 | 5.89 | 1000 | 8814M | 0.21 | 0.28 | 1000 |
| 7539 | 4.37 | 5.90 | 1000 | 8204 | 4.35 | 5.87 | 1000 | 8815M | 0.37 | 0.50 | 1000 |
| 7540 | 2.86 | 3.86 | 1000 | 8209 | 2.16 | 2.92 | 1000 | 8820 | 0.16 | 0.22 | 1000 |
| 7580 | 1.44 | 1.94 | 1000 | 8215 | 3.89 | 5.25 | 1000 | 8824 | 2.01 | 2.71 | 1000 |
| 7590 | 3.11 | 4.20 | 1000 | 8227 | 3.04 | 4.10 | 1000 | 8825 | 1.68 | 2.27 | 1000 |
| 7600 | 2.11 | 2.85 | 1000 | 8232 | 4.53 | 6.12 | 1000 | 8826 | 1.60 | 2.16 | 1000 |
| 7601 | 8.37 | 11.30 | 1000 | 8233 | 3.37 | 4.55 | 1000 | 8829 | 1.91 | 2.58 | 1000 |
| 7605 | 2.34 | 3.16 | 1000 | 8235 | 2.88 | 3.89 | 1000 | 8831 | 2.12 | 2.86 | 1000 |

# AmCOMP Preferred Insurance Company



## ARKANSAS WORKERS' COMPENSATION RATES EFFECTIVE 10/01/2007

Expense Constant $180 Schedule Rating: + /- 25% Minimum Premium = 1,000 Stck DiscTbl 7

| Class Code | Loss Cost | AmCOMP Preferred Rate | Min. Prem. |
|---|---|---|---|
| | 07/01/2007 | 1.35 | |
| 8832 | 0.20 | 0.27 | 1000 |
| 8833* | 0.79 | 1.07 | 1000 |
| 8835 | 1.52 | 2.05 | 1000 |
| 8842 | 0.83 | 1.12 | 1000 |
| 8861 | - | - | - |
| 8864 | 0.83 | 1.12 | 1000 |
| 8868 | 0.29 | 0.39 | 1000 |
| 8869 | 0.53 | 0.72 | 1000 |
| 8871 | 0.18 | 0.24 | 1000 |
| 8901 | 0.20 | 0.27 | 1000 |
| 9012 | 1.19 | 1.61 | 1000 |
| 9014 | 1.65 | 2.23 | 1000 |
| 9015 | 1.95 | 2.63 | 1000 |
| 9016 | 3.55 | 4.79 | 1000 |
| 9019 | 2.33 | 3.15 | 1000 |
| 9033 | 1.27 | 1.71 | 1000 |
| 9040 | 2.49 | 3.36 | 1000 |
| 9052 | 1.25 | 1.69 | 1000 |
| 9058 | 1.23 | 1.66 | 1000 |
| 9059 | 2.11 | 2.85 | 1000 |
| 9060 | 1.27 | 1.71 | 1000 |
| 9061 | 0.98 | 1.32 | 1000 |
| 9063 | 0.78 | 1.05 | 1000 |
| 9077F | 2.87 | 3.87 | 1000 |
| 9082 | 1.17 | 1.58 | 1000 |
| 9083 | 1.05 | 1.42 | 1000 |
| 9084 | 1.45 | 1.96 | 1000 |
| 9089 | 0.92 | 1.24 | 1000 |
| 9093 | 1.04 | 1.40 | 1000 |
| 9101 | 2.17 | 2.93 | 1000 |
| 9102 | 2.13 | 2.88 | 1000 |
| 9110 | - | - | - |
| 9154 | 1.74 | 2.35 | 1000 |
| 9156 | 1.00 | 1.35 | 1000 |
| 9170 | 1.65 | 2.23 | 1000 |
| 9178 | 17.92 | 24.19 | 1000 |
| 9179 | 31.10 | 41.99 | 1000 |
| 9180 | 3.07 | 4.14 | 1000 |
| 9182 | 1.91 | 2.58 | 1000 |
| 9186 | 38.45 | 51.91 | 1000 |
| 9220 | 2.68 | 3.62 | 1000 |
| 9402 | 3.70 | 5.00 | 1000 |
| 9403 | 4.54 | 6.13 | 1000 |
| 9410 | 1.39 | 1.88 | 1000 |

