

SERFF Tracking Number: LDRE-125296193 State: Arkansas  
Filing Company: Great West Casualty Company State Tracking Number: AR-PC-07-026139  
Company Tracking Number: G3307M  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: LCM Filing/G3307M

## Filing at a Glance

Company: Great West Casualty Company

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rate

SERFF Tr Num: LDRE-125296193 State: Arkansas

SERFF Status: Closed

Co Tr Num: G3307M

Co Status:

Author: Cindy Searls

Date Submitted: 09/19/2007

State Tr Num: AR-PC-07-026139

State Status:

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

Disposition Date: 09/21/2007

Disposition Status: Approved

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

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

Effective Date (New): 01/01/2008

Effective Date (Renewal):

## General Information

Project Name: LCM Filing

Project Number: G3307M

Reference Organization: NCCI

Reference Title: N/A

Filing Status Changed: 09/21/2007

State Status Changed: 09/19/2007

Corresponding Filing Tracking Number: G3307M

Filing Description:

Great West would like to maintain our currently filed loss cost multiplier of 1.274. This multiplier will be used effective January 1, 2008 and applied to all January 1, 2008 NCCI loss costs. We are also submitting for your approval effective January 1, 2008, Arkansas pages for:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number: NCCI Item AR-2007-10

Advisory Org. Circular: AR-2007-13

Deemer Date:

Rate Pages

Miscellaneous Values Page

Retrospective Rating State Special Rating Values Page

In addition we are filing for revised Premium Discount Percentages on the Miscellaneous Values page and Table of Expenses on the Retrospective Rating page to be effective January 1, 2008.

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Included in this filing are the NAIC loss cost filing adoption forms, our Exhibits, and the above referenced materials.

If you have any questions or concerns, please call me at 1-800-228-8602 Ext. 7239, or e-mail me at j.hohenstein@gwccnet.com.

Sincerely,  
GREAT WEST CASUALTY COMPANY

Janice L. Hohenstein, CPCU  
Actuarial Analyst

JLH/clc

## Company and Contact

### Filing Contact Information

Cindy Searls, Compliance Technician c.searls@gwccnet.com  
1100 W. 29th Street (800) 228-8602 [Phone]  
South Sioux City,, NE 68776 (402) 494-7480[FAX]

### Filing Company Information

Great West Casualty Company CoCode: 11371 State of Domicile: Nebraska  
1100 W. 29th Street Group Code: 150 Company Type: P & C  
So. Sioux City, NE 68776 Group Name: State ID Number:  
(402) 494-2411 ext. [Phone] FEIN Number: 47-6024508  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Arkansas filing fee of \$50.00 to adopt advisory organization loss costs with no change to company loss cost multiplier already on file.

<i>SERFF Tracking Number:</i>	<i>LDRE-125296193</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great West Casualty Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026139</i>
<i>Company Tracking Number:</i>	<i>G3307M</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>LCM Filing/G3307M</i>		
<i>Per Company:</i>	<i>No</i>		

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great West Casualty Company	\$50.00	09/19/2007	15708748

SERFF Tracking Number: LDRE-125296193

State: Arkansas

Filing Company: Great West Casualty Company

State Tracking Number: AR-PC-07-026139

Company Tracking Number: G3307M

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: LCM Filing/G3307M

## Correspondence Summary

### Dispositions

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

SERFF Tracking Number: LDRE-125296193  
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 Product Name: Workers Compensation  
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State: Arkansas  
 State Tracking Number: AR-PC-07-026139  
 Sub-TOI: 16.0004 Standard WC

## 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:
Great West Casualty Company	2.800%	\$15,513	37	\$554,036	0.000%	0.000%	4.100%

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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	Company Exhibit	Approved	Yes
Rate	Rate Pages	Approved	Yes
Rate	Miscellaneous Values	Approved	Yes
Rate	Retrospective Rating State Special Rating Values	Approved	Yes

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 Sub-TOI: 16.0004 Standard WC

## Rate Information

Rate data applies to filing.

