

SERFF Tracking Number: FIRM-125335391 State: Arkansas  
Filing Company: Pegasus Insurance Company State Tracking Number: #? \$100  
Company Tracking Number: AR-2007-RATE  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers' Compensation - Arkansas  
Project Name/Number: Workers' Compensation - Arkansas - Rates/AR-2007-Rates

## Filing at a Glance

Company: Pegasus Insurance Company

Product Name: Workers' Compensation - Arkansas SERFF Tr Num: FIRM-125335391 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: #? \$100

Sub-TOI: 16.0004 Standard WC

Co Tr Num: AR-2007-RATE

State Status: Fees verified

Filing Type: Rate

Co Status:

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

Authors: Kathleen Conlon, Eric Tewey, John Wortman

Disposition Date: 02/13/2008

Date Submitted: 02/12/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 02/13/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Workers' Compensation - Arkansas - Rates

Status of Filing in Domicile: Not Filed

Project Number: AR-2007-Rates

Domicile Status Comments:

Reference Organization: NCCI

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/13/2008

State Status Changed: 02/13/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This is the initial rate and rule filing for Pegasus Insurance Company Inc., an Oklahoma domiciled insurer.

## Company and Contact

### Filing Contact Information

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

SERFF Tracking Number: FIRM-125335391 State: Arkansas  
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Product Name: Workers' Compensation - Arkansas  
Project Name/Number: Workers' Compensation - Arkansas - Rates/AR-2007-Rates

Thomas Greene, Underwriting Manager tgreene@fidelityriskmanagers.com  
200 Executive Way (866) 576-5111 [Phone]  
Ponte Vedra Beach, FL 32082 (904) 284-1827[FAX]

**Filing Company Information**

Pegasus Insurance Company CoCode: 1 State of Domicile: Oklahoma  
200 Executive Way Group Code: Company Type:  
Suite 200  
Ponte Vedra Beach, FL 32082 Group Name: State ID Number:  
(904) 285-1747 ext. [Phone] FEIN Number: 71-0526209  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation: Filing fee - \$100 per company for filing by reference to NCCI advisory prospective loss costs  
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
1512	\$100.00	02/12/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	02/13/2008	02/13/2008

### 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	02/13/2008	02/13/2008	Kathleen Conlon	02/13/2008	02/13/2008
Industry Response						

SERFF Tracking Number: FIRM-125335391 State: Arkansas  
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## Disposition

Disposition Date: 02/13/2008

Effective Date (New): 02/13/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FIRM-125335391 State: Arkansas  
 Filing Company: Pegasus Insurance Company State Tracking Number: #? \$100  
 Company Tracking Number: AR-2007-RATE  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: Workers' Compensation - Arkansas  
 Project Name/Number: Workers' Compensation - Arkansas - Rates/AR-2007-Rates

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Approved	Yes
<b>Supporting Document</b>	NCCI Letter of Authorization	Approved	Yes
<b>Supporting Document</b>	Third Party Authorization	Approved	Yes
<b>Supporting Document</b>	Miscellaneous Values	Approved	Yes
<b>Supporting Document</b>	Premium Discount Tables	Approved	Yes

SERFF Tracking Number: FIRM-125335391 State: Arkansas  
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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 02/13/2008

Submitted Date 02/13/2008

Respond By Date

Dear Thomas Greene,

This will acknowledge receipt of the captioned filing.

Objection 1

- NAIC Loss Cost Filing Document for Workers' Compensation (Supporting Document)

Comment: I have not found where you indicate which NCCI loss cost filing you are adopting. You will need to provide the Item Filing Number--not a circular #. These are the Item Filing #s for the last 2 filings--

AR-2007-01 effective 7/1/07

AR-2007-10 effective 1/1/08

I need to know which you are adopting.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 02/13/2008

Submitted Date 02/13/2008

Dear Carol Stiffler,

**Comments:**

### Response 1

Comments: Dear Ms. Stiffler,

Pegasus is adopting NCCI loss cost filing # AR-2007-10, effective 01/01/2008. Thank you for providing the actual filing numbers for the last two filings. Your help and attention to this filing is greatly appreciated.



