

SERFF Tracking Number: IRMS-125422771 State: Arkansas  
Filing Company: Imperial Casualty and Indemnity Co. State Tracking Number: #? \$25  
Company Tracking Number: ICI TRIPRA AR 08  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: ICI TRIPRA AR 08  
Project Name/Number: ICI TRIPRA AR 08/ICI TRIPRA AR 08

## Filing at a Glance

Company: Imperial Casualty and Indemnity Co.

Product Name: ICI TRIPRA AR 08

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rule

SERFF Tr Num: IRMS-125422771

SERFF Status: Closed

Co Tr Num: ICI TRIPRA AR 08

Co Status:

Author: Joyce Janowski

Date Submitted: 01/18/2008

State: Arkansas

State Tr Num: #? \$25

State Status: Fees verified

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

Disposition Date: 01/23/2008

Disposition Status: Approved

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

Effective Date Requested (Renewal):

Effective Date (New): 01/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: ICI TRIPRA AR 08

Project Number: ICI TRIPRA AR 08

Reference Organization: NCCI

Reference Title: NCCI Item #P-1405

Filing Status Changed: 01/23/2008

State Status Changed: 01/23/2008

Corresponding Filing Tracking Number:

Filing Description:

Imperial Casualty and Indemnity Company wishes to adopt the item filing NCCI Countrywide Item #P-1405 – Terrorism Risk Insurance Program Reauthorization Act of 2007 by reference.

Status of Filing in Domicile: Authorized

Domicile Status Comments: OK

Reference Number: Item #P-1405

Advisory Org. Circular: NCCI CIF-2007-10

Deemer Date:

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - irmsactuarialeservices)

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Product Name: ICI TRIPRA AR 08  
Project Name/Number: ICI TRIPRA AR 08/ICI TRIPRA AR 08

Joyce Janowski, Actuarial Analyst jjanowski@irmsactuary.com  
330 S. Executive Drive, Suite 202 (262) 754-1600 [Phone]  
Brookfield, WI 53005 (262) 754-1601[FAX]

**Filing Company Information**

Imperial Casualty and Indemnity Co. CoCode: 11487 State of Domicile: Oklahoma  
8000 Warren Parkway, Bldg. 3, Suite 300 Group Code: 3499 Company Type: Property & Casualty

PO Box 2009  
Frisco, TX 75034 Group Name: State ID Number:  
(214) 618-6900 ext. [Phone] FEIN Number: 47-0412734  
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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 |
|--------------|--------------|------------|
| 4830         | \$25.00      | 01/18/2008 |

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## Correspondence Summary

### Dispositions

| Status   | Created By     | Created On | Date Submitted |
|----------|----------------|------------|----------------|
| Approved | Carol Stiffler | 01/23/2008 | 01/23/2008     |

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Project Name/Number: ICI TRIPRA AR 08/ICI TRIPRA AR 08

## Disposition

Disposition Date: 01/23/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: IRMS-125422771 State: Arkansas  
 Filing Company: Imperial Casualty and Indemnity Co. State Tracking Number: #? \$25  
 Company Tracking Number: ICI TRIPRA AR 08  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: ICI TRIPRA AR 08  
 Project Name/Number: ICI TRIPRA AR 08/ICI TRIPRA AR 08

| <b>Item Type</b>           | <b>Item Name</b>   | <b>Item Status</b> | <b>Public Access</b> |
|----------------------------|--|--------------------|----------------------|
| <b>Supporting Document</b> | Uniform Transmittal Document-Property & Casualty         | Approved           | Yes                  |
| <b>Supporting Document</b> | NAIC Loss Cost Filing Document for Workers' Compensation | Approved           | Yes                  |
| <b>Supporting Document</b> | NAIC loss cost data entry document                       | Approved           | Yes                  |
| <b>Supporting Document</b> | 2008 WC TRIPRA Filing                                    | Approved           | Yes                  |

|                                 |  |                               |                            |
|---------------------------------|--|-------------------------------|----------------------------|
| <i>SERFF Tracking Number:</i>   | <i>IRMS-125422771</i>                      | <i>State:</i>                 | <i>Arkansas</i>            |
| <i>Filing Company:</i>          | <i>Imperial Casualty and Indemnity Co.</i> | <i>State Tracking Number:</i> | <i>#? \$25</i>             |
| <i>Company Tracking Number:</i> | <i>ICI TRIPRA AR 08</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>ICI TRIPRA AR 08</i>                    |                               |                            |
| <i>Project Name/Number:</i>     | <i>ICI TRIPRA AR 08/ICI TRIPRA AR 08</i>   |                               |                            |