| Class Code | Loss Cost | AmCOMP Preferred Rate | Min. Prem. |
|---|---|---|---|
| | 07/01/2007 | 1.35 | |
| 9501 | 3.45 | 4.66 | 1000 |
| 9505 | 2.52 | 3.40 | 1000 |
| 9516 | 1.99 | 2.69 | 1000 |
| 9519 | 1.73 | 2.34 | 1000 |
| 9521 | 3.70 | 5.00 | 1000 |
| 9522 | 1.08 | 1.46 | 1000 |
| 9534 | 5.29 | 7.14 | 1000 |
| 9554 | 6.07 | 8.19 | 1000 |
| 9586 | 0.52 | 0.70 | 1000 |
| 9600 | 1.14 | 1.54 | 1000 |
| 9620 | 0.86 | 1.16 | 1000 |

AmCOMP SM

**AmCOMP Preferred Insurance Company**

# Arkansas Schedule Rating Worksheet

**Named Insured:** _____

**Policy Number:** _____ **Date:** _____

**Policy Period:** _____

| Category | Available Range of Modification | Credit Applied | Debit Applied | Rationale for Debit or Credit - Detailed Documentation to be included in File |
|---|---|---|---|---|
| Premises/Work Environment<br>Physical condition, hazards controlled, housekeeping, documented inspection and preventive maintenance (including records of corrective action), industrial hygiene, ergonometrics, workplace design, workflow, resource distribution, administrative controls. | - 10 to +10 % | | | |
| Classification Peculiarities<br>Variation in exposure due to technology or methodology variations, exposure identification, employee distribution, employee turnover. | - 10 to +10 % | | | |
| Medical Facilities<br>First Aid, medical assistance, emergency or disaster plans, alcohol or substance abuse programs, managed care and return to work programs *** | -5 to +5% | | | |
| Employees<br>Selection, training, experience, motivational program, supervisor accountability | - 10 to +10 % | | | |
| Safety Devices and Equipment<br>Type and condition, guards, personal protective equipment inspection and maintenance, required training with documentation. | -5 to +5% | | | |
| Management - Safety Organization<br>Accident investigation and analysis with corrective action, record keeping, safety committee organization and effectiveness, employee involvement, return to work program. | -5 to +5% | | | |
| Management - Cooperation with Insurance Carrier<br>Commitment to workplace safety, involvement in loss control programs, cooperation with insurer including Revision of schedules and practices to conform with insurer recommendations. | -5 to +5% | | | |
| | Total: | | | Maximum = -25% to + 25% |

**To qualify for schedule rating, estimated standard premium must be greater than or equal to the experience rating premium eligibility level.**

# Supporting Document Schedules

**Review Status:**

**Bypassed -Name:** Uniform Transmittal Document-Property & Casualty — Approved — 08/21/2007

**Bypass Reason:** Form UT is not required for SERFF filings.

**Comments:**

**Review Status:**

**Satisfied -Name:** NAIC Loss Cost Filing Document for Workers' Compensation — Approved — 08/21/2007

**Comments:**

**Attachments:**

loss_cost_wc_coverLC.pdf

AR Loss Cost Support.pdf

**Review Status:**

**Satisfied -Name:** NAIC loss cost data entry document — Approved — 08/21/2007

**Comments:**

**Attachment:**

loss_cost_data_entry.pdf

Date: 08/10/2007

| Space Reserved for Insurance Department Use |
| --- |
| |

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

INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION
PROSPECTIVE LOSS COSTS

1. INSURER NAME AmCOMP Preferred Insurance Company

   ADDRESS 701 U.S. Highway 1
   North Palm Beach, Fl. 33408

2. PERSON RESPONSIBLE FOR FILING Melody Misiazek

   TITLE VP of Regulatory TELEPHONE # 1-800-226-1898 ext. 11226

3. INSURER NAIC # 10346

4. ADVISORY ORGANIZATION NCCI

5A. PROPOSED RATE LEVEL CHANGE N/A % _ EFFECTIVE DATE 10/01/2007
5B. PROPOSED PREMIUM LEVEL CHANGE* N/A % _ EFFECTIVE DATE 10/01/2007

6A. PRIOR RATE LEVEL CHANGE N/A % EFFECTIVE DATE N/A
6B. PRIOR PREMIUM LEVEL CHANGE* N/A % EFFECTIVE DATE N/A

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.

