

SERFF Tracking Number: SNIC-125917688 State: Arkansas
Filing Company: Carolina Casualty Insurance Company State Tracking Number: #? \$0
Company Tracking Number: CCIC-WC-09-001-AR
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: Workers' Compensation/CCIC-WC-09-001-AR

Filing at a Glance

Company: Carolina Casualty Insurance Company

Product Name: Workers' Compensation	SERFF Tr Num: SNIC-125917688	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: #? \$0
Sub-TOI: 16.0004 Standard WC	Co Tr Num: CCIC-WC-09-001-AR	State Status: Fees verified and received
Filing Type: Rate	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Author: Stacye Adams	Disposition Date: 11/25/2008
	Date Submitted: 11/24/2008	Disposition Status: Approved
Effective Date Requested (New): 02/01/2009		Effective Date (New): 02/01/2009
Effective Date Requested (Renewal): 02/01/2009		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Workers' Compensation
Project Number: CCIC-WC-09-001-AR

Reference Organization: NCCI
Reference Title: N/A
Filing Status Changed: 11/25/2008
State Status Changed: 11/25/2008
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile: Not Filed
Domicile Status Comments: Arkansas specific filing.

Reference Number: AR-2008-02
Advisory Org. Circular: AR-2008-06

Deemer Date:

Pursuant to our conversation November 20th, this letter will serve as the intent of Carolina Casualty Insurance Company, a member of the W.R. Berkley Group, to adopt the latest approved NCCI workers compensation loss costs.

The Company is revising its pricing structure and hereby wishes to revise the previously approved loss cost multiplier from 1.36 to 1.781. The revised loss cost multiplier is to be used in conjunction with the most recent NCCI loss costs approved in NCCI Circular AR-2008-06. The revisions to the company's pricing tier structure are outlined in the

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attached filing memorandum. No premium impact to current policyholders is anticipated by this revision.

Please note that the Company does not 5 year historical rate experience available.

Company and Contact

Filing Contact Information

Stacye Adams, Sr. Compliance & Regulatory sadams@berkleynet.com
 Specialist
 12701 Marblestone Dr. (703) 586-6322 [Phone]
 Woodbridge, VA 22192 (703) 586-6286[FAX]

Filing Company Information

Carolina Casualty Insurance Company CoCode: 10510 State of Domicile: Iowa
 P.O. Box 2575 Group Code: 98 Company Type: Property &
 Jacksonville, FL 32203 Group Name: W.R. Berkley Group Casualty
 (904) 363-0900 ext. [Phone] State ID Number:
 FEIN Number: 59-0733942

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Carolina Casualty Insurance Company	\$0.00		

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	11/25/2008	11/25/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	11/25/2008	11/25/2008			
Industry Response						

SERFF Tracking Number: SNIC-125917688 State: Arkansas
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Disposition

Disposition Date: 11/25/2008

Effective Date (New): 02/01/2009

Effective Date (Renewal):

Status: Approved

Comment: Due to a misunderstanding the filing fee was included in a separate filing. I am approving this filing because we did receive the fee.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Carolina Casualty Insurance Company	%	\$		\$	%	%	%

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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
Supporting Document	Letter of Authorization	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Rate	Miscellaneous Values Pages	Approved	Yes
Rate	Rate Pages	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 11/25/2008

Submitted Date 11/25/2008

Respond By Date

Dear Stacye Adams,

This will acknowledge receipt of the captioned filing.

The filing fee tab indicates that there is no filing fee required for this filing. A filing to change the loss cost multiplier requires a \$100 filing fee. If you confirm that the filing fee is being sent, I can approve the filing contingent on receipt of that fee.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

SERFF Tracking Number:	SNIC-125917688	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/CCIC-WC-09-001-AR		

Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	-12.800%
Effective Date of Last Rate Revision:	07/01/2008
Filing Method of Last Filing:	Prior Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Carolina Casualty Insurance Company	%	%				%	%

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Miscellaneous Values Pages	Pages 1-2	New	Misc.Values Page AR CCIC 02.01.2009.pdf
Approved	Rate Pages	Pages 1-2	New	AR CCIC Rate Pages 02.01.2009.pdf

