

SERFF Tracking Number: BNCI-125296301 State: Arkansas
Filing Company: BancInsure, Inc. State Tracking Number: AR-PC-07-026138
Company Tracking Number: WC AR0236601R01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: AR Work Comp Loss Costs/WC AR0236601R01

Filing at a Glance

Company: BancInsure, Inc.

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rate

SERFF Tr Num: BNCI-125296301

SERFF Status: Closed

Co Tr Num: WC AR0236601R01

Co Status:

Author: Kathy Shilling

Date Submitted: 09/19/2007

State: Arkansas

State Tr Num: AR-PC-07-026138

State Status:

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

Disposition Date: 09/21/2007

Disposition Status: Approved

Effective Date (New): 01/01/2008

Effective Date (Renewal):

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

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

General Information

Project Name: AR Work Comp Loss Costs

Project Number: WC AR0236601R01

Reference Organization: NCCI

Reference Title: Arkansas Approved Voluntary Advisory Loss Costs and Advisory Org. Circular: AR-2007-13

Rating Values..

Filing Status Changed: 09/21/2007

State Status Changed: 09/19/2007

Corresponding Filing Tracking Number:

Filing Description:

Adoption of NCCI Item Filing #AR-2007-10, Advisory Loss Costs and Rating Values to be effective January 1, 2008.

The company will retain their currently filed loss cost multiplier of 1.30 with this adoption.

Status of Filing in Domicile: Not Filed

Domicile Status Comments: N/A

Reference Number: AR-2007-10

Deemer Date:

Company and Contact

Filing Contact Information

Kathy Shilling, Filings Analyst

5005 N. Lincoln Blvd.

Oklahoma City, OK 73105

kshilling@bancinsure.com

(405) 290-5600 [Phone]

(405) 290-5691[FAX]

SERFF Tracking Number: BNCI-125296301 State: Arkansas
Filing Company: BancInsure, Inc. State Tracking Number: AR-PC-07-026138
Company Tracking Number: WC AR0236601R01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: AR Work Comp Loss Costs/WC AR0236601R01

Filing Company Information

BancInsure, Inc. CoCode: 18538 State of Domicile: Oklahoma
P.O. Box 26104 Group Code: Company Type: Property & Casualty

5005 N. Lincoln Blvd. Group Name: State ID Number:
Oklahoma City, OK 73126-0104 FEIN Number: 73-1238130
(405) 290-5600 ext. [Phone] -----

SERFF Tracking Number: BNCI-125296301 State: Arkansas
Filing Company: BancInsure, Inc. State Tracking Number: AR-PC-07-026138
Company Tracking Number: WC AR0236601R01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: AR Work Comp Loss Costs/WC AR0236601R01

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Adoption of prospective loss costs and effective date as Filed, but with no change to its previously filed loss cost multiplier = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
BancInsure, Inc.	\$50.00	09/19/2007	15699586

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/21/2007	09/21/2007

SERFF Tracking Number: *BNCI-125296301* State: *Arkansas*
 Filing Company: *BancInsure, Inc.* State Tracking Number: *AR-PC-07-026138*
 Company Tracking Number: *WC AR0236601R01*
 TOI: *16.0 Workers Compensation* Sub-TOI: *16.0004 Standard WC*
 Product Name: *Workers Compensation*
 Project Name/Number: *AR Work Comp Loss Costs/WC AR0236601R01*

Disposition

Disposition Date: 09/21/2007
 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:
BancInsure, Inc.	5.750%	\$5,692	19	\$98,993	5.880%	1.680%	5.750%

SERFF Tracking Number: *BNCI-125296301* State: *Arkansas*
 Filing Company: *BancInsure, Inc.* State Tracking Number: *AR-PC-07-026138*
 Company Tracking Number: *WC AR0236601R01*
 TOI: *16.0 Workers Compensation* Sub-TOI: *16.0004 Standard WC*
 Product Name: *Workers Compensation*
 Project Name/Number: *AR Work Comp Loss Costs/WC AR0236601R01*

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	Final Rate Pages	Approved	Yes
Rate	Rate Comparison Exhibit	Approved	Yes
Rate	5 Year Experience/Expense Exhibit	Approved	Yes
Rate	Manual Underwriting Rules	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>BNCI-125296301</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>BancInsure, Inc.</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026138</i>
<i>Company Tracking Number:</i>	<i>WC AR0236601R01</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>AR Work Comp Loss Costs/WC AR0236601R01</i>		

Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	-7.140%
Effective Date of Last Rate Revision:	02/15/2006
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):
BancInsure, Inc.	5.750%	5.750%	\$5,692	19	\$98,993	5.880%	1.680%

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Final Rate Pages		Replacement	WC-AR-01 2008.pdf
Approved	Rate Comparison Exhibit		Replacement	AR WC RATE COMPARISON.pdf
Approved	5 Year Experience/Expense Exhibit		Replacement	AR 2006.pdf
Approved	Manual Underwriting Rules		Replacement	AR-01 2008 Manual Rules.pdf

