

SERFF Tracking Number: UTCX-125299837 State: Arkansas
First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: AR-PC-07-026151
Company Tracking Number: WC AR09257CGR01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Workers Compensation/WC AR09257CGR01

Filing at a Glance

Companies: Utica Mutual Insurance Company, Graphic Arts Mutual Insurance Company
Product Name: Workers Compensation SERFF Tr Num: UTCX-125299837 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: AR-PC-07-026151
Sub-TOI: 16.0004 Standard WC Co Tr Num: WC AR09257CGR01 State Status:
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Author: SPI UticaNational Disposition Date: 09/21/2007
Date Submitted: 09/21/2007 Disposition Status: Approved
Effective Date Requested (New): 07/01/2007 Effective Date (New): 10/01/2007
Effective Date Requested (Renewal): Effective Date (Renewal):

General Information

Project Name: Workers Compensation Status of Filing in Domicile: Not Filed
Project Number: WC AR09257CGR01 Domicile Status Comments:
Reference Organization: National Council on Compensation Insurance, Reference Number:
Inc. (NCCI)
Reference Title: Advisory Org. Circular:
Filing Status Changed: 09/21/2007
State Status Changed: 09/21/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
With this filing we are adopting NCCI Item Filing B-1397-A, Revisions to Basic Manual Classifications and Rules -
Amendment, as set forth in Circular AR-2007-12.

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: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0000005582	\$25.00	09/19/2007

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Correspondence Summary

Dispositions

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

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	09/21/2007	09/21/2007	SPI UticaNational	09/21/2007	09/21/2007
Industry Response						

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Disposition

Disposition Date: 09/21/2007

Effective Date (New): 10/01/2007

Effective Date (Renewal):

Status: Approved

Comment:

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/21/2007
Submitted Date 09/21/2007
Respond By Date

Dear Tina Cirelli,

This will acknowledge receipt of the captioned filing.

All workers' compensation filings are prior approval and have a 30 day waiting period after receipt of the filing by the Department that allows time for review and correspondence, if needed. While that waiting period may be waived by the Commissioner, the Insurance Department strongly encourages companies to make sure they make filings in a timely manner. While I am able to waive the remaining part of the 30 day period on this filing, I will not always be able to do that in the future.

Please provide me with the effective date you prefer. It may be as early as 9/21/07 or as late as you request.

Please feel free to contact me if you have questions.

Sincerely,
Carol Stiffler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/21/2007
Submitted Date 09/21/2007

Dear Carol Stiffler,

Comments:

Response to Objection Letter

Response 1

Comments: We would like to amend our requested effective date to 10/1/07. Thanks very much!
Tina Cirelli

Changed Items:

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No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
SPI UticaNational

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Overall Percentage of Last Rate Revision:

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

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Effect of Rate Filing - Number of Policyholders Affected: 0

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Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-
Property & Casualty
Bypass Reason: Information generates through new version of SERFF.
Comments:

Review Status: Approved 09/21/2007

Bypassed -Name: NAIC Loss Cost Filing Document
for Workers' Compensation
Bypass Reason: Not applicable to this filing.
Comments:

Review Status: Approved 09/21/2007

Bypassed -Name: NAIC loss cost data entry document
Bypass Reason: Not applicable to this filing.
Comments:

Review Status: Approved 09/21/2007