Effective February 1, 2009

Miscellaneous Values Page

Basis of premium applicable in accordance with the footnote instructions for Code

7370 --Taxicab Co.:	
Employee operated vehicle.....	\$48,893.00
Leased or rented vehicle.....	\$32,595.00

7420--"Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew" maximum payroll per week per employee	\$750.00
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Expense Constant applicable in accordance with Basic Manual Rule 3-A-11.....	\$320.00
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Maximum Payroll applicable in accordance with Basic Manual Rule 2-E-1 -- "Executive Officers" and the footnote instructions for Code 9178 -- "Athletic Team: Non-Contact Sports," Code 9179--"Athletic Team: Contact Sports," and Code 9186-- "Carnival--Traveling".....	\$2,500.00
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Minimum Payroll applicable in accordance with Basic Manual Rule 2-E-1 -- "Executive Officers".....	\$300.00
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Premium Determination for Partners and Sole Proprietors and Members of Limited Liability Companies in accordance with <i>Basic Manual</i> Rule 2-E-3.....	\$31,900.00
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Per Passenger Seat Surcharge - In accordance with the footnote instructions for classification Code 7421, the surcharge is	
maximum surcharge per aircraft.....	\$1,000.00
per passenger seat.....	\$100.00

Premium Discount Percentages-(See Basic Manual Rule 3-A-19.) The following premium discounts are applicable to Standard Premiums:

First \$10,000	----
Next 190,000	9.1%
Next 1,550,000	11.3%
Over 1,750,000	12.3%

Terrorism	\$	0.02
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Catastrophe (other than Certified Acts)	\$	0.02
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United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with Basic Manual Rule 3-A-4.....	86%
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(Multiply a Non-"F" classification loss cost by a factor of 1.86 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and the adjustment for differences in loss-based expenses (1.116).)

Payment plan processing fee - applied each installment	\$10.00
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Class Minimum Premium Formula

General Rule:

$$\text{Minimum Premium} = (\text{Manual Rate} \times \text{Minimum Premium Multiplier}) + \text{Expense Constant}$$

Per Capita Classifications (Refer to *Basic Manual* Rule XIV-F):

$$\text{Minimum Premium} = \text{Manual Rate} + \text{Expense Constant}$$

Minimum Premium Multiplier.....	165
Maximum Minimum Premium.....	\$750

Waiver of Our Right to Recover from Others (WC 00 03 13) - The additional premium charge for a waiver of subrogation shall be 5% of the manual premium developed in conjunction with the work for which that waiver is provided, subject to a \$250 minimum charge for the waiver.

Effective February 1, 2009

Miscellaneous Values Page

Deductible Insurance - The following percentages are applicable by deductible amount and hazard group on a per claim basis:

Total Losses										
Deductible Amount	HAZARD GROUP									
	A	B	C	D	E	F	G			
\$1,000	7.47%	5.95%	5.07%	4.25%	3.56%	2.44%	1.83%			
\$1,500	9.08%	7.30%	6.26%	5.29%	4.46%	3.12%	2.35%			
\$2,000	10.37%	8.39%	7.23%	6.15%	5.21%	3.70%	2.79%			
\$2,500	11.49%	9.33%	8.07%	6.90%	5.86%	4.22%	3.19%			
\$3,000	12.48%	10.17%	8.83%	7.59%	6.46%	4.69%	3.55%			
\$3,500	13.38%	10.94%	9.53%	8.22%	7.01%	5.14%	3.90%			
\$4,000	14.21%	11.65%	10.17%	8.81%	7.53%	5.56%	4.23%			
\$4,500	14.98%	12.31%	10.78%	9.36%	8.02%	5.96%	4.54%			
\$5,000	15.71%	12.94%	11.36%	9.89%	8.49%	6.35%	4.84%			