CLASS CODE	LC/RATE	BI RATE	MAX MIN PREM	CLASS CODE	LC/RATE	BI RATE	MAX MIN PREM
0005	3.41	4.43	750.00	2001	1.71	2.22	502.00
0008	2.09	2.72	574.00	2002	2.37	3.08	627.00
0016	4.39	5.71	750.00	2003	1.99	2.59	555.00
0034	2.99	3.89	744.00	2014	3.75	4.88	750.00
0035	1.74	2.26	508.00	2016	1.72	2.24	504.00
0036	2.89	3.76	725.00	2021	2.38	3.09	629.00
0037	3.13	4.07	750.00	2039	3.27	4.25	750.00
0042	5.07	6.59	750.00	2041	2.81	3.65	710.00
0050	3.86	5.02	750.00	2065	0.87	1.13	344.00
0059 D	0.21	0.27	220.00	2070	3.58	4.65	750.00
0065 D	0.04	0.05	188.00	2081	3.09	4.02	750.00
0066 D	0.04	0.05	188.00	2089	1.93	2.51	544.00
0067 D	0.04	0.05	188.00	2095	2.29	2.98	612.00
0079	2.25	2.93	604.00	2105	1.77	2.30	514.00
0083	5.91	7.68	750.00	2110	1.59	2.07	480.00
0106	10.02	13.03	750.00	2111	1.44	1.87	451.00
0113	3.35	4.36	750.00	2112	1.83	2.38	525.00
0170	1.86	2.42	531.00	2114	2.20	2.86	595.00
0251	3.77	4.90	750.00	2121	1.40	1.82	444.00
0400	6.01	7.81	750.00	2130	2.06	2.68	568.00
0401	8.77	11.40	750.00	2131	1.26	1.64	418.00
0771 N	0.22	0.29	221.00	2143	1.56	2.03	474.00
0908 P	89.00	115.70	296.00	2150	0.00	0.00	0.00
0909 P	0.00	0.00	0.00	2156	0.00	0.00	0.00
0912 P	0.00	0.00	0.00	2157	2.70	3.51	689.00
0913 P	238.00	309.40	489.00	2172	1.53	1.99	468.00
0917	2.63	3.42	676.00	2174	1.99	2.59	555.00
1005 *	6.99	9.09	750.00	2211	3.74	4.86	750.00
1016 *	25.86	33.62	750.00	2220	1.42	1.85	448.00
1164 E	5.12	6.66	750.00	2286	1.05	1.37	378.00
1165 E	4.88	6.34	750.00	2288	3.28	4.26	750.00
1320	2.06	2.68	568.00	2300	1.53	1.99	468.00
1322	8.30	10.79	750.00	2302	1.34	1.74	433.00
1430	3.74	4.86	750.00	2305	1.77	2.30	514.00
1438	1.92	2.50	542.00	2361	0.96	1.25	361.00
1452	1.32	1.72	429.00	2362	1.29	1.68	423.00
1463	8.22	10.69	750.00	2380	4.40	5.72	750.00
1472	2.50	3.25	651.00	2386	0.86	1.12	342.00
1624 E	5.41	7.03	750.00	2388	1.36	1.77	436.00
1642	2.71	3.52	691.00	2402	1.64	2.13	489.00
1654	5.85	7.61	750.00	2413	1.31	1.70	427.00
1655	3.26	4.24	750.00	2416	1.36	1.77	436.00
1699	1.51	1.96	465.00	2417	1.26	1.64	418.00
1701	2.51	3.26	653.00	2501	1.07	1.39	382.00
1710 E	4.69	6.10	750.00	2503	0.96	1.25	361.00
1741 E	1.25	1.63	416.00	2534	1.70	2.21	500.00
1745 X	2.06	2.68	568.00	2570	3.45	4.49	750.00
1747	1.72	2.24	504.00	2576	0.00	0.00	0.00
1748	4.03	5.24	750.00	2578	0.00	0.00	0.00
1803 D	3.86	5.02	750.00	2585	1.90	2.47	538.00
1852 D	1.58	2.05	478.00	2586	0.72	0.94	316.00
1853	1.88	2.44	534.00	2587	1.54	2.00	470.00
1860	1.08	1.40	384.00	2589	1.14	1.48	395.00
1924	2.29	2.98	612.00	2600	3.45	4.49	750.00

STATE		ARKANSAS			EFF		01/01/08	
BASIS FOR LC/RATES		NCCI'S ADVISORY LOSS COST			01/01/2008			
LOSS COST MULTIPLIER		1.30			DISTRIBUTION DATE		REVISION	
CLASS CODE	LC/RATE	BI RATE	MAX MIN PREM		CLASS CODE	LC/RATE	BI RATE	MAX MIN PREM
1925	1.89	2.46	536.00		2623	1.79	2.33	517.00
2651	1.59	2.07	480.00		3179	1.69	2.20	499.00
2660	1.12	1.46	391.00		3180	1.51	1.96	465.00
2670	1.67	2.17	495.00		3188	1.01	1.31	370.00
2683	1.44	1.87	451.00		3220	1.43	1.86	450.00
2688	2.06	2.68	568.00		3223	2.31	3.00	615.00
2701	5.61	7.29	750.00					
2702 X	19.26	25.04	750.00		3224	1.89	2.46	536.00
2710	5.93	7.71	750.00		3227	1.26	1.64	418.00
2714	3.57	4.64	750.00		3240	2.37	3.08	627.00
2719 X	7.78	10.11	750.00		3241	2.10	2.73	576.00
2731	2.61	3.39	672.00		3255	1.86	2.42	531.00
2735	2.12	2.76	580.00		3257	1.91	2.48	540.00
2759	5.29	6.88	750.00		3270	3.13	4.07	750.00
2790	1.00	1.30	369.00		3300	2.62	3.41	674.00
2802	4.61	5.99	750.00		3303	2.58	3.35	666.00
2812	3.09	4.02	750.00		3307	2.53	3.29	657.00
2835	1.18	1.53	402.00		3315	1.89	2.46	536.00
2836	1.68	2.18	497.00		3334	1.80	2.34	519.00
2841	2.93	3.81	732.00		3336	1.75	2.28	510.00
2881	1.62	2.11	485.00		3365	6.91	8.98	750.00
2883	3.07	3.99	750.00		3372	1.94	2.52	546.00
2913	2.21	2.87	597.00		3373	2.42	3.15	636.00
2915	2.74	3.56	696.00		3383	0.69	0.90	310.00
2916	1.75	2.28	510.00		3385	0.63	0.82	299.00
2923	1.45	1.89	453.00		3400	1.84	2.39	527.00
2942	1.72	2.24	504.00		3507	2.08	2.70	572.00
2960	2.15	2.80	585.00		3515	1.68	2.18	497.00
3004	1.83	2.38	525.00		3548	0.89	1.16	348.00
3018	2.20	2.86	595.00		3559	1.54	2.00	470.00
3022	2.36	3.07	625.00		3574	0.85	1.11	340.00
3027	2.14	2.78	583.00		3581	0.86	1.12	342.00
3028	2.25	2.93	604.00		3612	1.58	2.05	478.00
3030	2.97	3.86	740.00		3620	4.34	5.64	750.00
3040	2.95	3.84	736.00		3629	1.36	1.77	436.00
3041	2.55	3.32	661.00		3632	2.20	2.86	595.00
3042	2.31	3.00	615.00		3634	1.36	1.77	436.00
3064	3.30	4.29	750.00		3635	1.27	1.65	419.00
3069	4.79	6.23	750.00		3638	1.13	1.47	393.00
3076	1.97	2.56	551.00		3642	0.66	0.86	304.00
3081 D	1.81	2.35	521.00		3643	2.14	2.78	583.00
3082 D	2.87	3.73	721.00		3647	2.30	2.99	614.00
3085 D	2.12	2.76	580.00		3648	1.50	1.95	463.00
3110	2.16	2.81	587.00		3681	1.00	1.30	369.00
3111	2.15	2.80	585.00		3685	1.31	1.70	427.00
3113	1.54	2.00	470.00		3719	2.42	3.15	636.00
3114	1.82	2.37	523.00		3724	4.77	6.20	750.00
3118	1.02	1.33	372.00		3726	2.55	3.32	661.00
3119	0.77	1.00	325.00		3803	1.32	1.72	429.00
3122	0.82	1.07	335.00		3807	1.14	1.48	395.00
3126	1.40	1.82	444.00		3808	1.95	2.54	548.00
3131	0.64	0.83	301.00		3821	3.00	3.90	746.00
3132	1.46	1.90	455.00		3822	1.96	2.55	549.00
3145	1.36	1.77	436.00		3824	3.44	4.47	750.00
3146	1.83	2.38	525.00		3826	0.74	0.96	319.00

