

SERFF Tracking Number: UTCX-125859282 State: Arkansas
First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: EFT \$25
Company Tracking Number: WC AR10128CGR01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Workers Compensation/WC AR10128CGR01

Filing at a Glance

Companies: Utica Mutual Insurance Company, Graphic Arts Mutual Insurance Company
Product Name: Workers Compensation SERFF Tr Num: UTCX-125859282 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$25
Sub-TOI: 16.0004 Standard WC Co Tr Num: WC AR10128CGR01 State Status: Fees verified and received
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler
Author: SPI UticaNational Disposition Date: 10/15/2008
Date Submitted: 10/15/2008 Disposition Status: Approved
Effective Date Requested (New): 07/01/2011 Effective Date (New): 07/01/2011
Effective Date Requested (Renewal): Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Workers Compensation Status of Filing in Domicile:
Project Number: WC AR10128CGR01 Domicile Status Comments:
Reference Organization: National Council on Compensation Insurance, Reference Number:
Inc. (NCCI)
Reference Title: Advisory Org. Circular:
Filing Status Changed: 10/15/2008
State Status Changed: 10/15/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

With this filing we are adopting NCCI Item Filing B1410 - Revisions to Basic Manual Classifications and Appendix E-
Classifications by Hazard Group.

Company and Contact

Filing Contact Information

SERFF Tracking Number: UTCX-125859282 State: Arkansas
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TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Workers Compensation/WC AR10128CGR01

Tina Cirelli, Senior State Filings Coordinator tina.cirelli@uticanational.com
180 Genesee Street (315) 734-2129 [Phone]
New Hartford, NY 13413 (315) 734-2252[FAX]

Filing Company Information

Utica Mutual Insurance Company CoCode: 25976 State of Domicile: New York
180 Genesee Street Group Code: 201 Company Type:
New Hartford, NY 13413 Group Name: Utica National State ID Number:
Insurance Group
(315) 734-2000 ext. [Phone] FEIN Number: 15-0476880

Graphic Arts Mutual Insurance Company CoCode: 25984 State of Domicile: New York
180 Genesee Street Group Code: 201 Company Type:
New Hartford, NY 13413 Group Name: Utica National State ID Number:
Insurance Group
(315) 734-2000 ext. [Phone] FEIN Number: 13-5274760

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Utica Mutual Insurance Company	\$25.00	10/15/2008	23193046
Graphic Arts Mutual Insurance Company	\$0.00	10/15/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	10/15/2008	10/15/2008

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Disposition

Disposition Date: 10/15/2008
Effective Date (New): 07/01/2011
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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TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Workers Compensation
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Item Type	Item Name	Item Status	Public Access
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>UTCX-125859282</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Utica Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>WC AR10128CGR01</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>Workers Compensation/WC AR10128CGR01</i>		

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	10/15/2008
Bypass Reason:	Not applicable to this filing.		
Comments:			
Bypassed -Name:	NAIC loss cost data entry document	Review Status: Approved	10/15/2008
Bypass Reason:	Not applicable to this filing.		
Comments:			
Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	10/15/2008
Comments:			
Attachment:			
AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF			

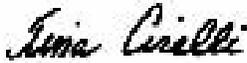
Property & Casualty Transmittal Document

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 style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></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 #			
Utica National Insurance Group	0201			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Utica Mutual Insurance Company	NY	25976	15-0476880	
Graphic Arts Mutual Insurance Company	NY	25984	13-5274760	

5. Company Tracking Number	WC AR10128CGR01
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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
	Tina D. Cirelli 180 Genesee Street New Hartford NY 13413	Senior State Filings Coordinator	800-274-1914 Ext. 2129	315-734-2252	tina.cirelli@uticanational.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Tina D. Cirelli		

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]	
12.	Company Program Title (Marketing Title)	AR- Adoption of NCCI Item Filing B-1410
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: 07/01/2011 Renewal: 07/01/2011
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	National Council on Compensation Insurance, Inc. (NCCI)
17.	Reference Organization # & Title	Item # B-1410
18.	Company's Date of Filing	10/15/2008
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 AR10128CGR01
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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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With this filing we are adopting NCCI Item Filing B1410 - Revisions to Basic Manual Classifications and Appendix E-Classifications by Hazard Group.

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]
	<p>Check #: Amount: \$25.00</p> <p>Sending filing fee Via EFT</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)