

SERFF Tracking Number: UTCX-125292208 State: Arkansas
First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: AR-PC-07-026090
Company Tracking Number: WC AR09248CGR01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Workers Compensation/WC AR09248CGR01

Filing at a Glance

Companies: Utica Mutual Insurance Company, Graphic Arts Mutual Insurance Company
Product Name: Workers Compensation SERFF Tr Num: UTCX-125292208 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: AR-PC-07-026090
Sub-TOI: 16.0004 Standard WC Co Tr Num: WC AR09248CGR01 State Status:
Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Author: SPI UticaNational Disposition Date: 09/17/2007
Date Submitted: 09/14/2007 Disposition Status: Approved
Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): Effective Date (Renewal):

General Information

Project Name: Workers Compensation Status of Filing in Domicile:
Project Number: WC AR09248CGR01 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 09/17/2007
State Status Changed: 09/14/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

With this filing we are adopting the 1/1/08 loss cost revision as set forth in Item AR-2007-10. We will continue using our LCM of 1.320 which was approved for Utica Mutual and Graphic Arts Mutual effective 10/1/03. We have included a copy of the RF-WC form from the 10/1/03 filing.

Company and Contact

Filing Contact Information

Tina Cirelli, Senior State Filings Coordinator tina.cirelli@uticanational.com
180 Genesee Street (315) 734-2129 [Phone]
New Hartford, NY 13413 (315) 734-2252[FAX]

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Filing Company Information

Utica Mutual Insurance Company CoCode: 25976 State of Domicile: New York
180 Genesee Street Group Code: 201 Company Type:
New Hartford, NY 13413 Group Name: Utica National State ID Number:
Insurance Group
(315) 734-2000 ext. [Phone] FEIN Number: 15-0476880

Graphic Arts Mutual Insurance Company CoCode: 25984 State of Domicile: New York
180 Genesee Street Group Code: 201 Company Type:
New Hartford, NY 13413 Group Name: Utica National State ID Number:
Insurance Group
(315) 734-2000 ext. [Phone] FEIN Number: 13-5274760

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0000005395	\$50.00	09/12/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/17/2007	09/17/2007

<i>SERFF Tracking Number:</i>	<i>UTCX-125292208</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Utica Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026090</i>
<i>Company Tracking Number:</i>	<i>WC AR09248CGR01</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>Workers Compensation/WC AR09248CGR01</i>		

Disposition

Disposition Date: 09/17/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

SERFF Tracking Number: UTCX-125292208 *State:* Arkansas
First Filing Company: Utica Mutual Insurance Company, ... *State Tracking Number:* AR-PC-07-026090
Company Tracking Number: WC AR09248CGR01
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Workers Compensation
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An error occurred rendering Disposition 125249028: null.

SERFF Tracking Number: UTCX-125292208 State: Arkansas
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 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
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Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: Neutral
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

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):
Utica Mutual Insurance Company	%	%				%	%
Graphic Arts Mutual Insurance Company	%	%				%	%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:
Overall Percentage Rate Impact For This Filing:
Effect of Rate Filing - Written Premium Change For This Program: \$0

<i>SERFF Tracking Number:</i>	<i>UTCX-125292208</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Utica Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026090</i>
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<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation/WC AR09248CGR01</i>		

Effect of Rate Filing - Number of Policyholders Affected: 0

<i>SERFF Tracking Number:</i>	<i>UTCX-125292208</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Utica Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026090</i>
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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Approved	09/17/2007
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Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status:	Approved	09/17/2007
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Bypass Reason: Not applicable to this filing.

Comments:

Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Approved	09/17/2007
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Bypass Reason: Not applicalbe to this filing.

Comments:

Satisfied -Name:	Transmittal Form RF-WC	Review Status:	Approved	09/17/2007
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Comments:

Attachment:

Transmittal Form.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 #			
Utica National Insurance Group	0201			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Utica Mutual Insurance Company	NY	25976	15-0476880	
Graphic Arts Mutual Insurance Company	NY	25984	13-5274760	

5. Company Tracking Number	WC AR09248CGR01
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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
	Tina D. Cirelli 180 Genesee Street New Hartford NY 13413	Senior State Filings Coordinator	800-274-1914 Ext. 2129	315-734-2252	tina.cirelli@uticanational.com
7.	Signature of authorized filer		<i>Tina Cirelli</i>		
8.	Please print name of authorized filer		Tina D. Cirelli		

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

9.	Type of Insurance (TOI)	16.0 Workers Compensation
10.	Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	AR- Loss Cost Revison
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)	National Council on Compensation Insurance, Inc. (NCCI)
17.	Reference Organization # & Title	AR-2007-10
18.	Company's Date of Filing	09/14/2007
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	WC AR09248CGR01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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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]
<p>Check #: 0000005395 Amount: \$50.00</p> <p>\$50.00 filing fee for RFI</p> <p style="text-align: center;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

ARKANSAS INSURANCE DEPARTMENT

Form RF-WC
Rev. 4/96

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

DATE 7/28/03

Page 1 of 1

1. INSURER NAME Utica Mutual Insurance Company
Graphic Arts Mutual Insurance Company

ADDRESS 180 Genesee Street
New Hartford, NY 13413

PERSON RESPONSIBLE FOR FILING Tina D. Cirelli

TITLE Senior State Filing Coordinator TELEPHONE NO. 315-734-2129

2. INSURER NAIC NO. 25976 & 25984 GROUP NO. 0201

3. ADVISORY ORGANIZATION NCCI

4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-01-01, AR01-03, AR-01-04, AR-02-02, AR-02-04, AR-2003-04

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, the expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE 0.0 % EFFECTIVE DATE 10/1/03
B. PROPOSED PREMIUM LEVEL CHANGE 0.0 % EFFECTIVE DATE 10/1/03

7. A. PRIOR RATE LEVEL CHANGE See below % EFFECTIVE DATE 12/1/00
**
B. PRIOR PREMIUM LEVEL CHANGE See below % EFFECTIVE DATE 12/1/00
**

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM" (RF-WC Page 2)
(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.

****UTICA: SUP-NA, UTICA: PREF+6.2%, UTICA: SELECT+19.6%, GRAPHIC+4.9%**