

Filing at a Glance

Company: Lumbermen's Underwriting Alliance

Product Name: Workers Compensation SERFF Tr Num: LMBR-125255185 State: Arkansas

Classification Code 2719

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: AR-PC-07-025750

Sub-TOI: 16.0000 WC Sub-TOI Combinations

Co Tr Num: 2007-113-WC-R

State Status:

Filing Type: Rule

Co Status: Pending

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

Author: Donna Bauman

Disposition Date: 08-10-2007

Date Submitted: 08-08-2007

Disposition Status: Approved

Effective Date Requested (New): 07-01-2007

Effective Date (New): 08-10-2007

Effective Date Requested (Renewal): 07-01-2007

Effective Date (Renewal):

General Information

Project Name: Adoption of NCCI Item Filing 02-AR-2007

Status of Filing in Domicile: Not Filed

Project Number: 2007-113-WC-R

Domicile Status Comments: N/A

Reference Organization: NCCI, Inc.

Reference Number: 02-AR-2007

Reference Title: Revision to Basic Manual Classification Code 2719

Advisory Org. Circular: AR-2007-09

Filing Status Changed: 08-10-2007

State Status Changed: 08-09-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Lumbermen's Underwriting Alliance is a subscriber of the National Council on Compensation Insurance, Inc., and we follow NCCI for advisory loss costs, rules, rating plans, forms, and statistical reporting for Workers Compensation and Employers Liability.

We are filing to adopt NCCI's Item Filing 02-AR-2007 regarding the revised code 2719 Logging or Tree Removal Certified Mechanized Harvesting, as set forth in NCCI circular AR-2007-09. We request a retroactive effective date for all policies effective on and after July 1, 2007.

Your consideration is appreciated.

Company and Contact

Filing Contact Information

Donna Bauman,

Donna.Bauman@ins-lua.com

1905 N.W. Corporate Blvd.

(561) 994-1900 [Phone]

Boca Raton, FL 33431-7303

(561) 988-8297[FAX]

Filing Company Information

Lumbermen's Underwriting Alliance

CoCode: 23108

State of Domicile: Missouri

1905 N.W. Corporate Blvd.

Group Code:

Company Type: Commercial

Property and Casualty

Boca Raton, FL 33431-7303

Group Name:

State ID Number:

(561) 994-1900 ext. [Phone]

FEIN Number: 43-0799570

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: Item filing fee
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lumbermen's Underwriting Alliance	\$25.00	08-08-2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0000654876	\$25.00	08-08-2007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08-10-2007	08-10-2007

Disposition

Disposition Date: 08-10-2007

Effective Date (New): 08-10-2007

Effective Date (Renewal):

Status: Approved

Comment: Workers' Compensation is prior approval and cannot be approved retroactively. Your filing is approved with the effective date of the day it was approved.

Rate data does NOT apply to filing.

Created by SERFF on 08-10-2007 04:11 PM

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	Cover Letter	Approved	Yes

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	08-10-2007
Comments:	P&C transmittal attached.		
Attachment:	P&C transmittal.pdf		
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	08-10-2007
Bypass Reason:	Not applicable. Only change is in wording of class code. Rates not affected.		
Comments:			
Bypassed -Name:	NAIC loss cost data entry document	Review Status: Approved	08-10-2007
Bypass Reason:	Not applicable. Only change is in wording of class code, rates not affected.		
Comments:			
Satisfied -Name:	Cover Letter	Review Status: Approved	08-10-2007
Comments:	Cover letter attached.		
Attachment:	Filing letter.pdf		

Property & Casualty Transmittal Document

Reset Form

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 #
4.	Company Name(s)	Domicile	NAIC #
	Lumbermen's Underwriting Alliance	Missouri	23108

5.	Company Tracking Number	2007-113-WC-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
	Donna Bauman	P&C Filing Analyst	(800) 3270630 x291	(561) 988-8297	donna.bauman@ins-lua.com
	1905 NW Corporate Blvd. Boca Raton, FL 33431-7303				
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Donna Bauman		

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 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 type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 07-01-2007 Renewal: 07-01-2007
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI, Inc.
17.	Reference Organization # & Title	02-AR-2007 Revision to Basic Manual Class Code 2719
18.	Company's Date of Filing	08-07-2007
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 # 2007-113-WC-R

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Lumbermen's Underwriting Alliance is a subscriber of the National Council on Compensation Insurance, Inc., and we follow NCCI for advisory loss costs, rules, rating plans, forms, and statistical reporting for Workers Compensation and Employers Liability.

We are filing to adopt NCCI's Item Filing 02-AR-2007 regarding the revised code 2719 – Logging or Tree Removal – Certified Mechanized Harvesting, as set forth in NCCI circular AR-2007-09. We request a retroactive effective date for all policies effective on and after July 1, 2007.

Your consideration is appreciated.

[View Complete Filing Description](#)

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 #: 654876
Amount: 25.00

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.)

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 #	2007-113-WC-R
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File and Use
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4a.	Rate Change by Company (As Proposed)
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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)

4b.	Rate Change by Company (As Accepted) For State Use Only
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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	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	N/A	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input 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	

CHRISTINE E. LYNN
CHAIRMAN OF THE BOARD
AND CHIEF EXECUTIVE OFFICER

LUMBERMEN'S UNDERWRITING ALLIANCE

A RECIPROCAL INTER-INSURANCE EXCHANGE
A MEMBER COMPANY OF THE LYNN INSURANCE GROUP
HOME OFFICE • BOCA RATON, FLORIDA

1905 N.W. CORPORATE BOULEVARD, BOCA RATON, FLORIDA 33431-7303
TELEPHONE (561) 994-1900 • FAX (561) 994-8362



August 7, 2007

Honorable Julie Bowman
Commissioner of Insurance
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904

**Re: Lumbermen's Underwriting Alliance
Workers Compensation and Employers Liability
Adoption of NCCI Item Filing 02-AR-2007
Filing No: 2007-113-WC-R
NAIC No. 00023108
FEIN No. 43-0799570**

Dear Commissioner Bowman:

Lumbermen's Underwriting Alliance is a subscriber of the National Council on Compensation Insurance, Inc., and we follow NCCI for advisory loss costs, rules, rating plans, forms, and statistical reporting for Workers Compensation and Employers Liability.

We are filing to adopt NCCI's Item Filing 02-AR-2007 regarding the revised code 2719 – Logging or Tree Removal – Certified Mechanized Harvesting, as set forth in NCCI circular AR-2007-09. We request a retroactive effective date for all policies effective on and after July 1, 2007.

Your consideration is appreciated.

Sincerely,

Donna Bauman
Property and Casualty Filing Analyst
Governmental Affairs
donna.bauman@ins-lua.com
(800) 327-0630 Ext. 291