Medical Losses										
Deductible Amount	HAZARD GROUP									
	A	B	C	D	E	F	G			
\$1,000	7.24%	5.77%	4.91%	4.09%	3.43%	2.33%	1.74%			
\$1,500	8.68%	6.99%	5.97%	5.02%	4.22%	2.92%	2.19%			
\$2,000	9.79%	7.92%	6.80%	5.75%	4.85%	3.40%	2.56%			
\$2,500	10.72%	8.71%	7.50%	6.37%	5.39%	3.82%	2.89%			
\$3,000	11.52%	9.39%	8.11%	6.92%	5.87%	4.20%	3.17%			
\$3,500	12.23%	10.00%	8.66%	7.41%	6.30%	4.54%	3.44%			
\$4,000	12.87%	10.55%	9.16%	7.86%	6.70%	4.86%	3.69%			
\$4,500	13.45%	11.05%	9.62%	8.28%	7.06%	5.15%	3.92%			
\$5,000	13.99%	11.52%	10.04%	8.66%	7.40%	5.43%	4.13%			

Indemnity Losses										
Deductible Amount	HAZARD GROUP									
	A	B	C	D	E	F	G			
\$1,000	1.52%	1.20%	1.10%	1.02%	0.90%	0.75%	0.57%			
\$1,500	2.12%	1.69%	1.55%	1.44%	1.26%	1.06%	0.80%			
\$2,000	2.64%	2.12%	1.95%	1.81%	1.59%	1.34%	1.02%			
\$2,500	3.12%	2.52%	2.31%	2.15%	1.90%	1.60%	1.21%			
\$3,000	3.54%	2.88%	2.65%	2.46%	2.18%	1.84%	1.40%			
\$3,500	3.94%	3.21%	2.96%	2.76%	2.44%	2.06%	1.57%			
\$4,000	4.30%	3.53%	3.25%	3.03%	2.68%	2.27%	1.73%			
\$4,500	4.65%	3.82%	3.53%	3.29%	2.91%	2.47%	1.89%			
\$5,000	4.97%	4.10%	3.79%	3.53%	3.13%	2.66%	2.04%			

(premium reduction percentage is applied to the premium determined before application of any experience or schedule modification, merit rating, premium discounts or any retrospective rating plan)

