

SERFF Tracking Number: FDRE-125501162 State: Arkansas
Filing Company: Federated Rural Electric Insurance Exchange State Tracking Number: #? \$25
Company Tracking Number: 08 ARKANSAS WC TRIA P-1405
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Work Comp TRIA Endorsement
Project Name/Number: Arkansas WC TRIA Endorsement/08 Arkansas WC P-1405

Filing at a Glance

Company: Federated Rural Electric Insurance Exchange

Product Name: Work Comp TRIA Endorsement SERFF Tr Num: FDRE-125501162 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: #? \$25

Sub-TOI: 16.0004 Standard WC

Co Tr Num: 08 ARKANSAS WC
TRIA P-1405

State Status: Fees verified

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Carol
Stiffler, Brittany Yielding

Author: Susan Olander

Disposition Date: 02/22/2008

Date Submitted: 02/21/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Arkansas WC TRIA Endorsement

Status of Filing in Domicile: Not Filed

Project Number: 08 Arkansas WC P-1405

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: P-1405

Reference Title: Countrywide - Item P-1405 - Terrorism Risk Insurance Advisory Org. Circular: CIF-2007-10

Program Reauthorization Act of 2007 Endorsement

Filing Status Changed: 02/22/2008

State Status Changed: 02/22/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Federated Rural Electric Insurance Exchange is making an independent filing with the Arkansas Insurance Department electing to adopt Item Filing P-1405, filed by NCCI and subsequently approved by the Arkansas Insurance Department on January 1, 2008. Federated is adopting Item P-1405 as filed and approved in the State of Arkansas and requesting an effective date of January 1, 2008.

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Company and Contact

Filing Contact Information

Susan Olander, SMO@FederatedRural.com
11875 W. 85th St. (913) 541-2903 [Phone]
Lenexa, KS 66214

Filing Company Information

Federated Rural Electric Insurance Exchange CoCode: 11118 State of Domicile: Kansas
11875 W. 85th St. Group Code: Company Type: Commercial P&C
Insurance
Lenexa, KS 99214 Group Name: State ID Number:
(800) 356-8360 ext. 152[Phone] FEIN Number: 39-6058596

Filing Fees

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

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	02/22/2008	02/22/2008

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Disposition

Disposition Date: 02/22/2008

Effective Date (New): 01/01/2008

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

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 02/22/2008

Comments:

Attachment:

AR_WC_TRIA_END_08.pdf

Property & Casualty Transmittal Document

Reset Form

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

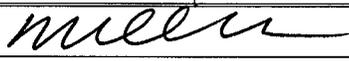
3. Group Name	Group NAIC #
N/A	000

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Federated Rural Electric Ins. Exchange	KS	11118	39-6058596	

5. Company Tracking Number	08 Arkansas WC TRIA P-1405
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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
Susan M. Olander	VP and General Counsel	800-356-8360	913-541-2803	smo@federatedrural.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Susan M. Olander

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)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: 01/01/2008 Renewal: 01/01/2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	P-1405 TRIA Endorsement
18. Company's Date of Filing	02/21/2008
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 #	08 Arkansas WC TRIA P-1405
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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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The Company makes an independent filing with the Arkansas Insurance Department electing to adopt Item Filing P-1405, filed by NCCI and subsequently approved by the Arkansas Insurance Department on January 1, 2008.

[View Complete Filing Description](#)

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.)