STATE		ARKANSAS			EFF		01/01/08		
BASIS FOR LC/RATES		NCCI'S ADVISORY LOSS COST			01/01/2008				
LOSS COST MULTIPLIER		1.30			DISTRIBUTION DATE		REVISION		
CLASS CODE		LC/RATE	BI RATE	MAX MIN PREM	CLASS CODE		LC/RATE	BI RATE	MAX MIN PREM
3169		1.88	2.44	534.00	3827		0.85	1.11	340.00
3175	D	2.07	2.69	570.00	3830		0.82	1.07	335.00
3851		2.04	2.65	565.00	4558		1.34	1.74	433.00
3865		0.92	1.20	353.00	4561		1.36	1.77	436.00
3881		2.71	3.52	691.00	4568		1.91	2.48	540.00
4000		5.28	6.86	750.00	4581		1.20	1.56	406.00
4021		3.20	4.16	750.00	4583		3.27	4.25	750.00
4024	E	1.21	1.57	408.00	4611		0.67	0.87	306.00
4034		4.91	6.38	750.00	4635		2.74	3.56	696.00
4036		1.88	2.44	534.00	4653		0.96	1.25	361.00
4038		1.51	1.96	465.00	4665		4.87	6.33	750.00
4053		2.30	2.99	614.00	4670		3.13	4.07	750.00
4061		3.08	4.00	750.00	4683		3.32	4.32	750.00
4062		2.23	2.90	600.00	4686		0.82	1.07	335.00
4101		1.41	1.83	446.00	4692		0.26	0.34	229.00
4111		1.66	2.16	493.00	4693		0.62	0.81	297.00
4112		0.68	0.88	308.00	4703		1.65	2.15	491.00
4113		1.20	1.56	406.00	4717		1.73	2.25	506.00
4114		1.72	2.24	504.00	4720		2.83	3.68	713.00
4130		4.00	5.20	750.00	4740		1.07	1.39	382.00
4131		1.93	2.51	544.00	4741		1.28	1.66	421.00
4133		1.84	2.39	527.00	4751		1.36	1.77	436.00
4150		0.93	1.21	355.00	4771	N	1.27	1.65	419.00
4206		2.84	3.69	715.00	4777		1.26	1.64	418.00
4207		0.82	1.07	335.00	4825		0.54	0.70	282.00
4239		0.95	1.24	359.00	4828		1.02	1.33	372.00
4240		2.09	2.72	574.00	4829		1.11	1.44	389.00
4243		1.02	1.33	372.00	4902		1.22	1.59	410.00
4244		1.68	2.18	497.00	4923		0.81	1.05	333.00
4250		1.06	1.38	380.00	5020		4.11	5.34	750.00
4251		1.18	1.53	402.00	5022		4.49	5.84	750.00
4263		1.70	2.21	500.00	5037		12.53	16.29	750.00
4273		1.16	1.51	399.00	5040		14.64	19.03	750.00
4279		1.26	1.64	418.00	5057		11.53	14.99	750.00
4282		1.55	2.02	472.00	5059		16.55	21.52	750.00
4283		1.67	2.17	495.00	5069		15.91	20.68	750.00
4299		1.07	1.39	382.00	5102		3.06	3.98	750.00
4304		1.98	2.57	553.00	5146		3.62	4.71	750.00
4307		1.92	2.50	542.00	5160		3.22	4.19	750.00
4308		0.00	0.00	0.00	5183		2.33	3.03	619.00
4351		0.78	1.01	327.00	5188		3.88	5.04	750.00
4352		0.73	0.95	318.00	5190		2.27	2.95	608.00
4360		0.57	0.74	287.00	5191	X	1.27	1.65	419.00
4361		0.96	1.25	361.00	5192		2.86	3.72	719.00
4362		0.77	1.00	325.00	5213		5.50	7.15	750.00
4410		2.09	2.72	574.00	5215		2.88	3.74	723.00
4420		2.48	3.22	647.00	5221		2.93	3.81	732.00
4431		1.05	1.37	378.00	5222		7.21	9.37	750.00
4432		1.13	1.47	393.00	5223		3.94	5.12	750.00
4439		1.33	1.73	431.00	5348		2.75	3.58	698.00
4452		2.44	3.17	640.00	5402		3.61	4.69	750.00
4459		1.50	1.95	463.00	5403		7.35	9.56	750.00
4470		1.62	2.11	485.00	5437		3.37	4.38	750.00
4484		1.67	2.17	495.00	5443		2.68	3.48	685.00