Class Code	Class Rate	Minimum Premium	Class Code	Class Rate	Minimum Premium	Class Code	Class Rate	Minimum Premium	Class Code	Class Rate	Minimum Premium	Class Code	Class Rate	Minimum Premium
0005	6.91	750	2211	5.90	750	3145	2.56	742	4133	2.58	746	5215	4.86	750
0008	2.81	750	2220	2.10	667	3146	2.96	750	4150	1.80	617	5221	5.98	750
0016	6.06	750	2286	1.53	572	3169	2.64	750	4206	3.95	750	5222	13.82	750
0034	4.65	750	2288	4.35	750	3175	3.06	750	4207	1.09	500	5223	6.09	750
0035	2.78	750	2300	2.30	700	3179	2.58	746	4239	1.37	546	5348	4.72	750
0036	4.42	750	2302	1.83	622	3180	1.92	637	4240	2.65	750	5402	5.24	750
0037	4.99	750	2305	2.30	700	3188	1.64	591	4243	1.80	617	5403	10.83	750
0042	6.87	750	2361	1.30	535	3220	2.03	655	4244	3.19	750	5437	5.13	750
0050	5.59	750	2362	1.89	632	3223	3.22	750	4250	1.60	584	5443	4.65	750
0059	0.32	373	2380	4.86	750	3224	2.64	750	4251	1.91	635	5445	5.82	750
0065	0.05	328	2386	1.21	520	3227	1.96	643	4263	2.37	711	5462	6.14	750
0066	0.05	328	2388	2.07	662	3240	3.26	750	4273	2.07	662	5472	5.59	750
0067	0.05	328	2402	2.32	703	3241	3.03	750	4279	1.94	640	5473	7.66	750
0079	4.56	750	2413	1.82	620	3255	2.51	734	4282	2.28	696	5474	8.41	750
0083	10.51	750	2416	1.80	617	3257	3.67	750	4283	2.12	670	5478	5.11	750
0106	12.29	750	2417	1.69	599	3270	3.47	750	4299	1.89	632	5479	9.05	750
0113	6.16	750	2501	1.46	561	3300	4.81	750	4304	2.97	750	5480	9.15	750
0170	2.65	750	2503	1.44	558	3303	4.11	750	4307	2.37	711	5491	2.37	711
0251	5.43	750	2534	2.32	703	3307	3.62	750	4351	1.23	523	5506	4.27	750
0400	8.69	750	2570	5.33	750	3315	2.83	750	4352	1.09	500	5507	6.43	750
0401	11.86	750	2585	3.33	750	3334	2.30	700	4360	0.98	482	5508	10.85	750
0771	0.32	373	2586	1.42	554	3336	2.37	711	4361	1.42	554	5535	8.50	750
0908	153.17	750	2587	3.12	750	3365	11.01	750	4362	1.25	526	5537	5.61	750
0913	377.57	750	2589	1.55	576	3372	3.06	750	4410	3.46	750	5551	16.31	750
0917	4.22	750	2600	6.87	750	3373	3.12	750	4420	4.17	750	5606	1.94	640
1005	11.88	750	2623	3.03	750	3383	1.16	511	4431	1.60	584	5610	6.36	750
1016	44.33	750	2651	2.83	750	3385	0.94	475	4432	1.73	605	5645	12.98	750
1164	7.68	750	2660	1.57	579	3400	2.92	750	4439	1.82	620	5651	9.64	750
1165	5.06	750	2670	2.48	729	3507	3.33	750	4452	3.51	750	5703	105.01	750
1320	3.15	750	2683	2.12	670	3515	2.35	708	4459	2.01	652	5705	6.14	750
1322	16.92	750	2688	3.28	750	3548	1.46	561	4470	2.56	742	5951	0.46	396
1430	4.67	750	2701	7.96	750	3559	2.80	750	4484	2.24	690	6003	11.51	750
1438	2.62	750	2702	32.47	750	3574	1.21	520	4493	2.72	750	6005	8.74	750
1452	1.82	620	2710	9.46	750	3581	1.55	576	4511	0.80	452	6017	4.49	750
1463	12.54	750	2714	4.49	750	3612	2.37	711	4557	1.83	622	6018	2.44	723
1472	4.36	750	2719	11.91	750	3620	6.25	750	4558	1.78	614	6045	2.83	750
1624	8.17	750	2731	3.99	750	3629	2.10	667	4561	2.14	673	6204	11.45	750
1642	4.40	750	2735	2.80	750	3632	4.31	750	4568	2.80	750	6206	7.27	750