*SERFF Tracking Number:*      *FIRM-125335391*                      *State:*                      *Arkansas*  
*Filing Company:*              *Pegasus Insurance Company*                      *State Tracking Number:*      *#? \$100*  
*Company Tracking Number:*      *AR-2007-RATE*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*                      *Workers' Compensation - Arkansas*  
*Project Name/Number:*              *Workers' Compensation - Arkansas - Rates/AR-2007-Rates*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: FIRM-125335391 State: Arkansas  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 02/13/2008

**Comments:**

Attached is the transmittal form.

**Attachment:**

Transmittal Form - Arkansas - Rate Filing.pdf

**Satisfied -Name:** NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 02/13/2008

**Comments:**

The calculation worksheets are attached.

**Attachments:**

ARK Loss Cost Multiplier worksheets.pdf

ARK Filing Cover Letter.pdf

**Satisfied -Name:** NAIC loss cost data entry document **Review Status:** Approved 02/13/2008

**Comments:**

NAIC Loss Cost Entry Document is attached.

**Attachment:**

FORM RF-1 Rate Filing Abstract \_Pegasus\_.pdf

**Satisfied -Name:** NCCI Letter of Authorization **Review Status:** Approved 02/13/2008

**Comments:**

Attached is the NCCI Letter of Authorization.

**Attachment:**

NCCI Letters of Authorization - Arkansas.pdf

**Satisfied -Name:** Third Party Authorization **Review Status:** Approved 02/13/2008

*SERFF Tracking Number:*      *FIRM-125335391*                      *State:*                      *Arkansas*  
*Filing Company:*              *Pegasus Insurance Company*                      *State Tracking Number:*      *#? \$100*  
*Company Tracking Number:*      *AR-2007-RATE*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*              *Workers' Compensation - Arkansas*  
*Project Name/Number:*      *Workers' Compensation - Arkansas - Rates/AR-2007-Rates*

**Comments:**

Attached is the Third Party Authorization.

**Attachment:**

Pegasus FRM Authorization Letter - Arkansas.pdf

SERFF Tracking Number: FIRM-125335391 State: Arkansas  
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**Satisfied -Name:** Miscellaneous Values **Review Status:** Approved 02/13/2008

**Comments:**

Attached are the miscellaneous values.

**Attachment:**

Arkansas Misc. Values (LCM).pdf

**Satisfied -Name:** Premium Discount Tables **Review Status:** Approved 02/13/2008

**Comments:**

Pegasus Insurance Company Inc. is adopting NCCI's Premium Discount Table #9. A copy of the table is attached.

**Attachment:**

NCCI Premium Discount Tables - Table 9.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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					

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</b>	
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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

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
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)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input 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: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
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—

20. This filing transmittal is part of Company Tracking #

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

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 #:  
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.)

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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
------------	---

Company Name	Overall % Indicated Change (when applicable)	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)

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

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5.</b>	<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>
-----------	--

		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input 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	

# NAIC LOSS COST FILING DOCUMENT—WORKERS' COMPENSATION

## CALCULATION OF COMPANY LOSS COST MULTIPLIER

(EFFECTIVE AUG. 16, 2004)

This filing transmittal is part of Company Tracking #	AR-2007-Rate
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

Loss Cost Reference Filing NCCI ( ) 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)

- 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) 1.000

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	9.5	%
B.	General Expense	12.7	%
C.	Taxes, Licenses & Fee	5.8	%
D.	Underwriting profit & contingencies*	2.5	%
E.	Other (explain)		%
F.	Total	30.5	%
* Explain how investment income is taken into account			

5.	A.	Expected Loss Ratio: $ELR = 100\% - 4F =$	69.50
	B.	ELR in Decimal Form =	0.6950



**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)

<b>This filing transmittal is part of Company Tracking #</b>	AR-2007-Rate
<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	

**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	9.5	9.5		%
	B.	General Expense	12.7	12.67	.03	%
	C.	Taxes, License & Fees	5.8	5.8		%
	D.	Underwriting Profit & Contingencies*	2.5	2.5		%
	E.	Other (explain)				%
	F.	TOTAL	30.5	30.47	.03	%
		*Explain how investment income is taken into account.				

