

SERFF Tracking Number: FEMC-125277061 State: Arkansas
First Filing Company: Federated Mutual Insurance Company, ... State Tracking Number: AR-PC-07-025943
Company Tracking Number: WC-AR-07-4
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: WC-AR-07-4/WC-AR-07-4

Filing at a Glance

Companies: Federated Mutual Insurance Company, Federated Service Insurance Company

Product Name: Workers Compensation SERFF Tr Num: FEMC-125277061 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: AR-PC-07-025943
Sub-TOI: 16.0004 Standard WC Co Tr Num: WC-AR-07-4 State Status:
Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Author: Carolyn Stursa Disposition Date: 09/04/2007
Date Submitted: 08/29/2007 Disposition Status: Approved
Effective Date Requested (New): 10/01/2007 Effective Date (New): 11/01/2007
Effective Date Requested (Renewal): 10/01/2007 Effective Date (Renewal):

General Information

Project Name: WC-AR-07-4 Status of Filing in Domicile: Not Filed
Project Number: WC-AR-07-4 Domicile Status Comments:
Reference Organization: NCCI Reference Number: CIF-2007-07 & CIF-2004-03
Reference Title: CW Item B1387-Revisions of Basic Manual Advisory Org. Circular:
Classifications CW Item B-1387A Revisions to Basic Manual
Classifications-Amendment
Filing Status Changed: 09/04/2007
State Status Changed: 08/30/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Adoption of Countrywide--Item B-1387--Revisions of Basic Manual Classifications without modification.
Adoption of Countrywide-- Item B-1387A--Revisions to Basic Manual Classifications--Amendment without modification.
Asking for approval to use on NCCI's revisions on their effective date on 10-1-07 and after for new business and renewal Work Comp policies.

Company and Contact

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Filing Contact Information

Carolyn Stursa, Property & Casualty Product cmstursa@fedins.com
 Specialist
 121 E Park Square (800) 533-0472 [Phone]
 Owatonna, MN 55060 (507) 444-6691[FAX]

Filing Company Information

Federated Mutual Insurance Company CoCode: 13935 State of Domicile: Minnesota
 121 East Park Square Group Code: 7 Company Type:
 PO Box 328
 Owatonna, MN 55060 Group Name: State ID Number:
 (800) 533-0472 ext. [Phone] FEIN Number: 41-0417460

Federated Service Insurance Company CoCode: 28304 State of Domicile: Minnesota
 121 East Park Square Group Code: 7 Company Type:
 PO Box 328
 Owatonna, MN 55060 Group Name: State ID Number:
 (800) 533-0472 ext. [Phone] FEIN Number: 41-0984698

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federated Mutual Insurance Company	\$100.00	08/29/2007	15350662
Federated Service Insurance Company	\$0.00	08/29/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/04/2007	09/04/2007

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	08/30/2007	08/30/2007	Carolyn Stursa	08/30/2007	08/30/2007
Industry Response						

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Disposition

Disposition Date: 09/04/2007
Effective Date (New): 11/01/2007
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

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

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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 (revised)	Cover Letter	Approved	Yes
Supporting Document	Cover Letter	Withdrawn	No

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/30/2007

Submitted Date 08/30/2007

Respond By Date

Dear Carolyn Stursa,

This will acknowledge receipt of the captioned filing.

Please look at the cover letter. On the second table, for Fedrated Service Ins. Co., the second column says it is "Proposed Pure Premium Multiplier". Is this an error?

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 08/30/2007

Submitted Date 08/30/2007

Dear Carol Stiffler,

Comments:

Response 1

Comments: Carol,

Those multipliers are approved for Federated Service Insurance Company. I missed changing 2nd column to read Currently Approved. I have attached a correct letter.

I apologize for the inconvenience this may have caused you.

Thank you,

Carolyn Stursa

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Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Cover Letter

Comment: Attached is the corrected cover letter.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Carolyn Stursa

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:
Bypassed -Name: Uniform Transmittal Document- Property & Casualty **Approved** 09/04/2007
Bypass Reason: Adoption of NCCI Approved Item B-1387 & Item B 1387A filing without modification.
Comments:

Review Status:
Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Approved** 09/04/2007
Bypass Reason: Adoption of NCCI Approved Item B-1387 & Item B 1387A filing without modification.
Comments:

Review Status:
Bypassed -Name: NAIC loss cost data entry document **Approved** 09/04/2007
Bypass Reason: Adoption of NCCI Approved Item B-1387 & Item B 1387A filing without modification.
Comments:

Review Status:
Satisfied -Name: Cover Letter **Approved** 09/04/2007
Comments:
Attached is the corrected cover letter.
Attachment:
AR Cover Leter.pdf

August 29, 2007

Arkansas Insurance Department

**FEDERATED MUTUAL INSURANCE COMPANY
FEDERATED SERVICE INSURANCE COMPANY**

Workers Compensation & Employers Liability

- Adoption of NCCI Countrywide Item B-1387 –Revisions of Basic Manual Classifications without modification
- Adoption of NCCI Countrywide Item B-1387A—Revisions to Basic Manual Classifications—Amendment without modification

Federated Filing Number: WC-AR-07-4

We are filing to adopt the NCCI approved Item filings B-1387 and B-1387A. We will be using our currently approved pure premium multipliers from Arkansas filing number AR-PC-06-021303.

Listed below are our currently approved pure premium multipliers for Mutual Company and Service Company:

Federated Mutual Insurance Company

Classification Code	Currently Approved Pure Premium Multiplier
3629	1.272
3632	1.272
3724	1.272
4299	1.272
5183	1.272
5190	1.272
5537	1.272
5538	1.272
8006	1.497
8013	1.272
8058	1.272
8116	1.272
8232	1.272
8380	1.272
9620	1.272
All Other Classification Codes	1.497

Federated Service Insurance Company

Classification Code	Currently Approved Pure Premium Multiplier
3629	1.145
3632	1.145
3724	1.145
4299	1.145

5183	1.145
5190	1.145
5537	1.145
5538	1.145
8006	1.347
8013	1.145
8058	1.145
8116	1.145
8232	1.145
8380	1.145
9620	1.145
All Other Classification Codes	1.347

We trust that our filing meets your requirements and we appreciate your consideration of our filing.

Thank you,



Carolyn Stursa
P & C Product Specialist
Federated Mutual Insurance Company
Federated Service Insurance Company
cmstursa@fedins.com