1654	6.75	750	2759	9.10	750	3634	1.83	622	4581	1.87	629	6213	9.56	750
1655	5.33	750	2790	1.67	596	3635	2.23	688	4583	5.72	750	6214	3.22	750
1699	2.16	676	2802	5.66	750	3638	1.59	582	4611	1.03	490	6216	7.44	750
1701	3.33	750	2812	3.97	750	3642	0.91	470	4635	5.33	750	6217	5.82	750
1710	6.59	750	2835	1.73	605	3643	3.19	750	4653	1.39	549	6229	5.77	750
1741	1.99	648	2836	2.42	719	3647	3.62	750	4665	7.21	750	6233	6.29	750
1745	3.22	750	2841	4.01	750	3648	2.32	703	4670	4.13	750	6235	16.72	750
1747	2.81	750	2881	2.71	750	3681	1.67	596	4683	5.27	750	6236	13.77	750
1748	8.03	750	2883	4.40	750	3685	1.92	637	4686	1.37	546	6237	3.53	750
1803	5.77	750	2913	4.40	750	3719	2.81	750	4692	0.52	406	6251	9.17	750
1852	2.67	750	2915	4.58	750	3724	7.32	750	4693	1.00	485	6252	6.86	750
1853	2.49	731	2916	2.51	734	3726	3.26	750	4703	2.60	749	6260	6.06	750
1860	2.10	667	2923	2.58	746	3803	2.05	658	4717	1.92	637	6306	6.52	750
1924	4.56	750	2942	2.53	737	3807	2.26	693	4720	5.63	750	6319	6.36	750
1925	3.15	750	2960	3.47	750	3808	2.96	750	4740	1.66	594	6325	5.31	750
2001	2.56	742	3004	2.96	750	3821	4.45	750	4741	1.89	632	6400	7.96	750
2002	3.22	750	3018	2.76	750	3822	3.90	750	4751	1.60	584	6504	2.74	750
2003	3.63	750	3022	3.42	750	3824	5.22	750	4771	1.83	622	6702	8.83	750
2014	6.84	750	3027	2.89	750	3826	0.94	475	4777	1.87	629	6703	15.80	750
2016	2.14	673	3028	2.49	731	3827	1.69	599	4825	0.96	478	6704	9.81	750
2021	3.58	750	3030	4.33	750	3830	1.21	520	4828	1.80	617	6801	13.46	750
2039	4.79	750	3040	4.01	750	3851	2.85	750	4829	1.30	535	6811	5.91	750
2041	4.59	750	3041	3.58	750	3865	1.37	546	4902	1.44	558	6824	38.77	750
2065	1.73	605	3042	3.42	750	3881	3.79	750	4923	1.19	516	6826	14.87	750
2070	5.88	750	3064	4.95	750	4000	7.78	750	5020	7.93	750	6834	4.19	750
2081	4.15	750	3069	8.50	750	4021	6.38	750	5022	5.70	750	6836	6.82	750
2089	2.72	750	3076	3.19	750	4024	2.39	714	5037	22.35	750	6843	17.31	750
2095	2.94	750	3081	3.10	750	4034	7.48	750	5040	29.97	750	6845	26.27	750
2105	2.62	750	3082	4.19	750	4036	2.71	750	5057	21.44	750	6854	5.91	750
2110	2.30	700	3085	3.49	750	4038	2.33	704	5059	25.47	750	6872	22.57	750
2111	2.71	750	3110	3.06	750	4053	3.70	750	5069	32.16	750	6874	46.16	750
2112	2.92	750	3111	3.21	750	4061	4.56	750	5102	4.72	750	6882	5.91	750
2114	2.89	750	3113	2.53	737	4062	2.48	729	5146	5.77	750	6884	13.36	750
2121	2.40	716	3114	2.81	750	4101	2.16	676	5160	4.08	750	7016	5.25	750
2130	3.01	750	3118	1.30	535	4111	3.29	750	5183	4.04	750	7024	5.84	750
2131	2.03	655	3119	1.18	515	4112	1.02	488	5188	5.16	750	7038	6.63	750
2143	2.35	708	3122	1.62	587	4113	1.42	554	5190	3.70	750	7046	29.14	750
2157	4.36	750	3126	1.85	625	4114	2.39	714	5191	2.14	673	7047	9.40	750
2172	1.69	599	3131	1.12	505	4130	4.90	750	5192	4.61	750	7050	11.84	750
2174	3.15	750	3132	2.65	750	4131	2.62	750	5213	8.14	750	7090	7.36	750

