

SERFF Tracking Number: THEI-125296093 State: Arkansas
Filing Company: T.H.E. Insurance Company State Tracking Number: AR-PC-07-026159
Company Tracking Number: ARWCR7
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: /

Filing at a Glance

Company: T.H.E. Insurance Company
Product Name: Workers Compensation
TOI: 16.0 Workers Compensation
Sub-TOI: 16.0004 Standard WC
Filing Type: Rate

SERFF Tr Num: THEI-125296093 State: Arkansas
SERFF Status: Closed State Tr Num: AR-PC-07-026159
Co Tr Num: ARWCR7 State Status:
Co Status: Reviewer(s): Betty Montesi, Carol
Stiffler, Brittany Yielding
Author: Kristine Faba Disposition Date: 09/21/2007
Date Submitted: 09/21/2007 Disposition Status: Approved
Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal):

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: Domicile Status Comments: Not applicable in
Louisiana.
Reference Organization: NCCI Reference Number: AR-2007-10
Reference Title: Arkansas Approved Voluntary Loss Costs Advisory Org. Circular: AR-2007-13
Filing Status Changed: 09/21/2007
State Status Changed: 09/21/2007 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to advise the Department of T.H.E. Insurance Company's intention to adopt the revised prospective loss costs filed by NCCI and approved by the Department to be effective on January 1, 2008. T.H.E. will not be making any changes to its previously filed and approved loss cost multiplier of 1.35.

Thank you for your consideration of our filing.

Company and Contact

Filing Contact Information

SERFF Tracking Number: THEI-125296093

State: Arkansas

Filing Company: T.H.E. Insurance Company

State Tracking Number: AR-PC-07-026159

Company Tracking Number: ARWCR7

TOI: 16.0 Workers Compensation

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Product Name: Workers Compensation

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Kristine Faba, WC filing analyst
10451 Gulf Boulevard
Treasure Island, FL 33706-4814

kfaba@alliedspecialty.com
(727) 367-6900 [Phone]
(727) 360-4232[FAX]

Filing Company Information

T.H.E. Insurance Company
10451 Gulf Boulevard
Treasure Island, FL 33706-4814
(727) 367-6900 ext. 1216[Phone]

CoCode: 12866
Group Code:
Group Name:
FEIN Number: 04-2451053

State of Domicile: Louisiana
Company Type: P&C
State ID Number:

SERFF Tracking Number: THEI-125296093 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: T.H.E. is filing to adopt NCCI's loss costs with no changes to our current loss cost multiplier.
The fee is \$50 for this type of rate filing.
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0022969	\$50.00	09/20/2007

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Correspondence Summary

Dispositions

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

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State: Arkansas
State Tracking Number: AR-PC-07-026159
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:
T.H.E. Insurance Company	2.700%	\$1,833	16	\$67,872	%	%	2.700%

SERFF Tracking Number: THEI-125296093 State: Arkansas
 Filing Company: T.H.E. Insurance Company State Tracking Number: AR-PC-07-026159
 Company Tracking Number: ARWCR7
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
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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
Rate	WC Rate Page eff. 1/1/08	Approved	Yes

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State: Arkansas
 State Tracking Number: AR-PC-07-026159
 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: -5.400%
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):
T.H.E. Insurance Company	2.700%	2.700%	\$1,833	16	\$67,872	%	%

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State: Arkansas

Filing Company: T.H.E. Insurance Company

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TOI: 16.0 Workers Compensation

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	WC Rate Page eff. 1/1/08		Replacement	ARWCR6 AR RATES 1-1-08.pdf

Workers' Compensation Rates
T.H.E. Insurance Company
State of Arkansas
Eff. 1/1/08

Class Code	Description	Loss Cost	LCM	Final Rate
7380	Drivers	2.97	1.35	4.01
8017	Retail Store	0.86	1.35	1.16
8742	Outside Sales	0.37	1.35	0.50
8810	Clerical	0.18	1.35	0.24
9016	Amusement Park	3.58	1.35	4.83
9083	Restaurant	1.06	1.35	1.43
9180	Amusement Device Op.	3.13	1.35	4.23
9186	Carnival, Traveling	39.31	1.35	53.07

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Supporting Document Schedules

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

Attachment:

AR PC TD.pdf

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

We are not changing our currently approved loss cost multiplier of 1.35. Copy of original filing, approved effective 1/15/02, attached.