**Filing Method:** Prior Approval  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** -11.300%  
**Effective Date of Last Rate Revision:** 07/01/2007  
**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):
Great West Casualty Company	4.100%	2.800%	\$15,513	37	\$554,036	0.000%	0.000%

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Filing Attachments
Approved	Rate Pages	Pages 1 through 4	Replacement	AR-PC-07-024698	Rate Pages.pdf
Approved	Miscellaneous Values	Pages 1 through 2	Replacement	AR-PC-07-024698	Miscellaneous Values.pdf
Approved	Retrospective Rating State Special Rating Values	RR1	Replacement	AR-PC-07-024698	Retrospective Rating State Special Rating Values.pdf

**GREAT WEST CASUALTY COMPANY**  
**WORKERS COMPENSATION AND EMPLOYERS LIABILITY**  
**APPLICABLE TO VOLUNTARY POLICIES ONLY**

Effective January 1, 2008

Class Code	Rate Incl. Dis.	Min. Prem.	Class Code	Rate Incl. Dis.	Min. Prem.	Class Code	Rate Incl. Dis.	Min. Prem.	Class Code	Rate Incl. Dis.	Min. Prem.	Class Code	Rate Incl. Dis.	Min. Prem.
0005	4.34	900	1860	1.38	641	2587	1.96	827	3118	1.30	616	3648	1.91	811
0008	2.66	900	1924	2.92	900	2589	1.45	664	3119	0.98	513	3681	1.27	606
0016	5.59	900	1925	2.41	900	2600	4.40	900	3122	1.04	533	3685	1.67	734
0034	3.81	900	2001	2.18	897	2623	2.28	900	3126	1.78	769	3719	3.08	900
0035	2.22	900	2002	3.02	900	2651	2.03	849	3131	0.82	462	3724	6.08	900
0036	3.68	900	2003	2.54	900	2660	1.43	657	3132	1.86	795	3726	3.25	900
0037	3.99	900	2014	4.78	900	2670	2.13	881	3145	1.73	753	3803	1.68	737
0042	6.46	900	2016	2.19	900	2683	1.83	785	3146	2.33	900	3807	1.45	664
0050	4.92	900	2021	3.03	900	2688	2.62	900	3169	2.40	900	3808	2.48	900
0059D	0.27	286	2039	4.17	900	2701	7.15	900	3175D	2.64	900	3821	3.82	900
0065D	0.05	216	2041	3.58	900	2702X	24.54	900	3179	2.15	888	3822	2.50	900
0066D	0.05	216	2065	1.11	555	2710	7.55	900	3180	1.92	814	3824	4.38	900
0067D	0.05	216	2070	4.56	900	2714	4.55	900	3188	1.29	613	3826	0.94	501
0079	2.87	900	2081	3.94	900	2719X	9.91	900	3220	1.82	782	3827	1.08	545
0083	7.53	900	2089	2.46	900	2731	3.33	900	3223	2.94	900	3830	1.04	533
0106	12.77	900	2095	2.92	900	2735	2.70	900	3224	2.41	900	3851	2.60	900
0113	4.27	900	2105	2.25	900	2759	6.74	900	3227	1.61	715	3865	1.17	574
0170	2.37	900	2110	2.03	849	2790	1.27	606	3240	3.02	900	3881	3.45	900
0251	4.80	900	2111	1.83	785	2802	5.87	900	3241	2.68	900	4000	6.73	900