5.	A.	Expected Loss Ratio: $ELR = 100\% - \text{Overall } 4F$		69.50	%
	B.	ELR in decimal form =		.6950	
	C.	Variable Expected Loss Ratio: $VELR = 100\% - \text{Variable } 4F$		69.53	%
	D.	VELR in Decimal Form = B. ELR in Decimal Form =		.6953	

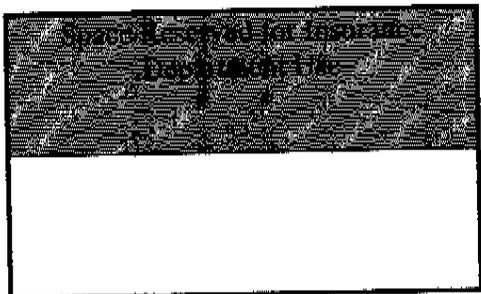
6.	A.	Formula Expense Constant: [(1.00 divided by 5B) - (1.00 divided by 5D)]		.001	
	B.	Formula Variable Loss Cost Multiplier (3B divided by 5D)		1.438	

7.	A.	Selected Expense Constant =		.001	%
	B.	Selected Variable Loss Cost Multiplier =		1.438	%

8. Explain any differences between 6 and 7:

9.	Rate level change for the coverage(s) to which this page applies		%
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Date: 2/12/2008



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

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

1. INSURER NAME PEGASUS INSURANCE COMPANY INC.  
ADDRESS 200 EXECUTIVE WAY  
SUITE 210  
PONTE VEDRA BEACH, FL 32082

2. PERSON RESPONSIBLE FOR FILING THOMAS H. GREENE  
TITLE Vice President TELEPHONE # 904-285-1797

3. INSURER NAIC # 38474

4. ADVISORY ORGANIZATION NCCT

5A. PROPOSED RATE LEVEL CHANGE 0 % EFFECTIVE DATE New Filing -  
5B. PROPOSED PREMIUM LEVEL CHANGE\* 0 % EFFECTIVE DATE Upon  
Approval

6A. PRIOR RATE LEVEL CHANGE 0 % EFFECTIVE DATE \_\_\_\_\_  
6B. PRIOR PREMIUM LEVEL CHANGE\* 0 % EFFECTIVE DATE \_\_\_\_\_

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.

**NAIC LOSS COST DATA ENTRY DOCUMENT**

1.	This filing transmittal is part of Company Tracking #	<b>AR-2007-Rate</b>
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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	<b>NCCI Advisory Loss Costs (Eff 01/01/2008)</b>
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Company Name		Company NAIC Number	
3.	<b>A.</b>	<b>Pegasus Insurance Company Inc.</b>	<b>B.</b> <b>38474</b>

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
4.	<b>A.</b>	<b>16 – Workers’ Compensation</b>	<b>B.</b> <b>16.0004 Workers’ Comp - Standard</b>

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
<b>Workers’ Comp</b>	<b>NEW</b>	<b>NEW</b>	<b>69.50</b>	<b>1.000</b>	<b>1.438</b>	<b>\$200.00</b>	<b>new</b>
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
<b>New</b>							

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	<b>9.5%</b>
B. General Expense	<b>12.7%</b>
C. Taxes, License & Fees	<b>5.8%</b>
D. Underwriting Profit & Contingencies	<b>2.5%</b>
E. Other (explain)	<b>0</b>
F. TOTAL	<b>30.5%</b>

8. Y Apply Lost Cost Factors to Future filings? (Y or N)
9. 0% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): n/a
10. 0% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): n/a PC RLC



**Valerie Hearn**  
**Contract Administration**

June 7, 2007

**RE: Letters of Authorization**  
**Pegasus Insurance Company, Inc.**

Dear Commissioner/Director:

This letter is to advise you that Pegasus Insurance Company, Inc. has affiliated in the state of Arkansas with the National Council on Compensation Insurance, Inc., effective June 7, 2007.

