

SERFF Tracking Number: LMBR-125880809 State: Arkansas
Filing Company: Lumbermen's Underwriting Alliance State Tracking Number: EFT \$25
Company Tracking Number: 2008-153-WC-R
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation and Employers Liability
Project Name/Number: Adoption of NCCI Item Filing B-1410/2008-153-WC-R

Filing at a Glance

Company: Lumbermen's Underwriting Alliance

Product Name: Workers Compensation and Employers Liability SERFF Tr Num: LMBR-125880809 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: 2008-153-WC-R

State Status: Fees verified and received

Filing Type: Rule

Co Status: Pending

Reviewer(s): Betty Montesi, Carol Stiffler

Author: Donna Bauman

Disposition Date: 10/30/2008

Date Submitted: 10/30/2008

Disposition Status: Approved

Effective Date Requested (New): 07/01/2011

Effective Date (New): 07/01/2011

Effective Date Requested (Renewal): 07/01/2011

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Adoption of NCCI Item Filing B-1410

Status of Filing in Domicile: Not Filed

Project Number: 2008-153-WC-R

Domicile Status Comments:

Reference Organization: NCCI, Inc.

Reference Number: Item B-1410

Reference Title: Revisions to Basic Manual classifications and appendix E-classifications by hazard group Advisory Org. Circular: CIF-2008-33 and AR-2008-07

Filing Status Changed: 10/30/2008

State Status Changed: 10/30/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Lumbermen's Underwriting Alliance is a subscriber of the National Council on Compensation Insurance, Inc., and we follow NCCI for advisory loss costs, rules, rating plans, forms, and statistical reporting for Workers Compensation and Employers Liability.

We are filing to adopt NCCI's Item B-1410 – Revisions to Basic Manual Classifications and Appendix E—Classifications

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by Hazard Group as set forth in NCCI circulars AR-2008-07 and CIF-2008-33. We request an effective date for all policies effective on and after July 1, 2011.

Your consideration is greatly appreciated.

Company and Contact

Filing Contact Information

Donna Bauman, Donna.Bauman@ins-lua.com
 1905 N.W. Corporate Blvd. (561) 994-1900 [Phone]
 Boca Raton, FL 33431-7303 (561) 988-8297[FAX]

Filing Company Information

Lumbermen's Underwriting Alliance CoCode: 23108 State of Domicile: Missouri
 1905 N.W. Corporate Blvd. Group Code: Company Type: Commercial
 Property and Casualty
 Boca Raton, FL 33431-7303 Group Name: State ID Number:
 (561) 994-1900 ext. [Phone] FEIN Number: 43-0799570

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lumbermen's Underwriting Alliance	\$25.00	10/30/2008	23583301

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	10/30/2008	10/30/2008

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Disposition

Disposition Date: 10/30/2008

Effective Date (New): 07/01/2011

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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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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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/30/2008

Comments:
Transmittal attached.

Attachment:
industry_rates_PCtransDoc_intelligent.pdf

Satisfied -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 10/30/2008

Comments:
Not applicable

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Approved 10/30/2008

Comments:
Not applicable

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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
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 type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input 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 #	
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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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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.)**

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 #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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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)

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	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		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	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input 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	