## **Rate Information**

Rate data does NOT apply to filing.

|                                 |  |                               |                            |
|---------------------------------|--|-------------------------------|----------------------------|
| <i>SERFF Tracking Number:</i>   | <i>IRMS-125422771</i>                      | <i>State:</i>                 | <i>Arkansas</i>            |
| <i>Filing Company:</i>          | <i>Imperial Casualty and Indemnity Co.</i> | <i>State Tracking Number:</i> | <i>#? \$25</i>             |
| <i>Company Tracking Number:</i> | <i>ICI TRIPRA AR 08</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>ICI TRIPRA AR 08</i>                    |                               |                            |
| <i>Project Name/Number:</i>     | <i>ICI TRIPRA AR 08/ICI TRIPRA AR 08</i>   |                               |                            |

## Supporting Document Schedules

|                         |  |                                   |            |
|-------------------------|--|-----------------------------------|------------|
| <b>Satisfied -Name:</b> | Uniform Transmittal Document-<br>Property & Casualty | <b>Review Status:</b><br>Approved | 01/23/2008 |
|-------------------------|--|-----------------------------------|------------|

**Comments:**

**Attachment:**

pc\_trans.pdf

|                        |   |                                   |            |
|------------------------|---|-----------------------------------|------------|
| <b>Bypassed -Name:</b> | NAIC Loss Cost Filing Document<br>for Workers' Compensation | <b>Review Status:</b><br>Approved | 01/23/2008 |
|------------------------|---|-----------------------------------|------------|

**Bypass Reason:** This is not a loss cost filing.

**Comments:**

|                        |                                    |                                   |            |
|------------------------|------------------------------------|-----------------------------------|------------|
| <b>Bypassed -Name:</b> | NAIC loss cost data entry document | <b>Review Status:</b><br>Approved | 01/23/2008 |
|------------------------|------------------------------------|-----------------------------------|------------|

**Bypass Reason:** This is not a loss cost filing.

**Comments:**

|                         |                       |                                   |            |
|-------------------------|-----------------------|-----------------------------------|------------|
| <b>Satisfied -Name:</b> | 2008 WC TRIPRA Filing | <b>Review Status:</b><br>Approved | 01/23/2008 |
|-------------------------|-----------------------|-----------------------------------|------------|

**Comments:**

**Attachment:**

TRIPRA 2008 ICI.pdf

**Property & Casualty Transmittal Document (Revised 1/1/06)**

|   |
|---|
| <b>1. Reserved for Insurance Dept. Use Only</b> |
|---|

|   |  |
|---|--|
| <b>2. Insurance Department Use only</b> |  |
| 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                        |  |

|                      |                     |
|----------------------|---------------------|
| <b>3. Group Name</b> | <b>Group NAIC #</b> |
|                      |                     |

| <b>4. Company Name(s)</b>   | <b>Domicile</b> | <b>NAIC #</b> | <b>FEIN #</b> |
|---|-----------------|---------------|---------------|
| Imperial Casualty and Indemnity Co.<br>8000 Warren Parkway, Bldg. III, Suite 300<br>PO Box 2009<br>Frisco, TX 75034 | OK              | 11487         |               |
|   |                 |               |               |
|   |                 |               |               |

|                                   |                 |
|-----------------------------------|-----------------|
| <b>5. Company Tracking Number</b> | ICI TRIPRA AR08 |
|-----------------------------------|-----------------|

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

| <b>6. Name and address</b>  | <b>Title</b>      | <b>Telephone #s</b>     | <b>FAX #</b> | <b>e-mail</b>                 |
|---|-------------------|-------------------------|--------------|-------------------------------|
| Joyce Janowski<br>IRMS Actuarial Services<br>330 S. Executive Drive,<br>Suite 202<br>Brookfield, WI 53005 | Actuarial Analyst | 262-754-1600<br>ext. 14 | 262-754-1601 | jjanowski@irmsactuar<br>y.com |
|   |                   |                         |              |                               |
| <b>7. Signature of authorized filer</b>   |                   |                         |              |                               |
| <b>8. Please print name of authorized filer</b>   |                   | Joyce Janowski          |              |                               |