STATE		ARKANSAS			EFF		01/01/08	
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LOSS COST MULTIPLIER		1.30			DISTRIBUTION DATE		REVISION	
CLASS CODE	LC/RATE	BI RATE	MAX MIN PREM	CLASS CODE	LC/RATE	BI RATE	MAX MIN PREM	
4493	2.01	2.61	559.00	5445	3.41	4.43	750.00	
4511	0.49	0.64	272.00	5462	4.44	5.77	750.00	
4557	1.30	1.69	425.00	5472	3.67	4.77	750.00	
5473	3.74	4.86	750.00	6854	3.80	4.94	750.00	
5474	5.20	6.76	750.00	6872 F	15.74	20.46	750.00	
5478	3.19	4.15	750.00	6874 F	27.96	36.35	750.00	
5479	7.45	9.69	750.00	6882	4.35	5.66	750.00	
5480	7.28	9.46	750.00	6884	9.55	12.42	750.00	
5491	1.56	2.03	474.00	7016 M	3.95	5.14	750.00	
5506	3.19	4.15	750.00	7024 M	4.39	5.71	750.00	
5507	4.17	5.42	750.00	7038 M	4.69	6.10	750.00	
5508 D	5.30	6.89	750.00	7046 M	20.66	26.86	750.00	
5535	4.79	6.23	750.00	7047 M	6.96	9.05	750.00	
5537	4.00	5.20	750.00	7050 M	8.26	10.74	750.00	
5538	0.00	0.00	0.00	7090 M	5.21	6.77	750.00	
5551	10.44	13.57	750.00	7098 M	22.96	29.85	750.00	
5606	1.41	1.83	446.00	7099 M	36.39	47.31	750.00	
5610	4.95	6.44	750.00	7133	2.51	3.26	653.00	
5645	8.27	10.75	750.00	7151 M	3.05	3.97	750.00	
5651	6.70	8.71	750.00	7152 M	5.37	6.98	750.00	
5703	72.06	93.68	750.00	7153 M	3.39	4.41	750.00	
5705	3.63	4.72	750.00	7222	7.16	9.31	750.00	
5951	0.27	0.35	231.00	7228 X	5.61	7.29	750.00	
6003	7.45	9.69	750.00	7229 X	5.58	7.25	750.00	
6005	4.91	6.38	750.00	7230	2.73	3.55	695.00	
6017	3.10	4.03	750.00	7231	6.03	7.84	750.00	
6018	1.58	2.05	478.00	7232	10.26	13.34	750.00	
6045	2.12	2.76	580.00	7309 F	19.40	25.22	750.00	
6204	6.92	9.00	750.00	7313 F	4.47	5.81	750.00	
6206	5.33	6.93	750.00	7317 F	7.16	9.31	750.00	
6213	8.25	10.73	750.00	7327 F	15.61	20.29	750.00	
6214	1.99	2.59	555.00	7333 M	5.32	6.92	750.00	
6216	3.76	4.89	750.00	7335 M	5.91	7.68	750.00	
6217	3.51	4.56	750.00	7337 M	9.37	12.18	750.00	
6229	2.94	3.82	734.00	7350 F	16.95	22.04	750.00	
6233	5.40	7.02	750.00	7360	4.23	5.50	750.00	
6235	8.17	10.62	750.00	7370	3.66	4.76	750.00	
6236	9.33	12.13	750.00	7380 X	2.97	3.86	740.00	
6237	2.56	3.33	663.00	7382	2.01	2.61	559.00	
6251 D	5.56	7.23	750.00	7390	2.54	3.30	659.00	
6252 D	5.04	6.55	750.00	7394 M	10.67	13.87	750.00	
6260 D	3.82	4.97	750.00	7395 M	11.85	15.41	750.00	
6306	3.95	5.14	750.00	7398 M	18.78	24.41	750.00	
6319	3.95	5.14	750.00	7403 X	2.04	2.65	565.00	
6325	3.67	4.77	750.00	7405 N	1.08	1.40	384.00	
6400	4.93	6.41	750.00	7409 *	0.00	0.00	0.00	
6504	1.72	2.24	504.00	7420 X*	15.57	20.24	750.00	
6702 M*	5.25	6.83	750.00	7421	1.62	2.11	485.00	
6703 M*	9.24	12.01	750.00	7422	1.79	2.33	517.00	
6704 M*	5.83	7.58	750.00	7423 X	2.04	2.65	565.00	
6801 F	10.08	13.10	750.00	7425	2.52	3.28	655.00	
6811	4.03	5.24	750.00	7431 N	1.40	1.82	444.00	
6824 F	17.42	22.65	750.00	7445 N	0.58	0.75	289.00	
6826 F	8.43	10.96	750.00	7453 N	0.75	0.98	321.00	

STATE		ARKANSAS			EFF		01/01/08	
BASIS FOR LC/RATES		NCCI'S ADVISORY LOSS COST			01/01/2008			
LOSS COST MULTIPLIER		1.30			DISTRIBUTION DATE		REVISION	
CLASS CODE	LC/RATE	BI RATE	MAX MIN PREM	CLASS CODE	LC/RATE	BI RATE	MAX MIN PREM	
6834	3.01	3.91	747.00	7502	2.12	2.76	580.00	
6836	6.60	8.58	750.00	7515	0.78	1.01	327.00	
6843 F	11.58	15.05	750.00	7520	2.17	2.82	589.00	
6845 F	13.63	17.72	750.00	7538	6.94	9.02	750.00	
7539	4.41	5.73	750.00	8291	1.77	2.30	514.00	
7540	2.93	3.81	732.00	8292	2.15	2.80	585.00	
7580	1.48	1.92	459.00	8293	5.94	7.72	750.00	
7590	3.15	4.10	750.00	8295 X	4.31	5.60	750.00	
7600	2.14	2.78	583.00	8304	5.14	6.68	750.00	
7601	8.58	11.15	750.00	8350	3.76	4.89	750.00	
7605	2.40	3.12	632.00	8380	2.54	3.30	659.00	
7610	0.34	0.44	244.00	8381	1.01	1.31	370.00	
7611	4.25	5.53	750.00	8385	1.94	2.52	546.00	
7612	11.83	15.38	750.00	8392	2.50	3.25	651.00	
7613	3.40	4.42	750.00	8393	1.18	1.53	402.00	
7705	1.98	2.57	553.00	8500	3.65	4.75	750.00	
7710	4.78	6.21	750.00	8601	0.50	0.65	274.00	
7711	4.78	6.21	750.00	8606	2.59	3.37	668.00	
7720 X	1.98	2.57	553.00	8709 F	5.90	7.67	750.00	
7855	4.32	5.62	750.00	8719	1.29	1.68	423.00	
8001	1.76	2.29	512.00	8720	0.86	1.12	342.00	
8002	2.31	3.00	615.00	8721	0.29	0.38	235.00	
8006	1.62	2.11	485.00	8726 F	7.01	9.11	750.00	
8008	0.84	1.09	338.00	8734 M	0.50	0.65	274.00	
8010	1.55	2.02	472.00	8737 M	0.45	0.59	265.00	
8013	0.36	0.47	248.00	8738 M	0.79	1.03	329.00	
8015	0.50	0.65	274.00	8742 X	0.37	0.48	250.00	
8017	0.86	1.12	342.00	8745	3.37	4.38	750.00	
8018 X*	1.93	2.51	544.00	8748	0.30	0.39	237.00	
8021	1.24	1.61	414.00	8755	0.21	0.27	220.00	
8031	2.25	2.93	604.00	8799	0.70	0.91	312.00	
8032	1.16	1.51	399.00	8800	0.70	0.91	312.00	
8033	1.41	1.83	446.00	8803	0.06	0.08	191.00	
8039	1.05	1.37	378.00	8805 M	0.24	0.31	225.00	
8044	2.31	3.00	615.00	8810	0.18	0.23	214.00	
8045	0.33	0.43	242.00	8814 M	0.22	0.29	221.00	
8046	2.05	2.67	566.00	8815 M	0.39	0.51	254.00	
8047	0.88	1.14	346.00	8820	0.16	0.21	210.00	
8050	0.00	0.00	0.00	8824	2.05	2.67	566.00	
8058	2.07	2.69	570.00	8825	1.70	2.21	500.00	
8072	0.47	0.61	269.00	8826	1.63	2.12	487.00	
8102	1.91	2.48	540.00	8829	1.94	2.52	546.00	
8103	3.37	4.38	750.00	8831	2.15	2.80	585.00	
8105	3.41	4.43	750.00	8832	0.20	0.26	218.00	
8106	3.18	4.13	750.00	8833 X*	0.81	1.05	333.00	
8107	2.93	3.81	732.00	8835	1.56	2.03	474.00	
8111	2.28	2.96	610.00	8842	0.85	1.11	340.00	
8116	3.30	4.29	750.00	8864	0.85	1.11	340.00	
8203	4.46	5.80	750.00	8868	0.29	0.38	235.00	
8204	4.50	5.85	750.00	8869	0.54	0.70	282.00	
8209	2.21	2.87	597.00	8871	0.18	0.23	214.00	
8215	3.96	5.15	750.00	8901	0.21	0.27	220.00	
8227	3.14	4.08	750.00	9012	1.21	1.57	408.00	
8232	4.65	6.05	750.00	9014	1.69	2.20	499.00	