0400	7.66	900	2112	2.33	900	2812	3.94	900	3255	2.37	900	4021	4.08	900
0401	11.17	900	2114	2.80	900	2835	1.50	680	3257	2.43	900	4024E	1.54	692
0771N	0.28	290	2121	1.78	769	2836	2.14	884	3270	3.99	900	4034	6.26	900
0908P	113.39	313	2130	2.62	900	2841	3.73	900	3300	3.34	900	4036	2.40	900
0913P	303.21	503	2131	1.61	715	2881	2.06	859	3303	3.29	900	4038	1.92	814
0917	3.35	900	2143	1.99	836	2883	3.91	900	3307	3.22	900	4053	2.93	900
1005*	8.91	900	2157	3.44	900	2913	2.82	900	3315	2.41	900	4061	3.92	900
1016*	32.95	900	2172	1.95	824	2915	3.49	900	3334	2.29	900	4062	2.84	900
1164E	6.52	900	2174	2.54	900	2916	2.23	900	3336	2.23	900	4101	1.80	776
1165E	6.22	900	2211	4.76	900	2923	1.85	792	3365	8.80	900	4111	2.11	875
1320	2.62	900	2220	1.81	779	2942	2.19	900	3372	2.47	900	4112	0.87	478
1322	10.57	900	2286	1.34	629	2960	2.74	900	3373	3.08	900	4113	1.53	689
1430	4.76	900	2288	4.18	900	3004	2.33	900	3383	0.88	481	4114	2.19	900
1438	2.45	900	2300	1.95	824	3018	2.80	900	3385	0.80	456	4130	5.10	900
1452	1.68	737	2302	1.71	747	3022	3.01	900	3400	2.34	900	4131	2.46	900
1463	10.47	900	2305	2.25	900	3027	2.73	900	3507	2.65	900	4133	2.34	900
1472	3.19	900	2361	1.22	590	3028	2.87	900	3515	2.14	884	4150	1.18	577
1624E	6.89	900	2362	1.64	724	3030	3.78	900	3548	1.13	561	4206	3.62	900
1642	3.45	900	2380	5.61	900	3040	3.76	900	3559	1.96	827	4207	1.04	533
1654	7.45	900	2386	1.10	552	3041	3.25	900	3574	1.08	545	4239	1.21	587
1655	4.15	900	2388	1.73	753	3042	2.94	900	3581	1.10	552	4240	2.66	900
1699	1.92	814	2402	2.09	868	3064	4.20	900	3612	2.01	843	4243	1.30	616
1701	3.20	900	2413	1.67	734	3069	6.10	900	3620	5.53	900	4244	2.14	884
1710E	5.98	900	2416	1.73	753	3076	2.51	900	3629	1.73	753	4250	1.35	632
1741E	1.59	708	2417	1.61	715	3081D	2.31	900	3632	2.80	900	4251	1.50	680
1745X	2.62	900	2501	1.36	635	3082D	3.66	900	3634	1.73	753	4263	2.17	894
1747	2.19	900	2503	1.22	590	3085D	2.70	900	3635	1.62	718	4273	1.48	673
1748	5.13	900	2534	2.17	894	3110	2.75	900	3638	1.44	661	4279	1.61	715
1803D	4.92	900	2570	4.40	900	3111	2.74	900	3642	0.84	469	4282	1.97	830
1852D	2.01	843	2585	2.42	900	3113	1.96	827	3643	2.73	900	4283	2.13	881
1853	2.40	900	2586	0.92	494	3114	2.32	900	3647	2.93	900	4299	1.36	635

**GREAT WEST CASUALTY COMPANY**  
**WORKERS COMPENSATION AND EMPLOYERS LIABILITY**  
**APPLICABLE TO VOLUNTARY POLICIES ONLY**