SERFF Tracking Number: SNIC-125917688 State: Arkansas
 Filing Company: Carolina Casualty Insurance Company State Tracking Number: #? \$0
 Company Tracking Number: CCIC-WC-09-001-AR
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers' Compensation
 Project Name/Number: Workers' Compensation/CCIC-WC-09-001-AR

Supporting Document Schedules

Review Status:
Bypassed -Name: Uniform Transmittal Document- Property & Casualty **Approved** 11/25/2008
Bypass Reason: Rate information has been included on the Rate/Rule Schedule.
Comments:

Review Status:
Satisfied -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Approved** 11/25/2008

Comments:
 Loss cost multiplier transmittal documents are attached.
Attachments:
 Loss Cost Filing Doc Cover Form AR_CCIC 02.01.09.pdf
 Loss Cost Filing Doc CCIC 02.01.09.pdf
 Loss Cost Expense Constant Supplement AR_CCIC 02.01.09.pdf

Review Status:
Satisfied -Name: NAIC loss cost data entry document **Approved** 11/25/2008
Comments:
 Loss Cost Data Entry form is attached.
Attachment:
 Loss Cost Data Entry_AR CCIC 02.01.09.pdf

Review Status:
Satisfied -Name: Letter of Authorization **Approved** 11/25/2008
Comments:
 NCCI Letter of Authorization is attached.
Attachment:
 Arkansas.pdf

Review Status:
Satisfied -Name: Filing Memorandum **Approved** 11/25/2008
Comments:

SERFF Tracking Number: SNIC-125917688 *State:* Arkansas
Filing Company: Carolina Casualty Insurance Company *State Tracking Number:* #? \$0
Company Tracking Number: CCIC-WC-09-001-AR
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: Workers' Compensation/CCIC-WC-09-001-AR

A memorandum explaining the Company's new pricing structure is attached.

Attachment:

AR Filing Memorandum 2.1.2009 Revised .pdf

Date: November 26, 2008

Space Reserved for Insurance
Department Use

**WORKERS' COMPENSATION
LOSS COST FILING DOCUMENT COVER FORM**

**INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION
PROSPECTIVE LOSS COSTS**

1. INSURER NAME Carolina Casualty Insurance Company

ADDRESS 11201 Douglas Avenue
Des Moines, IA 50322

2. PERSON RESPONSIBLE FOR FILING Stacye E. Adams

TITLE Sr. Compliance & Regulatory Specialist TELEPHONE # (703)586-6322

3. INSURER NAIC # 10510

4. ADVISORY ORGANIZATION NCCI

5A. PROPOSED RATE LEVEL CHANGE 31.00 - see filing memo % EFFECTIVE DATE 2/1/2009

5B. PROPOSED PREMIUM LEVEL CHANGE* 31.00 - see filing memo % EFFECTIVE DATE 2/1/2009

6A. PRIOR RATE LEVEL CHANGE -12.80 % EFFECTIVE DATE 7/1/2008

6B. PRIOR PREMIUM LEVEL CHANGE* -12.80 % EFFECTIVE DATE 7/1/2008

7. ATTACH "NAIC LOSS COST FILING DOCUMENT—WORKERS' COMPENSATION"
(Attach this document separately for each insurer selected loss cost multiplier.)

* The premium level change is the change in the insurer's annual collectible premium.

CALCULATION OF COMPANY LOSS COST MULTIPLIER

(EFFECTIVE AUG. 16, 2004)

This filing transmittal is part of Company Tracking #	CCIC-WC-09-001-AR
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A

(X) **Loss Cost Reference Filing** NCCI Item Filing # AR-2008-02 () **Independent Rate Filing**
(Advisory Org. & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. **Note: Some states have statutes that prohibit this option for some lines of business.**
- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? Yes **If no, complete a copy of this form for each affected class with appropriate justification.**

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

- (X) Without Modification (factor = 1.000)
() With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) _____

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)
PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions
A.	Total Production Expense	%
B.	General Expense	%
C.	Taxes, Licenses & Fee	%
D.	Underwriting profit & contingencies*	%
E.	Other (explain)	%
F.	Total	%
* Explain how investment income is taken into account		

5.	A.	Expected Loss Ratio: $ELR = 100\% - 4F =$	
	B.	ELR in Decimal Form =	

NAIC LOSS COST FILING DOCUMENT—WORKERS’ COMPENSATION

6.		Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	
7.		Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	
8.		Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	
9.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	

Yes No

- 10. Are you amending your minimum premium formula?** If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc. () (**X**)
- 11. Are you changing your premium discount schedules?** If yes, attach schedules and support, detailing premium or rate level changes. () (**X**)

NAIC EXPENSE CONSTANT SUPPLEMENT
CALCULATION OF COMPANY LOSS COST MULTIPLIER
WITH EXPENSE CONSTANTS

(EFFECTIVE AUG. 16, 2004)

(This form must be provided ONLY when making a filing that includes an expense constant)

This filing transmittal is part of Company Tracking #	CCIC-WC-09-001-AR
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A

Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

Selected Provisions

4.			Overall	Variable	Fixed	
	A.	Total Production Expense	16.00	16.00	16.00	%
	B.	General Expense	10.00	10.00	16.00	%
	C.	Taxes, License & Fees	5.50	5.50	5.50	%
	D.	Underwriting Profit & Contingencies*	2.50	2.50	2.50	%
	E.	Other (explain)	0.00	0.00	0.00	%
	F.	TOTAL	34.00	34.00	34.00	%
		*Explain how investment income is taken into account.				