Attachment:

AR RF-WC 1-15-02.pdf

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

Attachment:

AR DATA ENTRY DOC.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:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3. Group Name	Group NAIC #
N/A	N/A

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
T.H.E. Insurance Co.	LA	12866	04-2451053	

5. Company Tracking Number	ARWCR7 SERFF #THEI-125296093
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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
	Kristine Faba, T.H.E. Ins. 10451 Gulf Blvd., Treasure Island, FL 33706	WC Under- writer	(800) 237- 3355 X 1273	(727) 360- 4232	kfaba@alliedspecialty. com
7.	Signature of authorized filer		<i>Kristine Faba</i>		
8.	Please print name of authorized filer		Kristine Faba		

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	16.0, Workers' Compensation
10.	Sub-Type of Insurance (Sub-TOI)	16.004
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<input checked="" 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: 01/01/2008 Renewal: 01/01/2008
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI
17.	Reference Organization # & Title	AR-2007-10, Arkansas Approved Voluntary Loss Costs
18.	Company's Date of Filing	9/21/07
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # ARWCR7 SERFF #THEI-125296093

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

The purpose of this filing is to advise the Department of T.H.E. Insurance Company's intention to adopt the revised prospective loss costs filed by NCCI and approved by the Department to be effective on January 1, 2008. T.H.E. will not be making any changes to its previously filed and approved loss cost multiplier of 1.35.

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 #: 0022969

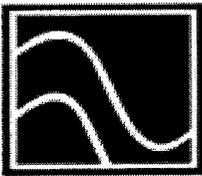
Amount: \$50.00

T.H.E. is filing to adopt NCCI's loss costs with no changes to our current loss cost multiplier. The fee is \$50 for this type of rate filing.

Check is being mailed out on 9/21/07.

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.)**



T.H.E. Insurance Company, Inc.

Operating Account
10451 Gulf Boulevard
Treasure Island, FL 33706

CHECK DATE	CHECK NUMBER
9/20/2007	0022969
VENDOR NUMBER	
000125296093	

INVOICE DATE	INVOICE NUMBER	REFERENCE	AMOUNT PAID
9/19/2007	000125296093	FILING FEE FOR WC RATE FILING SERF #THEI-125296093	50.00
CHECK TOTAL			50.00

VENDOR NUMBER	CHECK DATE	CHECK NUMBER
000125296093	9/20/2007	0022969

INVOICE DATE	INVOICE NUMBER	REFERENCE	AMOUNT PAID
9/19/2007	000125296093	FILING FEE FOR WC RATE FILING SERF #THEI-125296093	50.00
CHECK TOTAL			50.00

THIS CHECK IS VOID WITHOUT A COLORED BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW



T.H.E. Insurance Company, Inc.
Operating Account
10451 Gulf Boulevard
Treasure Island, FL 33706

AmSouth Bank
The Relationship People

CHECK DATE	VENDOR NUMBER	CHECK NUMBER
9/20/2007	000125296093	0022969

63-466
631

CHECK AMOUNT
\$50.00

VOID AFTER 90 DAYS

PAY *Fifty and 00/100 Dollars*

TO THE ORDER OF INSURANCE DEPARTMENT TRUST FUND
ARKANSAS DEPARTMENT OF INSURANCE
1200 WEST THIRD STREET
LITTLE ROCK AR 72201

John P. Corley
AUTHORIZED SIGNATURE

⑈0022969⑈ ⑆063104668⑆ 7966710073⑈

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 #	ARWCR7 SERFF #THEI-125296093
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a. Rate Change by Company (As Proposed)							
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)
T.H.E.	+2.7%	+2.7%	\$1,833 <small>(2006 prem.)</small>	16	\$67,872 <small>In 2006</small>		