Effective January 1, 2008

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4304	2.52	900	5057	14.69	900	6213	10.51	900	7231	7.68	900	8006	2.06	859
4307	2.45	900	5059	21.08	900	6214	2.54	900	7232	13.07	900	8008	1.07	542
4351	0.99	517	5069	20.27	900	6216	4.79	900	7309F	24.72	900	8010	1.97	830
4352	0.93	497	5102	3.90	900	6217	4.47	900	7313F	5.69	900	8013	0.46	347
4360	0.73	433	5146	4.61	900	6229	3.75	900	7317F	9.12	900	8015	0.64	405
4361	1.22	590	5160	4.10	900	6233	6.88	900	7327F	19.89	900	8017	1.10	552
4362	0.98	513	5183	2.97	900	6235	10.41	900	7333M	6.78	900	8018X*	2.46	900
4410	2.66	900	5188	4.94	900	6236	11.89	900	7335M	7.53	900	8021	1.58	705
4420	3.16	900	5190	2.89	900	6237	3.26	900	7337M	11.94	900	8031	2.87	900
4431	1.34	629	5191X	1.62	718	6251D	7.08	900	7350F	21.59	900	8032	1.48	673
4432	1.44	661	5192	3.64	900	6252D	6.42	900	7360	5.39	900	8033	1.80	776
4439	1.69	740	5213	7.01	900	6260D	4.87	900	7370	4.66	900	8039	1.34	629
4452	3.11	900	5215	3.67	900	6306	5.03	900	7380X	3.78	900	8044	2.94	900
4459	1.91	811	5221	3.73	900	6319	5.03	900	7382	2.56	900	8045	0.42	334
4470	2.06	859	5222	9.19	900	6325	4.68	900	7390	3.24	900	8046	2.61	900
4484	2.13	881	5223	5.02	900	6400	6.28	900	7394M	13.59	900	8047	1.12	558
4493	2.56	900	5348	3.50	900	6504	2.19	900	7395M	15.10	900	8058	2.64	900
4511	0.62	398	5402	4.60	900	6702M*	6.69	900	7398M	23.93	900	8072	0.60	392
4557	1.66	731	5403	9.36	900	6703M*	11.77	900	7403X	2.60	900	8102	2.43	900
4558	1.71	747	5437	4.29	900	6704M*	7.43	900	7405N	1.38	641	8103	4.29	900
4561	1.73	753	5443	3.41	900	6801F	12.84	900	7420X*	19.84	900	8105	4.34	900
4568	2.43	900	5445	4.34	900	6811	5.13	900	7421	2.06	859	8106	4.05	900
4581	1.53	689	5462	5.66	900	6824F	22.19	900	7422	2.28	900	8107	3.73	900
4583	4.17	900	5472	4.68	900	6826F	10.74	900	7423X	2.60	900	8111	2.90	900
4611	0.85	472	5473	4.76	900	6834	3.83	900	7425	3.21	900	8116	4.20	900
4635	3.49	900	5474	6.62	900	6836	8.41	900	7431N	1.78	769	8203	5.68	900
4653	1.22	590	5478	4.06	900	6843F	14.75	900	7445N	0.74	437	8204	5.73	900
4665	6.20	900	5479	9.49	900	6845F	17.36	900	7453N	0.96	507	8209	2.82	900
4670	3.99	900	5480	9.27	900	6854	4.84	900	7502	2.70	900	8215	5.05	900
4683	4.23	900	5491	1.99	836	6872F	20.05	900	7515	0.99	517	8227	4.00	900
4686	1.04	533	5506	4.06	900	6874F	35.62	900	7520	2.76	900	8232	5.92	900
4692	0.33	306	5507	5.31	900	6882	5.54	900	7538	8.84	900	8233	4.47	900
4693	0.79	453	5508D	6.75	900	6884	12.17	900	7539	5.62	900	8235	3.75	900
4703	2.10	872	5535	6.10	900	7016M	5.03	900	7540	3.73	900	8263	8.41	900
4717	2.20	900	5537	5.10	900	7024M	5.59	900	7580	1.89	804	8264	3.73	900
4720	3.61	900	5551	13.30	900	7038M	5.98	900	7590	4.01	900	8265	8.85	900
4740	1.36	635	5606	1.80	776	7046M	26.32	900	7600	2.73	900	8279	9.57	900
4741	1.63	721	5610	6.31	900	7047M	8.87	900	7601	10.93	900	8288	6.20	900
4751	1.73	753	5645	10.54	900	7050M	10.52	900	7605	3.06	900	8291	2.25	900
4771N	1.62	718	5651	8.54	900	7090M	6.64	900	7610	0.43	338	8292	2.74	900
4777	1.61	715	5703	91.80	900	7098M	29.25	900	7611	5.41	900	8293	7.57	900
4825	0.69	421	5705	4.62	900	7099M	46.36	900	7612	15.07	900	8295X	5.49	900
4828	1.30	616	5951	0.34	309	7133	3.20	900	7613	4.33	900	8304	6.55	900
4829	1.41	651	6003	9.49	900	7151M	3.89	900	7705	2.52	900	8350	4.79	900
4902	1.55	696	6005	6.26	900	7152M	6.84	900	7710	6.09	900	8380	3.24	900
4923	1.03	529	6017	3.95	900	7153M	4.32	900	7711	6.09	900	8381	1.29	613
5020	5.24	900	6018	2.01	843	7222	9.12	900	7720X	2.52	900	8385	2.47	900
5022	5.72	900	6045	2.70	900	7228X	7.15	900	7855	5.50	900	8392	3.19	900
5037	15.96	900	6204	8.82	900	7229X	7.11	900	8001	2.24	900	8393	1.50	680
5040	18.65	900	6206	6.79	900	7230	3.48	900	8002	2.94	900	8500	4.65	900