CLASS CODE	LC/RATE	BI RATE	MAX MIN PREM	CLASS CODE	LC/RATE	BI RATE	MAX MIN PREM
8233	3.51	4.56	750.00	9015 X	2.00	2.60	557.00
8235	2.94	3.82	734.00	9016	3.58	4.65	750.00
8263	6.60	8.58	750.00	9019	2.41	3.13	634.00
8264	2.93	3.81	732.00	9033	1.31	1.70	427.00
8265	6.95	9.04	750.00	9040 *	2.53	3.29	657.00
8279	7.51	9.76	750.00	9052	1.27	1.65	419.00
8288	4.87	6.33	750.00	9058	1.24	1.61	414.00

9059	2.13	2.77	582.00				
9060	1.30	1.69	425.00				
9061	0.99	1.29	367.00				
9063	0.79	1.03	329.00				
9077 F	2.87	3.73	721.00				
9082	1.19	1.55	404.00				
9083	1.06	1.38	380.00				
9084	1.47	1.91	457.00				
9089	0.95	1.24	359.00				
9093	1.06	1.38	380.00				
9101	2.21	2.87	597.00				
9102	2.17	2.82	589.00				
9154	1.77	2.30	0.00				
9156	1.01	1.31	370.00				
9170	1.69	2.20	499.00				
9178	18.07	23.49	750.00				
9179	31.54	41.00	750.00				
9180	3.13	4.07	750.00				
9182	1.93	2.51	544.00				
9186	39.31	51.10	750.00				
9220	2.73	3.55	695.00				
9402	3.80	4.94	750.00				
9403	4.67	6.07	750.00				
9410	1.42	1.85	448.00				
9501	3.49	4.54	838.00				
9505	2.56	3.33	663.00				
9516	2.04	2.65	565.00				
9519	1.78	2.31	516.00				
9521	3.82	4.97	750.00				
9522	1.11	1.44	389.00				
9534	5.41	7.03	750.00				
9554	6.25	8.13	750.00				
9586	0.53	0.69	280.00				
9600	1.17	1.52	401.00				
9620	0.88	1.14	346.00				

BANCINSURE INDEPENDENT EXHIBIT I

STATE ARKANSAS
REFERENCE NCCI CIRCULAR

AR-2007-13/AR-2007-10

CURRENT FILING

EFFECTIVE

1/1/2008

PROPOSED FILING

APPROVED FILING

DIFFERENCE
2.70%

AR Act 1599 & 1415

RATES

LOSS COST

7/1/2007

1/1/2008

NCCI OVERALL

CODES	With CURRENT LCM			With PROPOSED LCM		DIFFERENCE	percent	factor
8742X	0.35	0.46	0.37	0.48	5.71%	1.50%	0.0150	
8810	0.17	0.22	0.18	0.23	5.88%	95.00%	0.9500	
8868	0.29	0.38	0.29	0.38	0.00%	0.50%	0.0050	
9012	1.19	1.55	1.21	1.57	1.68%	0.50%	0.0050	
9015X	1.95	2.54	2.00	2.60	2.56%	2.50%	0.0250	

AVERAGE 3.17%

OVERALL FOR BANCINSURE **5.75%**

CURRENT LCM 1.30

PROPOSED LCM 1.30

MUST FILE EITHER TO ADOPT OR NON-ADOPT

- 8742X Check Cashing Companies-Special Officers and armed and unarmed attendants, ushers, dorr attendants, appraisers, or field auditors
- 9015X Check Cashing Companies-Building Maintenance, Care of Custody (includes night watchguards)

These class codes were added per Cara's request 03/28/07

- 8868 0.33 07/01/06 LC
- 9012 1.14 07/01/06 LC

[8868 - College: Professional Employees and Clerical]

[9012 - Buildings--Operation by Owner, Lessee or Real Estate Mgmt. Firm: Professional Employees, Property Mgrs. and Leasing Agents and Clerical, Salespersons]

NOTE: In Arkansas, class code 7380 has special classification phraseology "Check Cashing Compaines-Armored Car Operations & Drivers" BI hasn't used this class code for Arkansas.

