

SERFF Tracking Number: UTCX-125908275 State: Arkansas
First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: EFT \$25
Company Tracking Number: WC AR10234CGR01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Workers Compensation/WC AR10234CGR01

Filing at a Glance

Companies: Utica Mutual Insurance Company, Graphic Arts Mutual Insurance Company
Product Name: Workers Compensation SERFF Tr Num: UTCX-125908275 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 AR10234CGR01 State Status: Fees verified and received
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler
Author: SPI UticaNational Disposition Date: 11/18/2008
Date Submitted: 11/18/2008 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 AR10234CGR01 Domicile Status Comments:
Reference Organization: National Council on Compensation Insurance, Reference Number: NCCI Item B-1412
Inc. (NCCI)
Reference Title: Advisory Org. Circular:
Filing Status Changed: 11/18/2008
State Status Changed: 11/18/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

With this filing we are adopting NCCI Item B-1412 - Revisions to Basic Manual Classifications and Appendix E - Classifications by Hazard Group as set forth in NCCI Circular AR-2008-09.

Company and Contact

Filing Contact Information

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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 | 11/18/2008 | 24000736 |
| Graphic Arts Mutual Insurance Company | \$0.00 | 11/18/2008 | |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|----------------|------------|----------------|
| Approved | Carol Stiffler | 11/18/2008 | 11/18/2008 |

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Disposition

Disposition Date: 11/18/2008
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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| 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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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: Approved 11/18/2008

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation
Review Status: Approved 11/18/2008

Bypass Reason: Not applicable to this filing.

Comments:

Bypassed -Name: NAIC loss cost data entry document
Review Status: Approved 11/18/2008

Bypass Reason: Not applicable to this filing.

Comments:

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: 50%; 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 | | | | | |

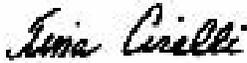
| | |
|--------------------------------|---------------------|
| 3. Group Name | Group NAIC # |
| Utica National Insurance Group | 0201 |

| 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 | |
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|-----------------------------------|-----------------|
| 5. Company Tracking Number | WC AR10234CGR01 |
|-----------------------------------|-----------------|

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 - Adopting NCCI Item B-1412 |
| 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 | NCCI Item B-1412; Revisions to Basic Manual Classifications and Appendix E - Classifications by Hazard Group |
| 18. Company's Date of Filing | 11/18/2008 |
| 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

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|------------|--|-----------------|
| 20. | This filing transmittal is part of Company Tracking # | WC AR10234CGR01 |
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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] |
|------------|--|

With this filing we are adopting NCCI Item B-1412 - Revisions to Basic Manual Classifications and Appendix E - Classifications by Hazard Group as set forth in NCCI Circular AR-2008-09.

| | |
|------------|--|
| 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 #: N/A-EFT Amount: \$25.00 |
| | Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. |

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