GREAT WEST CASUALTY COMPANY  
Supplemental Page to  
WORKERS COMPENSATION AND EMPLOYERS LIABILITY

Effective January 1, 2008

Original Printing

MISCELLANEOUS VALUES

**Expense Constant** applicable to all policies ..... \$200.00

**Basis of Premium** applicable in accordance with the footnote instructions for Code:

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..... \$2,400.00

**Minimum Payroll** applicable in accordance with Basic Manual Rule 2-E-1 – Executive Officers ..... \$300.00

**Per Passenger Seat Surcharge** – In accordance with the footnote instructions for classification Code 7421, the surcharge is:

maximum surcharge per aircraft..... \$1,000  
per passenger seat..... \$100

**Premium Determination for Partners, Sole Proprietors and Members of Limited Liability Companies**

in accordance with Basic Manual Rule 2-E-3..... \$30,800.00

**Premium Discount Percentages** - (See Basic Manual Rule 3-A-19). The following premium discounts are applicable to Standard Premiums:

	<u>SCHEDULE</u>	
First	\$ 10,000	0.0%
Next	190,000	9.1%
Next	1,550,000	11.3%
Over	1,750,000	12.3%

**Waiver of Right to Recover From Others** (See Basic Manual Rule 3-A-22)..... 5% of premium  
Minimum Charge ..... \$250.00

**Maximum Minimum Premium**..... \$900.00

**Minimum Premium Formula:** Minimum of "Maximum Minimum Premium" and amount derived using the formula:  
{Rate x [(Average Weekly Wage x 52)/100]} + Expense Constant

**Foreign Terrorism**..... \$0.03

**Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents (DTEC)**..... \$0.01

**United States Longshore and Harbor Workers Compensation Coverage Percentage** applicable only in connection with Basic Manual Rule 3-A-4..... 90%  
(Multiply a Non-F classification rate by a factor of 1.90 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and the adjustment for differences in loss-based expenses (1.139).)

**EXPERIENCE RATING ELIGIBILITY**

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 latest approved eligibility amounts by state.

GREAT WEST CASUALTY COMPANY  
Supplemental Page to  
WORKERS COMPENSATION AND EMPLOYERS LIABILITY

Effective January 1, 2008

Original Printing

**Premium Reduction Factors** - The following premium reduction percentages are applicable by hazard group for employers electing deductibles as designated below:

Total Losses Deductible Amount	Hazard Groups			
	1	2	3	4
\$1,000	9.3%	7.4%	4.6%	2.9%
\$1,500	11.3%	9.1%	5.8%	3.7%
\$2,000	13.0%	10.5%	6.9%	4.5%
\$2,500	14.5%	11.7%	7.8%	5.0%
\$3,000	15.8%	12.9%	8.6%	5.6%
\$3,500	16.9%	13.9%	9.3%	6.2%
\$4,000	18.0%	14.9%	10.1%	6.7%
\$4,500	19.1%	15.8%	10.7%	7.2%
\$5,000	20.0%	16.6%	11.4%	7.7%

