

SERFF Tracking Number: IRMS-125924763 State: Arkansas
Filing Company: Imperial Casualty and Indemnity Co. State Tracking Number: #5132 \$25
Company Tracking Number: ICIAR08
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: ICIAR08
Project Name/Number: ICIAR08/ICIAR08

Filing at a Glance

Company: Imperial Casualty and Indemnity Co.

Product Name: ICIAR08	SERFF Tr Num: IRMS-125924763	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: #5132 \$25
Sub-TOI: 16.0004 Standard WC	Co Tr Num: ICIAR08	State Status: Fees verified and received
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Author: Joyce Janowski	Disposition Date: 12/23/2008
	Date Submitted: 12/22/2008	Disposition Status: Approved
Effective Date Requested (New):		Effective Date (New): 01/01/2009
Effective Date Requested (Renewal):		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: ICIAR08	Status of Filing in Domicile: Authorized
Project Number: ICIAR08	Domicile Status Comments: OK
Reference Organization: NCCI	Reference Number: B1407, R1398, R1397
Reference Title: NCCI	Advisory Org. Circular: NCCI Item #B1407, R1398, R1397

Filing Status Changed: 12/23/2008
State Status Changed: 12/22/2008
Corresponding Filing Tracking Number:
Filing Description:

Deemer Date:

This filing is being submitted on behalf Imperial Casualty and Indemnity Company. Imperial Casualty and Indemnity Company is affiliated with NCCI and would like to adopt the item filings NCCI Item #B-1407, R-1398, R-1397 regarding rules and supplementary rating information that have been approved in the state of Arkansas.

Company and Contact

SERFF Tracking Number: IRMS-125924763 State: Arkansas
Filing Company: Imperial Casualty and Indemnity Co. State Tracking Number: #5132 \$25
Company Tracking Number: ICIAR08
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: ICIAR08
Project Name/Number: ICIAR08/ICIAR08

Filing Contact Information

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

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

Filing Fees

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

SERFF Tracking Number: IRMS-125924763 State: Arkansas
 Filing Company: Imperial Casualty and Indemnity Co. State Tracking Number: #5132 \$25
 Company Tracking Number: ICIAR08
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: ICIAR08
 Project Name/Number: ICIAR08/ICIAR08

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	12/23/2008	12/23/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	12/22/2008	12/22/2008	Joyce Janowski	12/22/2008	12/22/2008

SERFF Tracking Number: IRMS-125924763 State: Arkansas
Filing Company: Imperial Casualty and Indemnity Co. State Tracking Number: #5132 \$25
Company Tracking Number: ICIAR08
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: ICIAR08
Project Name/Number: ICIAR08/ICIAR08

Disposition

Disposition Date: 12/23/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal):

Status: Approved

Comment: We have granted the effective dates requested by the company as shown below:

B-1407 We would like to request waiver of the 30 day waiting period and request an effective date of 1/1/2009.

B-1398 We would like to request waiver of the 30 day waiting period and request an effective date of 1/1/2009.

B-1397 We are requesting an effective date of 7/1/2009.

Rate data does NOT apply to filing.

SERFF Tracking Number: IRMS-125924763 State: Arkansas
 Filing Company: Imperial Casualty and Indemnity Co. State Tracking Number: #5132 \$25
 Company Tracking Number: ICJAR08
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: ICJAR08
 Project Name/Number: ICJAR08/ICJAR08

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty		Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation		Yes
Supporting Document	NAIC loss cost data entry document		Yes
Supporting Document	Adoption of NCCI Item filings		Yes

SERFF Tracking Number: IRMS-125924763 State: Arkansas
Filing Company: Imperial Casualty and Indemnity Co. State Tracking Number: #5132 \$25
Company Tracking Number: ICJAR08
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: ICJAR08
Project Name/Number: ICJAR08/ICJAR08

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 12/22/2008
Submitted Date 12/22/2008
Respond By Date

Dear Joyce Janowski,

This will acknowledge receipt of the captioned filing. This filing adopts 3 NCCI Item Filings that have differing effective dates. Please tell me what effective dates you wish them to become effective.

