

SERFF Tracking Number: FEMC-125419765 State: Arkansas
First Filing Company: Federated Mutual Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: WC-AR-08-3
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: WC-AR-08-3/WC-AR-08-3

Filing at a Glance

Companies: Federated Mutual Insurance Company, Federated Service Insurance Company

Product Name: Workers Compensation SERFF Tr Num: FEMC-125419765 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 16.0004 Standard WC Co Tr Num: WC-AR-08-3 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Author: Carolyn Stursa Disposition Date: 01/11/2008
Date Submitted: 01/11/2008 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-08-3 Status of Filing in Domicile:
Project Number: WC-AR-08-3 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 01/11/2008
State Status Changed: 01/11/2008 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

Filing for approval of approved NCCI Item filings
Item B-1405 & Item P-1405 for implementation for
all new business and renewals on and after January 1, 2008.
Per Carol Stiffler's phone call we can implement retroactively.
See Cover Letter.

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Company and Contact

Filing Contact Information

Carolyn Stursa, Property & Casualty Product cmstursa@fedins.com
 Specialist
 121 E Park Square (800) 533-0472 [Phone]
 Owatonna, MN 55060 (507) 444-6691[FAX]

Filing Company Information

Federated Mutual Insurance Company	CoCode: 13935	State of Domicile: Minnesota
121 East Park Square	Group Code: 7	Company Type:
PO Box 328		
Owatonna, MN 55060	Group Name:	State ID Number:
(800) 533-0472 ext. [Phone]	FEIN Number: 41-0417460	

Federated Service Insurance Company	CoCode: 28304	State of Domicile: Minnesota
121 East Park Square	Group Code: 7	Company Type:
PO Box 328		
Owatonna, MN 55060	Group Name:	State ID Number:
(800) 533-0472 ext. [Phone]	FEIN Number: 41-0984698	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federated Mutual Insurance Company	\$50.00	01/11/2008	17452360
Federated Service Insurance Company	\$0.00	01/11/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/11/2008	01/11/2008

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Disposition

Disposition Date: 01/11/2008
Effective Date (New): 01/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>FEMC-125419765</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Federated Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC-AR-08-3</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>WC-AR-08-3/WC-AR-08-3</i>		

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 01/11/2008

Comments:

Attachment:

2007 P&C Transmittal Document PC TD-1.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 01/11/2008

Comments:

Attachment:

AR Cover Leter.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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></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 #
Federated Insurance Companies	007

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Federated Mutual Insurance Company	MN	13935	41-0417460	
Federated Service Insurance Company	MN	28304	41-0984698	

5. Company Tracking Number	WC-AR-08-3
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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
	Carolyn Stursa PO Box 328 Owatonna MN 55060	P & C Product Specialist	800-533-0472 Ext.: 5290	507-444-6691	cmstursa@fedins.com

7. Signature of authorized filer	<i>Carolyn Stursa</i>
8. Please print name of authorized filer	Carolyn Stursa

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 Workers Compensation
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<input 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 checked="" type="checkbox"/> Other (Forms & Rules)
14.	Effective Date(s) Requested	New: 1-1-2008 Renewal: 1-1-2008
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI
17.	Reference Organization # & Title	Item B-1405 Terrorism Risk Insurance Program Reauthorization Act of 2007 & Item P-1405 Endorsements
18.	Company's Date of Filing	1-11-2008
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-AR-08-3
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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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Adoption of Item B-1405 Terrorism Risk Insurance Program Reauthorization Act of 2007 and Item P-1405 Terrorism Risk Insurance Program Reauthorization Act of 2007 Endorsements.

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 #:
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.)**

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January 8, 2008

Arkansas Insurance Department

**FEDERATED MUTUAL INSURANCE COMPANY
FEDERATED SERVICE INSURANCE COMPANY
Workers Compensation & Employers Liability**
• Adoption of NCCI approved Item filings

Federated Filing Number: WC-AR-08-3

Dear Carol Stiffler,

We are adopting the Item filings below retroactively on January 1, 2008 per your phone conversation with Dale Niedfeldt on Monday, January 7, 2008.

We will be using the NCCI forms without modification and continue to charge the current rate that we have been.

We ask for your approval of these Item filings.

Item Number	Circular Number	Effective Date	Description of Item
B-1405	CIF-2007-09	1-1-2008	Revision of Rule 3-A-24 as a result of the Terrorism Risk Insurance Program Reauthorization Act of 2007.
P-1405	CIF-2007-10	1-1-2008	Revision of WC 00 01 13 and WC 00 04 21 A as a result of the Terrorism Risk Insurance Program Reauthorization Act of 2007.

We trust that our filing meets your requirements and we appreciate your consideration of our filing.

Thank you,



Carolyn Stursa
P & C Product Specialist
Federated Mutual Insurance Company
Federated Service Insurance Company
cmstursa@fedins.com
1-800-533-0472 Ext: 5290