Indemnity Deductible Amount	Hazard Groups			
	1	2	3	4
\$1,000	2.0%	1.7%	1.3%	0.9%
\$1,500	2.8%	2.5%	1.9%	1.3%
\$2,000	3.5%	3.1%	2.4%	1.7%
\$2,500	4.1%	3.6%	2.8%	2.0%
\$3,000	4.7%	4.1%	3.2%	2.3%
\$3,500	5.3%	4.6%	3.6%	2.6%
\$4,000	5.8%	5.1%	4.0%	2.9%
\$4,500	6.2%	5.5%	4.3%	3.1%
\$5,000	6.7%	5.9%	4.6%	3.4%

Medical Deductible Amount	Hazard Groups			
	1	2	3	4
\$1,000	9.0%	7.1%	4.4%	2.8%
\$1,500	10.8%	8.6%	5.5%	3.5%
\$2,000	12.2%	9.8%	6.3%	4.0%
\$2,500	13.5%	10.8%	7.0%	4.5%
\$3,000	14.5%	11.7%	7.7%	5.0%
\$3,500	15.4%	12.6%	8.3%	5.5%
\$4,000	16.3%	13.2%	8.8%	5.9%
\$4,500	17.0%	14.0%	9.3%	6.2%
\$5,000	17.8%	14.5%	9.8%	6.5%

**GREAT WEST CASUALTY COMPANY  
RETROSPECTIVE RATING PLAN MANUAL  
STATE SPECIAL RATING VALUES**

Effective January 1, 2008

Original Printing

**1. Hazard Group Differentials**

1	2	3	4
1.520	1.220	0.880	0.590

**2. Tax Multiplier**

1.067

**3. Expected Loss Ratio**

0.661

**4. Table of Expense Ratios**

Table XXVII-E - Type A

**5. 2008-Table of Expected Loss Ranges**

Effective January 1, 2008

**6. Excess Loss Factors**

(Applicable to New and Renewal Policies)

**Excess Loss and Allocated Expense Factors**

(Applicable to New and Renewal Policies)

Per Accident Limitation	Hazard Groups			
	1	2	3	4
\$ 10,000 *	0.378	0.410	0.455	0.489
15,000 *	0.340	0.375	0.426	0.467
20,000 *	0.310	0.347	0.403	0.449
25,000	0.286	0.324	0.382	0.432
30,000	0.265	0.303	0.364	0.418
35,000	0.247	0.286	0.349	0.405
40,000	0.232	0.271	0.334	0.393
50,000	0.207	0.245	0.310	0.371
75,000	0.165	0.200	0.264	0.330
100,000	0.137	0.171	0.232	0.299
125,000	0.119	0.150	0.208	0.275
150,000	0.106	0.135	0.190	0.256
175,000	0.095	0.122	0.175	0.240
200,000	0.087	0.112	0.162	0.226
225,000	0.080	0.104	0.151	0.214
250,000	0.075	0.098	0.143	0.205
275,000	0.070	0.093	0.135	0.196
300,000	0.065	0.087	0.128	0.188
325,000	0.062	0.083	0.122	0.180
350,000	0.059	0.079	0.116	0.174
375,000	0.056	0.075	0.112	0.168
400,000	0.054	0.073	0.107	0.163
425,000	0.052	0.069	0.103	0.157
450,000	0.050	0.067	0.100	0.153
475,000	0.048	0.065	0.097	0.149
500,000	0.046	0.063	0.093	0.145
600,000	0.041	0.056	0.083	0.132
700,000	0.037	0.051	0.076	0.122
800,000	0.034	0.048	0.070	0.114
900,000	0.032	0.044	0.065	0.106
1,000,000	0.030	0.042	0.061	0.100
2,000,000	0.019	0.026	0.040	0.067
3,000,000	0.013	0.019	0.030	0.052
4,000,000	0.010	0.015	0.024	0.042
5,000,000	0.008	0.012	0.019	0.036
6,000,000	0.006	0.009	0.016	0.030
7,000,000	0.005	0.008	0.013	0.026
8,000,000	0.005	0.007	0.012	0.023
9,000,000	0.005	0.007	0.011	0.020
10,000,000	0.004	0.006	0.009	0.019