Exhibit 1

# ARKANSAS DEPARTMENT OF INSURANCE
## SUMMARY OF SUPPORTING INFORMATION FORM
## CALCULATION OF COMPANY LOSS COSTS MULTIPLIER
## AMCOMP PREFERRED INSURANCE COMPANY
## EFFECTIVE 10/01/2007

1. Does this filing apply uniformly to all workers compensation classes? Yes [X] No [ ]
   (If no, identify exceptions and provide justification for variations.)

2. Loss Costs Modification:

   B. Loss Costs Modification Factor: 1.00
   Example (i): If your loss costs modification is -10%, the factor is .90 (1.00 - .10).
   Example (ii): If your loss costs modification is +15%, the factor is 1.15 (1.00 + .15).

3. Selected Expenses: (Attach Expense Provisions Exhibit)

| | |
|---|---|
| A. Commission and Brokerage | 8.5% |
| B. Other Acquisition | 0.0% |
| C. General Expenses | 13.0% |
| D. Taxes, Licenses, Fees & Loss Based Assessments | 6.0% |
| E. Profit, Contingencies and Investment Income | -2.5% |
| F. Other (Reinsurance Cost) | 0.0% |
| G. Total (A + B + C + D + E + F) | 25.0% |

4. Development of Expected Loss & Loss Adjustment Expense (Target Cost) Ratio: 75.0%
   Expressed in decimal form: 1.000-3G

5. Overall impact of expense constant & minimum premiums: 1.03
   Expressed in decimal form: i.e., 1.2% overall impact would be 101.2

6. Overall impact of size-of-risk discounts plus expense gradation recognition in retrospective rating: 0.97
   Expressed in decimal form: ie., 8.6% average discount would be 0.914.

7. Company Formula Loss Costs Multiplier: 1.35
   2B x (1.000 - 7)/((6 - 3G) x 5)

8. Company Selected Loss Costs Multiplier: 1.35
   Explain any differences between 8 and 9, other than rounding.

AmCOMP Preferred Insurance Company

State: Arkansas
NAIC Group: 10346
Line: Workers Compensation
Proposed Effective 10/01/2007

Exhibit 2

## Section A - Calculation of 'Taxes, Licenses, and Fees" Provision

**(Listing of all State Specific Taxes and Assessments as a Percentage of Premium)**

| State Specific Tax or Assessment | Cost (as a % of Premium) |
|---|---|
| Premium Tax | 2.50% |
| Workers Compensation Fund | 1.45% |
| Second Injury Fund | 1.15% |
| Death and Permanent Toatal Disability Trust Fund | 0.40% |
| Guaranty Fund | 0.20% |
| Inv Pool | 0.30% |
| **Total** | **6.00%** |