4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

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

6.	Overall percentage of last rate revision	-5.4%
7.	Effective Date of last rate revision	7/1/07
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Arkansas WC Rate Page eff. 1/1/08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	ARWCR6
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	

Arkansas

**ARKANSAS INSURANCE DEPARTMENT
WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS REFERENCE FILING ADOPTION FORM**

DATE 12/7/01

Page 1 of 2

1. INSURER NAME T.H.E. Insurance Company
ADDRESS 10451 Gulf Blvd.
Treasure Island, FL 33706

PERSON RESPONSIBLE FOR FILING Kristine Faba
TITLE Compliance Administrator TELEPHONE NO. (800) 237-3355

2. INSURER NAIC NO. 12866 GROUP NO. 000

3. ADVISORY ORGANIZATION NCCI

4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR#01-01

5. 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, expense constants specified in the attachments.

6. A.	PROPOSED RATE LEVEL CHANGE	<u>N/A</u>	%	EFFECTIVE DATE	<u>1/15/02</u>
B.	PROPOSED PREMIUM LEVEL CHANGE	<u>N/A</u>	%	EFFECTIVE DATE	<u>1/15/02</u>
7. A.	PRIOR RATE LEVEL CHANGE	<u>N/A</u>	%	EFFECTIVE DATE	<u>N/A</u>
B.	PRIOR PREMIUM LEVEL CHANGE	<u>N/A</u>	%	EFFECTIVE DATE	<u>N/A</u>

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. 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.
- 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.

ADP&C JAN 13 2002

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME T.H.E. Insurance Company DATE 12/7/01
 NAIC NO. 12866 GROUP NO. 000

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
 Yes No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.
2. 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 1.000 (see examples below).
3. 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	24.48	%	
B. General Expense	0	%	
C. Taxes, Licenses and Fees	3.02	%	
D. Underwriting Profit and Contingencies*	(1.0)*	%	
E. Other (explain)	0	%	
F. TOTAL	26.5	%	

* Explain how investment income is taken into account.

4. A. Expected Loss and Loss Adjustment Expense Ratio:
 ELR = 100% - 3F = 735 %
 B. ELR in decimal form = .735
5. Overall Impact of Expense Constant and Minimum Premiums:
 (A 2.3% impact would be expressed as 1.023.) 1.01
6. Overall Impact of Size-of-Risk Discounts plus Expense Graduation
 Recognition in Retrospective Rating: 1.00
 (An 8.6% average discount would be expressed as 0.914.) (Not Applicable)
7. Company Formula Loss Cost Multiplier:
 $(2B / [(6 - 3F) \times 5]) =$ 1.35
8. Company Selected Loss Cost Multiplier = 1.35
 Explain any differences between 7 and 8:

9. Are you amending your minimum premium formula? If yes, attach documentation including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. Yes No
10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change.

* Underwriting profit of 5% offset by 6% Return on PHS (average of 1999 and 2000 Return on PHS as shown in A.M. Best Reports)

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking # ARWCR7 SERFF # THEI-125296093

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

Company Name		Company NAIC Number	
A.	T.H.E. Insurance Company	B.	12866

4. A.	Product Coding Matrix Line of Business (i.e., Type of Insurance)	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
	16.0, Workers' Compensation	16.004

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
Workers' Comp.	+ 2.7%	+ 2.7%	.735	1.000	1.35	N/A	1.35
TOTAL OVERALL EFFECT	+ 2.7%	+ 2.7%					

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
		-5.4	7/1/07				
		-0.5	7/1/06				
		-1.5	7/1/05				
		+0.5	7/1/04				
		+1.8	7/1/03				
		-4.5	7/1/02				
		N/A	1/15/02	Original	Filing		

7. Expense Constants

Expense Constants	Selected Provisions
A. Total Production Expense	24.48
B. General Expense	0
C. Taxes, License & Fees	3.02
D. Underwriting Profit & Contingencies	-1.0
E. Other (explain)	0
F. TOTAL	26.5

8. Y Apply Lost Cost Factors to Future filings? (Y or N)

9. 2.7% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): N/A

10. N/A Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): N/A