Per Accident Limitation	Hazard Groups			
	1	2	3	4
\$ 10,000 *	0.428	0.461	0.508	0.543
15,000 *	0.389	0.426	0.479	0.521
20,000 *	0.358	0.397	0.455	0.502
25,000	0.332	0.373	0.434	0.486
30,000	0.311	0.352	0.416	0.471
35,000	0.292	0.334	0.400	0.458
40,000	0.275	0.317	0.385	0.446
50,000	0.247	0.290	0.359	0.424
75,000	0.200	0.240	0.310	0.380
100,000	0.169	0.207	0.274	0.347
125,000	0.147	0.182	0.248	0.321
150,000	0.131	0.165	0.227	0.299
175,000	0.118	0.150	0.210	0.282
200,000	0.108	0.138	0.195	0.266
225,000	0.099	0.128	0.182	0.253
250,000	0.093	0.120	0.173	0.242
275,000	0.087	0.113	0.163	0.231
300,000	0.082	0.107	0.155	0.222
325,000	0.077	0.102	0.147	0.214
350,000	0.073	0.097	0.141	0.206
375,000	0.070	0.093	0.136	0.199
400,000	0.067	0.089	0.130	0.193
425,000	0.064	0.085	0.126	0.187
450,000	0.061	0.083	0.121	0.182
475,000	0.059	0.079	0.117	0.177
500,000	0.058	0.077	0.114	0.173
600,000	0.051	0.069	0.101	0.157
700,000	0.046	0.062	0.092	0.145
800,000	0.043	0.058	0.085	0.136
900,000	0.040	0.054	0.079	0.127
1,000,000	0.037	0.051	0.075	0.120
2,000,000	0.023	0.032	0.048	0.081
3,000,000	0.017	0.024	0.036	0.063
4,000,000	0.013	0.019	0.029	0.052
5,000,000	0.010	0.015	0.024	0.044
6,000,000	0.008	0.012	0.020	0.037
7,000,000	0.007	0.011	0.017	0.032
8,000,000	0.006	0.009	0.015	0.029
9,000,000	0.005	0.008	0.013	0.026
10,000,000	0.005	0.007	0.012	0.023

\* This loss limit is not applicable for retrospective rating in this state.

**7. Retrospective Development Factors**

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

SERFF Tracking Number: LDRE-125296193 State: Arkansas  
Filing Company: Great West Casualty Company State Tracking Number: AR-PC-07-026139  
Company Tracking Number: G3307M  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: LCM Filing/G3307M

## Supporting Document Schedules

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

**Comments:**

Transmittal Document attached.

**Attachment:**

PC Transmittal Document.pdf

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

**Comments:**

NAIC loss cost filing documents attached.

**Attachments:**

Reference Filing Adoption.pdf

Loss Cost Filing Document.pdf

Expense Constant Supplement.pdf

**Bypassed -Name:** NAIC loss cost data entry document **Review Status:** Approved 09/21/2007  
**Bypass Reason:** We are maintaining our current LCM and adopting NCCI loss costs effective 1-1-2008.

**Comments:**

**Satisfied -Name:** Company Exhibit **Review Status:** Approved 09/21/2007

**Comments:**

Company Exhibit attached.

