

SERFF Tracking Number: FICI-125418290 State: Arkansas
Filing Company: FirstComp Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: WC-AR-08-03
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: WC Adoption Filing
Project Name/Number: WC-AR-08-03/WC-AR-08-03

Filing at a Glance

Company: FirstComp Insurance Company

Product Name: WC Adoption Filing

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0000 WC Sub-TOI Combinations

SERFF Tr Num: FICI-125418290

SERFF Status: Closed

Co Tr Num: WC-AR-08-03

State: Arkansas

State Tr Num: EFT \$25

State Status: Fees verified and received

Filing Type: Rule

Co Status:

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

Author: Julynda Bohlman

Date Submitted: 01/09/2008

Disposition Date: 01/10/2008

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):

State Filing Description:

General Information

Project Name: WC-AR-08-03

Project Number: WC-AR-08-03

Reference Organization: National Council on Compensation Insurance, Inc. Reference Number: B-1405

Reference Title: Terrorism Risk Insurance Program Reauthorization Act Advisory Org. Circular: CIF-2007-09 of 2007

Filing Status Changed: 01/10/2008

State Status Changed: 01/10/2008

Corresponding Filing Tracking Number:

Filing Description:

FirstComp Insurance is filing to adopt NCCI Item B-1405-- Terrorism Risk Insurance Program Reauthorization Act of 2007. We would like this filing effective January 1, 2008 for new and renewal business.

Sincerely,

Julynda Bohlman

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Deemer Date:

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Company and Contact

Filing Contact Information

Julynda Bohlman, Regulatory Compliance Analyst
 jbohlman@firstcomp.com
 222 South 15th Street
 Omaha, NE 68102-1680
 (402) 943-1086 [Phone]

Filing Company Information

FirstComp Insurance Company CoCode: 27626 State of Domicile: Nebraska
 222 South 15th Street Group Code: Company Type:
 Suite 1200
 Omaha, NE 68102-1680 Group Name: State ID Number:
 (888) 500-3344 ext. [Phone] FEIN Number: 43-1429637

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: 1 Rule filing x \$25.00 = \$25.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
FirstComp Insurance Company	\$25.00	01/09/2008	17412796

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/10/2008	01/10/2008

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Disposition

Disposition Date: 01/10/2008
 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:
FirstComp Insurance Company	0.000%	\$0	0	\$0	0.000%	%	0.000%

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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

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State: Arkansas
 State Tracking Number: EFT \$25
 Sub-TOI: 16.0000 WC Sub-TOI Combinations

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 2.700%
Effective Date of Last Rate Revision: 01/01/2008
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):
FirstComp Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	%

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 01/10/2008

Comments:

NAIC Uniform Transmittal Document attached.

Attachment:

F777-9AR.pdf

Bypassed -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 01/10/2008

Bypass Reason: This is a rule filing that does not affect the loss costs.

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 01/10/2008

Bypass Reason: This is a rule filing that does not affect the loss costs.

Comments:

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	WC-AR-08-03
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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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FirstComp Insurance is filing to adopt NCCI Countrywide Item Filing B-1405--Terrorism Risk Insurance Program Reauthorization Act of 2007 Endorsements.

We would like this filing to apply to all new and renewal business effective January 1, 2008.

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 #: EFT
Amount: \$25.00

1 adoption filing x \$25.00 = \$25.00

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.)**

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 #	WC-AR-08-03
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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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)						
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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)
FirstComp	0	0	0	0	0	0	0

4b.	Rate Change by Company (As Accepted) For State Use Only						
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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)

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

6.	Overall percentage of last rate revision	2.7%
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7.	Effective Date of last rate revision	1/1/08
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	National Rule 3-A-24-a	<input type="checkbox"/> New <input checked="" 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	