Exhibit 3

## AmCOMP Preferred Insurance Company

## Arkansas

## CALCULATION OF INTERNAL RATE OF RETURN

## 10/01/2007

| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Accident Year Ending* | *Funds Available January 1* | *Loss Payments During Year* | *Expense Payments During Year* | *ıss and expense reserve December 31* | *Average Funds Available For Investment* | *Investment Income on Reserve* | *Income Tax Payments (Recoveries) During Year* | *Operating Income* | *Surplus Level* | *Surplus Provided (Released)* | *Investment Income on Surplus* | *Net Cash Flow* |
| AY - 0 | | | | 729.73 | | | | | 177.60 | 177.60 | | -177.60 |
| AY + 0 | 0.00 | 515.92 | 292.65 | 182.13 | 91.06 | 4.31 | 12.27 | 1.33 | 52.04 | -125.56 | 5.44 | 132.33 |
| AY + 1 | 182.13 | 96.32 | 1.40 | 84.40 | 133.27 | 6.31 | -3.78 | 10.09 | 28.59 | -23.44 | 1.91 | 35.44 |
| AY + 2 | 84.40 | 24.81 | 0.36 | 59.23 | 71.82 | 3.40 | -1.00 | 4.40 | 22.56 | -6.04 | 1.21 | 11.65 |
| AY + 3 | 59.23 | 5.84 | 0.09 | 53.31 | 56.27 | 2.66 | -0.26 | 2.92 | 21.13 | -1.42 | 1.03 | 5.37 |
| AY + 4 | 53.31 | 1.46 | 0.02 | 51.83 | 52.57 | 2.49 | -0.10 | 2.59 | 20.78 | -0.36 | 0.99 | 3.94 |
| AY + 5 | 51.83 | 10.95 | 0.16 | 40.72 | 46.27 | 2.19 | -1.15 | 3.34 | 18.12 | -2.66 | 0.92 | 6.93 |
| AY + 6 | 40.72 | 7.30 | 0.11 | 33.32 | 37.02 | 1.75 | -0.62 | 2.37 | 16.34 | -1.78 | 0.82 | 4.96 |
| AY + 7 | 33.32 | 1.46 | 0.02 | 31.84 | 32.58 | 1.54 | -0.32 | 1.86 | 15.98 | -0.36 | 0.77 | 2.98 |
| AY + 8 | 31.84 | 2.92 | 0.04 | 28.87 | 30.35 | 1.44 | -0.49 | 1.93 | 15.27 | -0.71 | 0.74 | 3.38 |
| AY + 9 | 28.87 | 2.92 | 0.04 | 25.91 | 27.39 | 1.30 | -0.35 | 1.64 | 14.56 | -0.71 | 0.71 | 3.06 |
| AY + 10 | 25.91 | 2.19 | 0.03 | 23.69 | 24.80 | 1.17 | -0.28 | 1.46 | 14.03 | -0.53 | 0.68 | 2.67 |
| AY + 11 | 23.69 | 2.19 | 0.03 | 21.47 | 22.58 | 1.07 | -0.25 | 1.32 | 13.50 | -0.53 | 0.65 | 2.50 |
| AY + 12 | 21.47 | 2.19 | 0.03 | 19.25 | 20.36 | 0.96 | -0.21 | 1.18 | 12.96 | -0.53 | 0.63 | 2.34 |
| AY + 13 | 19.25 | 1.46 | 0.02 | 17.77 | 18.51 | 0.88 | -0.04 | 0.91 | 12.61 | -0.36 | 0.61 | 1.88 |
| AY + 14 | 17.77 | 1.46 | 0.02 | 16.29 | 17.03 | 0.81 | -0.01 | 0.82 | 12.25 | -0.36 | 0.59 | 1.76 |
| AY + 15 | 16.29 | 1.46 | 0.02 | 14.81 | 15.55 | 0.74 | -0.01 | 0.75 | 11.90 | -0.36 | 0.57 | 1.68 |
| AY + 16 | 14.81 | 1.46 | 0.02 | 13.33 | 14.07 | 0.67 | -0.01 | 0.68 | 11.54 | -0.36 | 0.55 | 1.59 |
| AY + 17 | 13.33 | 1.46 | 0.02 | 11.85 | 12.59 | 0.60 | -0.01 | 0.61 | 11.19 | -0.36 | 0.54 | 1.50 |
| AY + 18 | 11.85 | 1.46 | 0.02 | 10.37 | 11.11 | 0.53 | -0.01 | 0.54 | 10.83 | -0.36 | 0.52 | 1.42 |
| AY + 19 | 10.37 | 1.46 | 0.02 | 8.88 | 9.62 | 0.46 | -0.01 | 0.47 | 10.48 | -0.36 | 0.50 | 1.33 |
| AY + 20 | 8.88 | 1.46 | 0.02 | 7.40 | 8.14 | 0.39 | -0.01 | 0.40 | 10.12 | -0.36 | 0.49 | 1.24 |
| AY + 21 | 7.40 | 1.46 | 0.02 | 5.92 | 6.66 | 0.32 | -0.01 | 0.33 | 9.77 | -0.36 | 0.47 | 1.16 |
| AY + 22 | 5.92 | 1.46 | 0.02 | 4.44 | 5.18 | 0.25 | -0.01 | 0.26 | 9.41 | -0.36 | 0.45 | 1.07 |
| AY + 23 | 4.44 | 1.46 | 0.02 | 2.96 | 3.70 | 0.18 | -0.01 | 0.19 | 9.06 | -0.36 | 0.44 | 0.98 |
| AY + 24 | 2.96 | 1.46 | 0.02 | 1.48 | 2.22 | 0.11 | -0.01 | 0.12 | 8.70 | -0.36 | 0.42 | 0.89 |
| AY + 25 | 1.48 | 1.46 | 0.02 | 0.00 | 0.74 | 0.04 | -0.01 | 0.05 | 8.35 | -0.36 | 0.40 | 0.81 |
| | | 695.43 | 295.27 | | | 36.52 | 3.25 | 42.56 | | | 23.04 | |
| Internal Rate of Return of Net Cash Flows | | | | | | | | | | | | 10.78% |