Banclnsure, Inc.
State/Countrywide Five Year Experience and Expense Exhibit
Workers Compensation

	2002		2003		2004		2005		2006		Total
ARKANSAS	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount
1. Direct Premium Written	17,249		32,749		45,114		86,420		98,993		280,525
2. Direct Premium Earned	22,032		28,733		38,999		68,202		87,378		245,344
3. Direct Loss Incurred	6,503	29.52%	7,127	24.80%	20,169	51.72%	35,245	51.68%	10,956	12.54%	80,000
4. Loss Adj. Expenses Incurred											
a. Allocated LAE	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
b. Unallocated LAE	2,181	9.90%	1,689	5.88%	1,638	4.20%	3,819	5.60%	2,971	3.40%	12,298
c. Total LAE Incurred	2,181	9.90%	1,689	5.88%	1,638	4.20%	3,819	5.60%	2,971	3.40%	12,298
5. Losses & LAE Incurred (3. + 4.c.)	8,684	39.42%	8,816	30.68%	21,807	55.92%	39,064	57.28%	13,927	15.94%	92,298
6. Commission & Brokerage Exp.	2,338	13.55%	4,725	14.43%	6,536	14.49%	12,057	13.95%	14,395	14.54%	40,051
7. Other Acq. Field Sup. & Collect. Exp.	639	3.70%	34	0.10%	78	0.17%	205	0.24%	437	0.44%	1,393
8. General Exp. Incurred	4,428	25.67%	3,817	11.66%	5343	11.84%	12276	14.21%	14,767	14.92%	40,631
9. Tax, Licenses & Fees Incurred	496	2.88%	1,162	3.55%	1,229	2.72%	3,699	4.28%	5,223	5.28%	11,809
10. Total Expenses Incurred	7,901	45.81%	9,738	29.74%	13,186	29.23%	28,237	32.67%	34,822	35.18%	93,884
		85.22%		60.42%		85.14%		89.95%		51.12%	
COUNTRYWIDE	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount
1. Direct Premium Written	2,376,891		12,151,598		14,390,757		15,297,108		14,491,218		58,707,572
2. Direct Premium Earned	2,182,667		10,336,793		14,091,340		15,414,952		14,676,180		56,701,932
3. Direct Loss Incurred	1,648,408	75.52%	5,502,569	53.23%	6,864,471	48.71%	7,413,001	48.09%	4,141,100	28.22%	25,569,549
4. Loss Adj. Expenses Incurred											
a. Allocated LAE	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
b. Unallocated LAE	216,084	9.90%	607,580	5.88%	591,836	4.20%	863,237	5.60%	498,990	3.40%	2,777,727
c. Total LAE Incurred	216,084	9.90%	607,580	5.88%	591,836	4.20%	863,237	5.60%	498,990	3.40%	2,777,727
5. Losses & LAE Incurred (3. + 4.c.)	1,864,492	85.42%	6,110,149	59.11%	7,456,307	52.91%	8,276,238	53.69%	4,640,090	31.62%	28,347,276
6. Commission & Brokerage Exp.	248,824	10.47%	2,263,337	18.63%	2,686,146	18.67%	2,741,084	17.92%	2,884,899	19.91%	10,824,290
7. Other Acq. Field Sup. & Collect. Exp.	63,297	2.66%	12,152	0.10%	28,183	0.20%	46,245	0.30%	73,381	0.51%	223,258
8. General Exp. Incurred	438,716	18.46%	1,373,131	11.30%	1,930,514	13.41%	2,774,691	18.14%	2,480,274	17.12%	8,997,326
9. Tax, Licenses & Fees Incurred	62,079	2.61%	473,912	3.90%	450,155	3.13%	328,384	2.15%	379,765	2.62%	1,694,295
10. Total Expenses Incurred	812,916	34.20%	4,122,532	33.93%	5,094,998	35.40%	5,890,404	38.51%	5,818,319	40.15%	21,739,169
		119.62%		93.04%		88.32%		92.20%		71.77%	

%

32.61%

0.00%

5.01%

5.01%

37.62%

14.28%

0.50%

14.48%

4.21%

33.47%

71.09%

%

45.09%

0.00%

4.90%

4.90%

49.99%

18.44%

0.38%

15.33%

2.89%

37.03%

87.02%

ARKANSAS

PREMIUM DEFINITION AND APPLICATION OF PREMIUM ELEMENTS

ADVISORY LOSS COST

The Advisory Loss Cost will be the NCCI's Loss Cost Effective 01/01/08. BancInsure's effective date will be 01/01/08.

LOSS COST MULTIPLIER

The Loss Cost Multiplier is 1.30 for all Class codes. (Effective 02/15/06)

EXPENSE CONSTANT

The expense constant is \$180

MINIMUM PREMIUM

1. Determine the class rate (multiply the NCCI Loss Cost by LCM).
2. Multiply the class rate by 145.
3. Add the expense constant to the number produced in item 2.
4. The number produced in Item 3 is the class minimum premium.
5. The class minimum premium is subject to a maximum minimum premium of \$750.

PREMIUM DISCOUNT PERCENTAGES

The following premium discounts are applicable to Standard Premiums:

First \$	5,000	-	----
Next	95,000	A	10.9 %
Next	400,000	B	12.6
Over	500,000	C	14.4

We will effect coverage by the attachment of WC 00 04 06.

ARKANSAS

MISCELLANEOUS VALUES

Minimum and Maximum Individual Remuneration applicable to Executive Officers

WEEKLY	Minimum - \$300	Maximum - \$2,400
ANNUAL	Minimum - \$15,600	Maximum - \$124,800

Premium Determination for Partners and Sole Proprietors

In accordance with Basic Manual Rule 2-E-3 - \$30,800.

Inclusion/Exclusion of Executive Officers and Partners, Sole Proprietors

Subject to law; may choose to be exempt (Section 11-9-105, 102).

Final Rate Pages Filed with State/Bureau

YES

BancInsure Manual Pages Filed with State/Bureau

YES

Mandatory to Adopt All Future Revisions of Loss Cost?

NO

BI-Filed to Adopt All Future Revisions of Loss Cost?

