

SERFF Tracking Number: FLWR-125415408 State: Arkansas
Filing Company: Florists' Mutual Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: 08-1
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: AR WC Terrorism Rule Filing 01-01-08
Project Name/Number: AR WC Terrorism Rule Filing 01-01-08/08-1

Filing at a Glance

Company: Florists' Mutual Insurance Company

Product Name: AR WC Terrorism Rule Filing SERFF Tr Num: FLWR-125415408 State: Arkansas
01-01-08

TOI: 16.0 Workers Compensation
Sub-TOI: 16.0004 Standard WC

SERFF Status: Closed
Co Tr Num: 08-1

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: Danielle Milby

Disposition Date: 01/07/2008

Date Submitted: 01/04/2008

Disposition Status: Approved

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

Effective Date (New): 01/07/2008

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

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: AR WC Terrorism Rule Filing 01-01-08

Status of Filing in Domicile: Pending

Project Number: 08-1

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: CIF-2007-09

Reference Title: Countrywide - Item b-1405 - Terrorism Risk Insurance
Program Reauthorization Act of 2007

Advisory Org. Circular: FYI-AR-2008-01

Filing Status Changed: 01/07/2008

State Status Changed: 01/07/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Florists' Mutual Insurance Company is filing to adopt the change to the NCCI Basic Manual Rule 3.A.24.a. effective January 1, 2008.

Company and Contact

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Filing Contact Information

Danielle Milby, Compliance Analyst dmilby@hortica-insurance.com
 #1 Horticultural Lane (618) 655-1822 [Phone]
 Edwardsville, IL 62025 (618) 655-2519[FAX]

Filing Company Information

Florists' Mutual Insurance Company CoCode: 13978 State of Domicile: Illinois
 #1 Horticultural Lane Group Code: 349 Company Type: Parent
 PO Box 428
 Edwardsville, IL 62025 Group Name: State ID Number:
 (800) 851-7740 ext. [Phone] FEIN Number: 37-0277830

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Florists' Mutual Insurance Company	\$25.00	01/04/2008	17344164

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/07/2008	01/07/2008

SERFF Tracking Number: FLWR-125415408 *State:* Arkansas
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Disposition

Disposition Date: 01/07/2008

Effective Date (New): 01/07/2008

Effective Date (Renewal):

Status: Approved

Comment: All workers' compensatin filings are prior approval in Arkansas. We cannot approve them retroactively. This filing is being approved on the date of review--January 7, 2008.

Rate data does NOT apply to filing.

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Product Name: AR WC Terrorism Rule Filing 01-01-08
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty		Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation		Yes
Supporting Document	NAIC loss cost data entry document		Yes

SERFF Tracking Number: *FLWR-125415408* *State:* *Arkansas*
Filing Company: *Florists' Mutual Insurance Company* *State Tracking Number:* *EFT \$25*
Company Tracking Number: *08-1*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *AR WC Terrorism Rule Filing 01-01-08*
Project Name/Number: *AR WC Terrorism Rule Filing 01-01-08/08-1*

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:** 01/04/2008

Comments:

Attachment:

NAIC Property and Casualty Transmittal Document.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** 01/04/2008

Bypass Reason: Not Applicable

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** 01/04/2008

Bypass Reason: Not Applicable

Comments:

Property & Casualty Transmittal Document

Reset Form

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:

New Business	
Renewal Business	

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

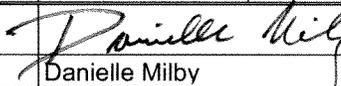
3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Florists' Mutual Insurance Company	Illinois	13978	370277830	12

5. Company Tracking Number	08-1
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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
Danielle Milby #1 Horticultural Lane Edwardsville, IL 62025	Compliance Analyst II	1-800-851-7740 Ext: 1822	1-618-655-2519	dmilby@hortica-insurance.com

7. Signature of authorized filer 

8. Please print name of authorized filer Danielle Milby

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]	N/A
12. Company Program Title (Marketing title)	N/A
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" 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)	NCCI
17. Reference Organization # & Title	CIF-2007-09 Item B-1405 TRIPRA of 2007
18. Company's Date of Filing	January 4, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # 08-1

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Florists' Mutual Insurance Company is filing to adopt the change to the NCCI Basic Manual Rule 3.A.24.a. effective January 1, 2008.

[View Complete Filing Description](#)

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

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.)

PC TD-1 pg 2 of 2

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 #	08-1
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A

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)							
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)
FMIC	0	0	0	0	0	0	0

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

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

6.	Overall percentage of last rate revision	
7.	Effective Date of last rate revision	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Change to Rule 3.A.24.a.	<input checked="" type="checkbox"/> New <input 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	