**Attachment:**

Exhibit.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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
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<b>3. Group Name</b>	<b>Group NAIC #</b>

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

<b>5. Company Tracking Number</b>	
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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

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

## 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.)**

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

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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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)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
------------	--

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

<b>5.</b>	<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>
-----------	--

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

<b>6.</b>	Overall percentage of last rate revision	
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<b>7.</b>	Effective Date of last rate revision	
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<b>8.</b>	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: \_\_\_\_\_

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 \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. PERSON RESPONSIBLE FOR FILING \_\_\_\_\_  
TITLE \_\_\_\_\_ TELEPHONE # \_\_\_\_\_
3. INSURER NAIC # \_\_\_\_\_
4. ADVISORY ORGANIZATION \_\_\_\_\_
- 5A. PROPOSED RATE LEVEL CHANGE \_\_\_\_\_ % EFFECTIVE DATE \_\_\_\_\_
- 5B. PROPOSED PREMIUM LEVEL CHANGE\* \_\_\_\_\_ % EFFECTIVE DATE \_\_\_\_\_
- 6A. PRIOR RATE LEVEL CHANGE \_\_\_\_\_ % EFFECTIVE DATE \_\_\_\_\_
- 6B. PRIOR PREMIUM LEVEL CHANGE\* \_\_\_\_\_ % EFFECTIVE DATE \_\_\_\_\_
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.

**NAIC LOSS COST FILING DOCUMENT—** **WORKERS' COMPENSATION**

**CALCULATION OF COMPANY LOSS COST MULTIPLIER**

(EFFECTIVE AUG. 16, 2004)

<b>This filing transmittal is part of Company Tracking #</b>	
<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	

( ) **Loss Cost Reference Filing** \_\_\_\_\_ ( ) **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? \_\_\_\_\_ 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)
- ( ) With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) \_\_\_\_\_

**B.** Loss Cost Modification Expressed as a Factor: (See Examples Below) \_\_\_\_\_

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

<b>5.</b>	A.	Expected Loss Ratio: ELR = 100% - 4F =	
	B.	ELR in Decimal Form =	

**NAIC LOSS COST FILING DOCUMENT—*WORKERS' COMPENSATION***

<b>6.</b>	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	
<b>7.</b>	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)	
<b>8.</b>	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	
<b>9.</b>	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	

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.

( )    ( )

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

( )    ( )

**NAIC EXPENSE CONSTANT SUPPLEMENT**  
**CALCULATION OF COMPANY LOSS COST MULTIPLIER**  
**WITH EXPENSE CONSTANTS**

(EFFECTIVE AUG. 16, 2004)

(This form must be provided ONLY when making a filing that includes an expense constant)

<b>This filing transmittal is part of Company Tracking #</b>	
<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	

**Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)**

Selected Provisions

4.			Overall	Variable	Fixed	
	A.	Total Production Expense				%
	B.	General Expense				%
	C.	Taxes, License & Fees				%
	D.	Underwriting Profit & Contingencies*				%
	E.	Other (explain)				%
	F.	<b>TOTAL</b>				%
		*Explain how investment income is taken into account.				

5.	A.	Expected Loss Ratio: ELR = 100% - Overall 4F				%
	B.	ELR in decimal form =				
	C.	Variable Expected Loss Ratio: VELR=100% - Variable 4F				%
	D.	VELR in Decimal Form = B. ELR in Decimal Form =				

6.	A.	Formula Expense Constant: [(1.00 divided by 5B) - (1.00 divided by 5D)]				
	B.	Formula Variable Loss Cost Multiplier (3B divided by 5D)				

7.	A.	Selected Expense Constant =				
	B.	Selected Variable Loss Cost Multiplier =				

**8. Explain any differences between 6 and 7:**

9.	<b>Rate level change for the coverage(s) to which this page applies</b>				%
----	---	--	--	--	---

**Arkansas**

Workers Compensation

Premium Discount Comparison

Premium Discount Percentages							
Current (Table 8)			Proposed (Table 9)				
First	\$	5,000	0.0%	First	\$	10,000	0.0%
Next		95,000	3.5%	Next		190,000	9.1%
Next		400,000	5.0%	Next		1,550,000	11.3%
Over		500,000	7.0%	Over		1,750,000	12.3%