5.	A.	Expected Loss Ratio: ELR = 100% - Overall 4F	66.00	%
	B.	ELR in decimal form =	.6600	
	C.	Variable Expected Loss Ratio: VELR=100% - Variable 4F	66.00	%
	D.	VELR in Decimal Form = B. ELR in Decimal Form =	.6600	

6.	A.	Formula Expense Constant: [(1.00 divided by 5B) – (1.00 divided by 5D)]	1.00	
	B.	Formula Variable Loss Cost Multiplier (3B divided by 5D)	1.52	

7.	A.	Selected Expense Constant =	1.04	%
	B.	Selected Variable Loss Cost Multiplier =	1.781	%

8. Explain any differences between 6 and 7:

<p>The modification is selected to reflect higher than expected average loss severity and frequency for higher hazard risks written in this company.</p>

9.	Rate level change for the coverage(s) to which this page applies	31-see filing memorandum	%
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NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

1.	This filing transmittal is part of Company Tracking #	CCIC-WC-09-001-AR
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number	NCCI Item Filing # AR-2008-02
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Company Name		Company NAIC Number	
3.	A. Carolina Casualty Insurance Company	B.	10510

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
4.	A. 16.0 Workers' Compensation	B.	16.0004 Standard WC

5.			FOR LOSS COSTS ONLY				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
COVERAGE (See Instructions)	Indicated % Rate Level Change	Requested % Rate Level Change	Expected Loss Ratio	Loss Cost Modification Factor	Selected Loss Cost Multiplier	Expense Constant (If Applicable)	Co. Current Loss Cost Multiplier
Workers Compensation			66.00%	1.00	1.781	1.04	1.360
TOTAL OVERALL EFFECT							

6.		5 Year History	Rate Change History				
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
Not Available							

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	16.00
B. General Expense	10.00
C. Taxes, License & Fees	5.50
D. Underwriting Profit & Contingencies	2.50
E. Other (explain)	0.00
F. TOTAL	34.00

8. Y Apply Lost Cost Factors to Future filings? (Y or N)
9. N/A Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
10. N/A Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____
- PC RLC



Valerie Hearn
Contract Administration

May 19, 2006

RE: Letters of Authorization
Carolina Casualty Insurance Company

Dear Commissioner/Director:

This letter is to advise you that Carolina Casualty Insurance Company has affiliated in the state of Arkansas with the National Council on Compensation Insurance, Inc., effective June 1, 2006.

According, all policy forms and endorsements now on file with the Arkansas Department of Insurance and subsequently filed, apply to this company in the same manner as they apply to other members and subscribers of our organization.

Very truly yours,

A handwritten signature in black ink that reads "Valerie Hearn". The signature is written in a cursive, flowing style.

Valerie Hearn
Contract Administration

Filing Memorandum
Arkansas

RE: Revision to Workers Compensation Tier Filing

Midwest Employers Casualty Company

NAIC #: 23612

FEIN #: 31-1169435

LCM: 1.36

StarNet Insurance Company

NAIC #: 40045

FEIN #: 22-359-0451

LCM: 1.50

Carolina Casualty Insurance Company

NAIC #: 10510

FEIN #: 59-0733942

LCM: 1.781

Please let this memorandum serve as a statement of clarification with respect to a revision to the company's pricing tier structure which is represented by this filing.

This filing introduces Midwest Employers as a preferred pricing tier. The preferred pricing tier currently in use is underwritten by Carolina Casualty Insurance Company.

Effective January 1, 2009 those insureds currently underwritten by Carolina Casualty Insurance Company will be renewed by Midwest Employers Casualty Company.

Effective January 1, 2009 Carolina Casualty Insurance Company will serve as the company's highest rated tier to accommodate coverage for those insureds with higher than average expected losses and/or expenses.

Starnet Insurance Company will continue to serve as the company's standard pricing tier.