

SERFF Tracking Number: WSFG-125241497 State: Arkansas
Filing Company: Westfield Insurance Company State Tracking Number: AR-PC-07-026023
Company Tracking Number: 080101ARWCWFRU
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Comp
Project Name/Number: revising premium discount /

Filing at a Glance

Company: Westfield Insurance Company

Product Name: Workers Comp

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rule

SERFF Tr Num: WSFG-125241497 State: Arkansas

SERFF Status: Closed

Co Tr Num: 080101ARWCWFRU

Co Status:

Author: Rhonda Roberts

Date Submitted: 09/07/2007

State Tr Num: AR-PC-07-026023

State Status:

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

Disposition Date: 09/10/2007

Disposition Status: Approved

Effective Date (New): 01/01/2008

Effective Date (Renewal):

01/05/2008

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

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

General Information

Project Name: revising premium discount

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 09/10/2007

State Status Changed: 09/07/2007

Corresponding Filing Tracking Number:

Filing Description:

On behalf of the WESTFIELD INSURANCE COMPANY, we wish to file prior approval a rule filing for the state of Arkansas. This change revises the premium discount percentages previously filed in 2006.

Enclosed is the company exception pages WF1, showing the revised premium discounts.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We are not actively writing business in the state of Arkansas, and do not have established agencies in your state, therefore the rate impact is 0- zero.

We do not consider this filing to be excessive, inadequate or unfairly discriminatory. Please indicate your department's acceptance of this filing.

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Company and Contact

Filing Contact Information

Rhonda Roberts, Production Specialist rhondaroberts@westfieldgrp.com
 PO Box 5001 (330) 887-6105 [Phone]
 Westfield Center, OH 44251 (330) 887-7587[FAX]

Filing Company Information

Westfield Insurance Company CoCode: 24112 State of Domicile: Ohio
 One Park Circle Group Code: 228 Company Type: P & C
 P.O. Box 5001
 Westfield Center, OH 44251-5001 Group Name: State ID Number:
 (800) 243-0210 ext. [Phone] FEIN Number: 34-6516838

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Westfield Insurance Company	\$25.00	09/07/2007	15472450

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/10/2007	09/10/2007

SERFF Tracking Number: WSFG-125241497

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Disposition

Disposition Date: 09/10/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/05/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WSFG-125241497 State: Arkansas
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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	company manual page	Approved	Yes

SERFF Tracking Number: *WSFG-125241497*

State: *Arkansas*

Filing Company: *Westfield Insurance Company*

State Tracking Number: *AR-PC-07-026023*

Company Tracking Number: *080101ARWCWFRU*

TOI: *16.0 Workers Compensation*

Sub-TOI: *16.0004 Standard WC*

Product Name: *Workers Comp*

Project Name/Number: *revising premium discount /*

Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	company manual page	WF-1 (01-08)	Replacement	Lcm_wfAR_wc.pdf

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY
Effective January 1, 2008

MINIMUM PREMIUM

Formula for Minimum Premium

Advisory Loss Cost x Westfield Company Factor x \$175 + Expense
 Constant = Minimum Premium

Example :

$$1.60 \times 1.407 \times \$175 + \$180 = \$421$$

Maximum Minimum Premium \$850

All minimum premiums developed through application of the above formula will
 be rounded to the nearest dollar.

EXCEPTION: use minimum premium = Westfield rate + Expense Constant for
 0908, 0909, 0912, and 0913.

EXPENSE CONSTANT

\$180

PREMIUM DISCOUNT PERCENTAGES

The following premium discounts are applicable to Standard Premiums:

First	\$ 5,000	--
Next	95,000	10.9%
Next	400,000	12.6%
Over	500,000	14.4%

<i>SERFF Tracking Number:</i>	<i>WSFG-125241497</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Westfield Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026023</i>
<i>Company Tracking Number:</i>	<i>080101ARWCWFRU</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 Comp</i>		
<i>Project Name/Number:</i>	<i>revising premium discount /</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	09/10/2007
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Comments:

Attachment:

trans doc.pdf

Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	09/10/2007
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Bypass Reason: not applicable - not a rate change

Comments:

Bypassed -Name:	NAIC loss cost data entry document	Review Status: Approved	09/10/2007
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Bypass Reason: not applicable - not a rate change

Comments:

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	080101ARWCWFRU
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21.	Filing Description [This area should be similar to the body of a cover letter 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]
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Check #: n/a
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.)**