NOT ALLOWED

Rules and Forms

RULE – NOT AUTOMATIC
FORMS – AUTOMATIC ADOPTION

ARKANSAS

PLANS AND PROGRAMS

Benefits Deductibles

Total Losses, Indemnity Losses only and Medical Losses only are a "Mandatory Offer."
 We will effect coverage by the attachment of Endorsement
 WC 03 06 02 A - Arkansas Benefits Deductible Endorsement.

Loss Elimination Ratios will be adjusted by our filed and approved Loss Cost Multiplier to reflect the
 Premium Reduction Percentages as follows:

LER divided by LCM equals PRC

LER is Loss Elimination Ratios

LCM is the Loss Cost Multiplier filed by BancInsure and approved in Arkansas.

PRC is the Premium Reduction Credits applicable for the Deductible.

Total Losses – Adjusted to PRC							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	10.3%	8.4%	7.2%	6.1%	5.1%	3.5%	2.7%
\$1,500	12.5%	10.3%	8.9%	7.5%	6.4%	4.5%	3.5%
\$2,000	14.3%	11.8%	10.2%	8.8%	7.5%	5.4%	4.2%
\$2,500	15.8%	13.2%	11.5%	9.8%	8.4%	6.1%	4.7%
\$3,000	17.2%	14.3%	12.5%	10.8%	9.2%	6.8%	5.2%
\$3,500	18.5%	15.4%	13.5%	11.7%	10.0%	7.5%	5.8%
\$4,000	19.6%	16.4%	14.5%	12.5%	10.8%	8.1%	6.2%
\$4,500	20.7%	17.3%	15.3%	13.3%	11.5%	8.7%	6.7%
\$5,000	21.7%	18.2%	16.2%	14.1%	12.2%	9.2%	7.2%

ARKANSAS

Indemnity Losses-Adjusted to PRC							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	2.2%	1.8%	1.7%	1.5%	1.4%	1.2%	0.8%
\$1,500	3.1%	2.5%	2.3%	2.2%	1.9%	1.6%	1.2%
\$2,000	3.8%	3.2%	2.9%	2.7%	2.4%	2.1%	1.5%
\$2,500	4.5%	3.8%	3.5%	3.2%	2.8%	2.5%	1.8%
\$3,000	5.1%	4.3%	4.0%	3.7%	3.3%	2.8%	2.2%
\$3,500	5.7%	4.8%	4.5%	4.2%	3.7%	3.2%	2.4%
\$4,000	6.2%	5.2%	4.8%	4.5%	4.0%	3.5%	2.7%
\$4,500	6.7%	5.7%	5.3%	4.9%	4.4%	3.7%	2.9%
\$5,000	7.2%	6.1%	5.6%	5.2%	4.7%	4.0%	3.2%

Medical Losses-Adjusted to PRC							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	10.0%	8.2%	7.0%	5.8%	4.9%	3.4%	2.6%
\$1,500	11.9%	9.8%	8.5%	7.2%	6.0%	4.2%	3.2%
\$2,000	13.5%	11.1%	9.6%	8.2%	6.9%	4.9%	3.8%
\$2,500	14.8%	12.2%	10.6%	9.0%	7.7%	5.5%	4.2%
\$3,000	15.8%	13.2%	11.5%	9.8%	8.3%	6.1%	4.7%
\$3,500	16.8%	14.0%	12.2%	10.5%	8.9%	6.5%	5.1%
\$4,000	17.7%	14.8%	12.9%	11.2%	9.5%	7.0%	5.5%
\$4,500	18.5%	15.5%	13.5%	11.7%	10.1%	7.5%	5.8%
\$5,000	19.2%	16.2%	14.2%	12.2%	10.5%	7.8%	6.1%

ARKANSAS

Alcohol-and-Drug-Free Workplace Premium Credit Program

1. It is Mandatory that we offer an Alcohol and Drug Free Workplace Premium Credit Program to all policyholders.
2. Such program will provide a premium credit of 5% for employers who voluntarily establish and maintain alcohol and drug free workplaces as certified by the Health and Safety Division of the Arkansas Workers' Compensation Commission.
3. The insured's policy is subject to additional premium, for reimbursement of premium credits, if it is determined the employer failed to maintain their alcohol and drug free workplace program for the full policy term.
4. The form for certification will be that form developed by and filed with the Health and Safety Division of the Arkansas Workers' Compensation Commission.
5. The premium credit shall be applied to a risk in a multiplicative manner, after increased limits factors, if applicable, but before application of the experience modification and deductible credits and before application of any other premium adjustments and expense constant.
6. Expected losses used in the calculation of the insured's experience modification factor will be decreased by the policy credit percentage.
7. 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).
8. The alcohol and drug free workplace premium credit does not apply to minimum premium policies.
9. The credit shall not be applied midterm nor shall a policy be cancelled and rewritten to take advantage of the credit. It shall be applicable to the first renewal of a qualifying policy after approval of the credit filed by the insurer writing the policy.
10. The alcohol and drug free workplace premium credits must be reported under Statistical Code 9841 on unit statistical reports submitted to the National Council on Compensation Insurance, Inc.

ARKANSAS

SCHEDULE RATING RULES

1. The premium for a risk may be modified in accordance with the table below to reflect such characteristics of the risk that are not reflected in its experience.
2. The amount of schedule credit or debit shall be applied to an experience rated risk in a multiplicative manner, after application of the experience modification, and before the application of premium discounts and expense constant.
3. There shall be an annual report to the National Council on Compensation Insurance illustrating the total dollar amount of schedule debits and the total dollar amount of schedule credits.
4. Standard earned premium figures reported to the National Council on the aggregate calls for experience (e.g., policy year, calendar year, etc.) must exclude (i.e., be prior to) the effects of schedule rating premium adjustments. Net earned premium reported on these calls must include (i.e., be after) the effects of schedule rating premium adjustments.
5. This program is not applicable to residual market policyholders covered under the Workers Compensation Insurance Plan.
6. All schedule debits and all schedule credits shall be based on evidence that is contained in the file of the carrier at the time the schedule debit or credit is applied. **Documentation to be retained for the life of the policy file.**
7. The effective date of any schedule debit or credit shall not be any date prior to the receipt in the insurer's office of the evidence supporting the debit or credit.
8. The derivation of the schedule factor must be made available to the insured upon request. To the degree that the insured can correct the reason for any schedule debit to the satisfaction of the insurer, the debit may be removed effective the date documentation for the correction is received in the insurer's office.
9. The Schedule Rating Program can be used only on risks which are rated in compliance with the National Council on Compensation Insurance's filed and approved rates without deviation.