B-1407 Can be effective as soon as the date you request if you request waiver of the 30 day waiting period

R-1398 Can be effective 1/1/2009 if you request waiver of the 30 day waiting period

R-1397 Can be effective 7/1/2009 or later

This filing can be approved as soon as you let me know what effective dates you request.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 12/22/2008
Submitted Date 12/22/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: B-1407 We would like to request waiver of the 30 day waiting period and request an effective date of 1/1/2009.

B-1398 We would like to request waiver of the 30 day waiting period and request an effective date of 1/1/2009.

B-1397 We are requesting an effective date of 7/1/2009.

Thank you.

SERFF Tracking Number: IRMS-125924763 *State:* Arkansas
Filing Company: Imperial Casualty and Indemnity Co. *State Tracking Number:* #5132 \$25
Company Tracking Number: ICIAR08
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: ICIAR08
Project Name/Number: ICIAR08/ICIAR08

Sincerely, Joyce Janowski

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Joyce Janowski

<i>SERFF Tracking Number:</i>	<i>IRMS-125924763</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Imperial Casualty and Indemnity Co.</i>	<i>State Tracking Number:</i>	<i>#5132 \$25</i>
<i>Company Tracking Number:</i>	<i>ICIAR08</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>ICIAR08</i>		
<i>Project Name/Number:</i>	<i>ICIAR08/ICIAR08</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>IRMS-125924763</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Imperial Casualty and Indemnity Co.</i>	<i>State Tracking Number:</i>	<i>#5132 \$25</i>
<i>Company Tracking Number:</i>	<i>ICIAR08</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>ICIAR08</i>		
<i>Project Name/Number:</i>	<i>ICIAR08/ICIAR08</i>		

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document- Property & Casualty		12/01/2008

Comments:

Attachment:
pc_trans.PDF

		Review Status:	
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation		12/01/2008

Bypass Reason: This is not a rate filing.

Comments:

		Review Status:	
Bypassed -Name:	NAIC loss cost data entry document		12/01/2008
Bypass Reason:	This is not a rate filing.		

Comments:

		Review Status:	
Satisfied -Name:	Adoption of NCCI Item filings		12/01/2008

Comments:

Attachment:
Cover Letter.pdf

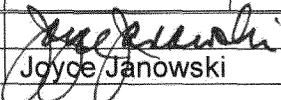
Property & Casualty Transmittal Document (Revised 1/1/06)

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 #: IRMS-125924763	
h. Subject Codes		

3. Group Name				Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	
Imperial Casualty and Indemnity Co.	OK	11487		
8000 Warren Parkway, Bldg. III, Suite 300				
PO Box 2009				
Frisco, TX 75034				

5. Company Tracking Number	ICI AR08
-----------------------------------	----------

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

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

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

9. Type of Insurance (TOI)	Workers Compensation		
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)	Adoption of NCCI Item Filings		
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: 9/1/2008, 1/1/2009, 7/1/2009	Renewal:	9/1/2008, 1/1/2009, 7/1/2009
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
16. Reference Organization (if applicable)	NCCI		
17. Reference Organization # & Title	NCCI Item #B-1407, R-1398, R-1397		
18. Company's Date of Filing	12/10/2008		
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	ICI AR08
------------	--	-----------------

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

This filing is being submitted on behalf Imperial Casualty and Indemnity Company. Imperial Casualty and Indemnity Company is affiliated with NCCI and would like to adopt the item filings NCCI Item #B-1407, R-1398, R-1397 regarding rules and supplementary rating information that have been approved in the state of Arkansas.

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 #: 005132
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.)**

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 #	ICI AR08
-----------	--	-----------------

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

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

4a.	Rate Change by Company (As Proposed)
------------	---

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)

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

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

5.	Overall Rate Information (Complete for Multiple Company Filings only)
-----------	--

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

6.	Overall percentage of last rate revision	
-----------	--	--

7.	Effective Date of last rate revision	
-----------	--------------------------------------	--

8.	Filing Method of Last filing (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	Adoption of NCCI Rules and Rating Supplementary Information	<input checked="" 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	



November 20, 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 Rule Filing

Dear Ms. Bowman:

This filing is being submitted on behalf Imperial Casualty and Indemnity Company. Imperial Casualty and Indemnity Company is affiliated with NCCI and would like to adopt the item filings NCCI Item #B-1407, R-1398, R-1397 regarding rules and supplementary rating information that have been approved in the state of Arkansas. Thank you for your consideration of our filing.

Sincerely,

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

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