Notes:

(2) 0 for base year. From Column 5 of prior year for other years.
(3) Premium x payment pattern x L+ALAE %.
(4) Expense ex 50% of ULE paid in 1st year. 50% of ULE paid in proportion to loss.
(5) = Sum of subsequent (3) + (4)
(6) Average of (2) and (5).
(7) = (6) x interest rate.
(8) Calculated using industry tax discount factor.
(9) = (7) - (8)
(10) =(5)/(E)
(11) (10)-(10)Prior
(12) Interest Rate x Average Cumulative Surplus.
(13) (9)+(12)-(11)

Assumptions:

| | |
|---|---|
| A. Selected DCC provision as a % of loss | 8.0% |
| B. Selected A&O provision as a % of loss | 3.0% |
| C. Loss and LAE Ratio | 75.0% |
| D. Loss Ratio | 67.6% |
| E. A&O Ratio | 2.0% |
| F. Total Expense + A&O Ratio | 29.5% |
| G. Loss + DCC Ratio | 73.0% |
| H. Interest rate (after-tax) | 4.73% |
| I. Estimate Amcomp loss and unearned premium reserve to sur | 3.500 |
| J. Premium is collected and expenses(other than losses) are paid evenly throughout the year. | |
| K. Loss + DCC paid by NCCI payment pattern. | |
| L. Premium volume is hypothetical 1,000. | |
| M. Underwriting Profit Margin | -2.50% |

# NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

| | | |
|---|---|---|
| **1.** | This filing transmittal is part of SERFF Tracking # | **AMCP-125256312** |

| | | |
|---|---|---|
| **2.** | If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number | **NCCI AR2007-02** |

| | | Company Name | | Company NAIC Number |
|---|---|---|---|---|
| **3.** | **A.** | **AmCOMP Preferred Insurance Company** | **B.** | **10346** |

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

**5.**

| (A) COVERAGE (See Instructions) | (B) Indicated % Rate Level Change | (C) Requested % Rate Level Change | FOR LOSS COSTS ONLY (D) Expected Loss Ratio | (E) Loss Cost Modification Factor | (F) Selected Loss Cost Multiplier | (G) Expense Constant (If Applicable) | (H) Co. Current Loss Cost Multiplier |
|---|---|---|---|---|---|---|---|
| | **N/A** | **N/A** | **75.00%** | **1.00** | **1.35** | | **N/A** |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TOTAL OVERALL EFFECT | | | | | | | |

**6.** 5 Year History Rate Change History

| Year | Policy Count | % of Change | Effective Date | State Earned Premium (000) | Incurred Losses (000) | State Loss Ratio | Countrywide Loss Ratio* |
|---|---|---|---|---|---|---|---|
| **2006** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **36.1%** |
| **2005** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **40.0%** |
| **2004** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **42.9%** |
| **2003** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **38.8%** |
| **2002** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **51.5%** |
| | | | | | | | |
| | | | | | | | |

**7.**

| Expense Constants | Selected Provisions |
|---|---|
| A. Total Production Expense | **8.50%** |
| B. General Expense | **13.00%** |
| C. Taxes, License & Fees | **6.00%** |
| D. Underwriting Profit & Contingencies | **-2.50%** |
| E. Other | **0.00%** |
| F. TOTAL | **25.00%** |

**8.** __**N**__ Apply Lost Cost Factors to Future filings? (Y or N)
**9.** __**N/A**__ Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
**10.** __**N/A**__ Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____



*Based on statutory page 14 consolidated from the Annual Statement of the AmCOMP Preferred Insurance Company