**Filing information** (see General Instructions for descriptions of these fields)

|   |  |
|---|--|
| <b>9. Type of Insurance (TOI)</b>   | Workers Compensation   |
| <b>10. Sub-Type of Insurance (Sub-TOI)</b>  |  |
| <b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b> |  |
| <b>12. Company Program Title (Marketing title)</b>  | Loss Cost Multiplier   |
| <b>13. Filing Type</b>  | <input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| <b>14. Effective Date(s) Requested</b>  | New: 1/1/2008      Renewal:  |
| <b>15. Reference Filing?</b>  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>16. Reference Organization (if applicable)</b>   | NCCI   |
| <b>17. Reference Organization # &amp; Title</b>   | NCCI Item #P-1405  |
| <b>18. Company's Date of Filing</b>   | 1/7/2008   |
| <b>19. Status of filing in domicile</b>   | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved  |

**Property & Casualty Transmittal Document—**

|            |  |                        |
|------------|--|------------------------|
| <b>20.</b> | <b>This filing transmittal is part of Company Tracking #</b> | <b>ICI TRIPRA AR08</b> |
|------------|--|------------------------|

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

Imperial Casualty and Indemnity Company wishes to adopt the item filing NCCI Countrywide Item #P-1405 – Terrorism Risk Insurance Program Reauthorization Act of 2007 by reference.

|            |   |
|------------|---|
| <b>22.</b> | <b>Filing Fees</b> (Filer must provide check # and fee amount if applicable)<br>[If a state requires you to show how you calculated your filing fees, place that calculation below] |
|------------|---|

**Check #: 4830**  
**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.)**

### 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.)**

|           |  |                        |
|-----------|--|------------------------|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b> | <b>ICI TRIPRA AR08</b> |
|-----------|--|------------------------|

|           |   |  |
|-----------|---|--|
| <b>2.</b> | <b>This filing corresponds to form filing number</b><br>(Company tracking number of form filing, if applicable) |  |
|-----------|---|--|

Rate Increase                     
  Rate Decrease                     
  Rate Neutral (0%)

|           |  |                |
|-----------|--|----------------|
| <b>3.</b> | <b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b> | Prior Approval |
|-----------|--|----------------|

|            |   |
|------------|---|
| <b>4a.</b> | <b>Rate Change by Company (As Proposed)</b> |
|------------|---|

| Company Name | 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) |
|--------------|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
|              |                       |   |  |                                  |                                   |                                   |
|              |                       |   |  |                                  |                                   |                                   |

|            |  |
|------------|--|
| <b>4b.</b> | <b>Rate Change by Company (As Accepted) For State Use Only</b> |
|------------|--|

| Company Name | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change | Minimum % Change |
|--------------|-----------------------|---|--|----------------------------------|------------------|------------------|
|              |                       |   |  |                                  |                  |                  |
|              |                       |   |  |                                  |                  |                  |

|           |  |
|-----------|--|
| <b>5.</b> | <b>Overall Rate Information (Complete for Multiple Company Filings only)</b> |
|-----------|--|

|           |  | COMPANY USE | STATE USE |
|-----------|--|-------------|-----------|
| <b>5a</b> | <b>Overall percentage rate impact for this filing</b>                  |             |           |
| <b>5b</b> | <b>Effect of Rate Filing – Written premium change for this program</b> |             |           |
| <b>5c</b> | <b>Effect of Rate Filing – Number of policyholders affected</b>        |             |           |

|           |  |  |
|-----------|--|--|
| <b>6.</b> | Overall percentage of last rate revision |  |
|-----------|--|--|

|           |                                      |  |
|-----------|--------------------------------------|--|
| <b>7.</b> | Effective Date of last rate revision |  |
|-----------|--------------------------------------|--|

|           |   |  |
|-----------|---|--|
| <b>8.</b> | Filing Method of Last filing<br>(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 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |
| 02 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |
| 03 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |



January 7, 2008

Julie Benafield Bowman  
Commissioner  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

Re: Imperial Casualty and Indemnity Company NAIC #11487  
2008 Workers Compensation TRIPRA Filing

Dear Ms. Bowman:

Imperial Casualty and Indemnity Company wishes to adopt the item filing NCCI Countrywide Item #P-1405 – Terrorism Risk Insurance Program Reauthorization Act of 2007 by reference.

If you have any questions with this filing, please do not hesitate to contact us.

Sincerely,

A handwritten signature in black ink, appearing to read "Joyce Janowski". The signature is fluid and cursive, written over a white background.

Joyce Janowski  
Actuarial Analyst  
jjanowski@irmsactuary.com  
(262) 754-1600 ext. 14