ARKANSAS

SCHEDULE RATING TABLE

Maximum Modification is $\pm 25\%$

Eligibility – This plan may be applied to Workers Compensation policies that generate premium in excess of the classification minimum premium

	Range of Modifications		
	<u>Credit</u>		<u>Debit</u>
A. Premises	10%	to	10%
B. Classification Peculiarities	10%	to	10%
C. Medical Facilities	5%	to	5%
D. Safety Devices	5%	to	5%
E. Employees-Selection, Training & Supervision	10%	to	10%
F. Management – Cooperation with Insurance Carrier	5%	to	5%
G. Management – Safety Organization	5%	to	5%

ARKANSAS

Increased Limits Factor Tables

The Standard Limit under Part II is

- Bodily Injury by Accident \$100,000 each accident
- Bodily Injury by Disease \$100,000 each employee
- Bodily Injury by Disease \$500,000 – policy limit

To increase the Limits, use the following **STATE SPECIFIC** Table:

Limits of Liability (000 omitted)	Percentage	Minimum Premium for Increased Limits
\$ 500/ 500/ 500	1.7%	\$100.00
1,000/ 1,000/ 1,000	2.8	150.00
2,000/ 2,000/ 2,000	4.3	175.00
3,000/ 3,000/ 3,000	5.3	200.00
4,000/ 4,000/ 4,000	6.1	225.00
5,000/ 5,000/ 5,000	6.8	250.00
6,000/ 6,000/ 6,000	7.4	260.00
7,000/ 7,000/ 7,000	7.9	270.00
8,000/ 8,000/ 8,000	8.3	280.00
9,000/ 9,000/ 9,000	8.7	290.00
10,000/10,000/10,000	9.0	300.00

Terrorism Risk Insurance Act

Foreign Terrorism (Advisory Loss Costs)\$0.02/\$100 payroll

Domestic Terrorism (Advisory Loss Cost) -\$0.01/\$100 payroll

SERFF Tracking Number: BNCI-125296301 State: Arkansas
Filing Company: BancInsure, Inc. State Tracking Number: AR-PC-07-026138
Company Tracking Number: WC AR0236601R01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: AR Work Comp Loss Costs/WC AR0236601R01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 09/21/2007

Comments:

Attachment:

ARPCtransDoc.pdf

Satisfied -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 09/21/2007

Comments:

Attachments:

AR_Filing_Adoption.pdf
AR_Calculation_LossCost.pdf

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Approved 09/21/2007

Comments:

Attachment:

ARloss_cost_data_entry.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 #

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

5. Company Tracking Number	
-----------------------------------	--

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 #

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

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 #:
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

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<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		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

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 #	
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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.)	
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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)
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		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	
-----------	--	--

7.	Effective Date of last rate revision	
-----------	--------------------------------------	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<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	

Date: September 19, 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 BancInsure, Inc.
- ADDRESS 5005 N. Lincoln Blvd.
Oklahoma City, OK 73105
2. PERSON RESPONSIBLE FOR FILING Kathryn A. Shilling
- TITLE Filings Analyst TELEPHONE # 800-682-1630, EXT 336
3. INSURER NAIC # 0000-18538
4. ADVISORY ORGANIZATION NCCI, Inc.
- 5A. PROPOSED RATE LEVEL CHANGE +5.75 % EFFECTIVE DATE 01-01-08
- 5B. PROPOSED PREMIUM LEVEL CHANGE* +5.75 % EFFECTIVE DATE 01-01-08
- 6A. PRIOR RATE LEVEL CHANGE +5.50 % EFFECTIVE DATE 07-01-07
- 6B. PRIOR PREMIUM LEVEL CHANGE* +5.50 % EFFECTIVE DATE 07-01-07
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.

CALCULATION OF COMPANY LOSS COST MULTIPLIER

(EFFECTIVE AUG. 16, 2004)

This filing transmittal is part of Company Tracking # WC AR0236601R01	
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

() **Loss Cost Reference Filing** NCCI AR-2007-10 () **Independent Rate Filing**
(Advisory Org. & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, 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.

1. 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. **Note: Some states have statutes that prohibit this option for some lines of business.**
- 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.

2. Does this filing apply to all class codes? YES **If no, complete a copy of this form for each affected class with appropriate justification.**

3. 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.) 0.13 downward deviation

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) .87

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. 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	14.8 %
B.	General Expense	14.5 %
C.	Taxes, Licenses & Fee	4.2 %
D.	Underwriting profit & contingencies*	%
E.	Other (explain)	%
F.	Total	33.5 %
* Explain how investment income is taken into account		

5.	A.	Expected Loss Ratio: ELR = 100% - 4F =	66.5
	B.	ELR in Decimal Form =	.665

NAIC LOSS COST FILING DOCUMENT—WORKERS’ COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	0.00
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	0.00
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.30
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.30

Yes No

10. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

() (X)

11. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level changes.

() (X)

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

1.	This filing transmittal is part of Company Tracking #	WC AR0236601R01
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number	NCCI, AR-2007-10
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Company Name		Company NAIC Number	
3.	A.	Banclinsure, Inc.	B. 0000 18538

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.	16.0000	B. 16.0004

5.			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(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
Line 16.	5.75%	5.75%	.665	.87	1.30	N/A	1.30
TOTAL OVERALL EFFECT	5.75%	5.75%					

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		
01/2008	19	5.75%	01/01/08	87	11	71.1%	71.8%		
07/2007	19	5.50%	07/01/07	87	11	71.1%	71.8%		
02/2006	15	-5.15%	07/01/06	68	35	88.9%	92.2%		
07/2006	15	-7.14%	02/15/06	39	20	80.9%	88.3%		
07/2005	13	0.05%	07/01/05	39	20	80.9%	88.3%		
07/2004		0.01%	07/01/04	29	7	58.2%	93.0%		
07/2003		0.01%	07/01/03	22	7	65.8%	119.6%		

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	14.8
B. General Expense	14.5
C. Taxes, License & Fees	4.21
D. Underwriting Profit & Contingencies	
E. Other (explain)	
F. TOTAL	33.5

8. Y Apply Lost Cost Factors to Future filings? (Y or N)
9. 5.88% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____ N/A _____
10. 0 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____ N/A _____