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



# **PEGASUS INSURANCE COMPANY**



Thursday, October 25, 2007

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201

Dear Sir or Madam,

Please take notice that Fidelity Risk Managers, Inc. of Ponte Vedra Beach, Florida has the delegated authority to execute all rate, rule and miscellaneous form filings on behalf of Pegasus Insurance Company, Inc. If you need additional confirmation or have questions, please let us know.

Thank you for your attention to this matter.

Sincerely,

N. Wayne Stark  
Chairman  
Pegasus Insurance Company, Inc

## Miscellaneous Values

Company Name: Pegasus Insurance Company Inc.  
NAIC: 38474

	NCCI Advisory Loss Cost	LCM	Pegasus Rate
Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents	\$ 0.01	1.438	\$ 0.01
Foreign Terrorism	\$ 0.02	1.438	\$ 0.03

Pegasus Rate is the NCCI Advisory Loss Cost multiplied by the LCM.

**TABLE 9—TYPE A CARRIERS PREMIUM DISCOUNT TABLES (IN PERCENT)**

Standard Premium	Discount	Standard Premium	Discount	Standard Premium	Discount
\$ 0–10,055	0.0%	\$ 19,570– 19,999	4.5%	\$ 225,958– 235,999	9.0%
10,056–10,167	0.1	20,000– 20,449	4.6	236,000– 246,976	9.1
10,168–10,282	0.2	20,450– 20,919	4.7	246,977– 259,024	9.2
10,283–10,399	0.3	20,920– 21,411	4.8	259,025– 272,307	9.3
10,400–10,520	0.4	21,412– 21,927	4.9	272,308– 287,027	9.4
10,521–10,643	0.5	21,928– 22,469	5.0	287,028– 303,428	9.5
10,644–10,769	0.6	22,470– 23,037	5.1	303,429– 321,818	9.6
10,770–10,898	0.7	23,038– 23,636	5.2	321,819– 342,580	9.7
10,899–11,030	0.8	23,637– 24,266	5.3	342,581– 366,206	9.8
11,031–11,165	0.9	24,267– 24,931	5.4	366,207– 393,333	9.9
11,166–11,304	1.0	24,932– 25,633	5.5	393,334– 424,799	10.0
11,305–11,446	1.1	25,634– 26,376	5.6	424,800– 461,739	10.1
11,447–11,592	1.2	26,377– 27,164	5.7	461,740– 505,714	10.2
11,593–11,741	1.3	27,165– 27,999	5.8	505,715– 558,947	10.3
11,742–11,895	1.4	28,000– 28,888	5.9	558,948– 624,705	10.4
11,896–12,052	1.5	28,889– 29,836	6.0	624,706– 707,999	10.5
12,053–12,214	1.6	29,837– 30,847	6.1	708,000– 816,923	10.6
12,215–12,380	1.7	30,848– 31,929	6.2	816,924– 965,454	10.7
12,381–12,551	1.8	31,930– 33,090	6.3	965,455– 1,179,999	10.8
12,552–12,727	1.9	33,091– 34,339	6.4	1,180,000– 1,517,142	10.9
12,728–12,907	2.0	34,340– 35,686	6.5	1,517,143– 1,824,799	11.0
12,908–13,093	2.1	35,687– 37,142	6.6	1,824,800– 1,983,478	11.1
13,094–13,284	2.2	37,143– 38,723	6.7	1,983,479– 2,172,380	11.2
13,285–13,481	2.3	38,724– 40,444	6.8	2,172,381– 2,401,052	11.3
13,482–13,684	2.4	40,445– 42,325	6.9	2,401,053– 2,683,529	11.4
13,685–13,893	2.5	42,326– 44,390	7.0	2,683,530– 3,041,333	11.5
13,894–14,108	2.6	44,391– 46,666	7.1	3,041,334– 3,509,230	11.6
14,109–14,330	2.7	46,667– 49,189	7.2	3,509,231– 4,147,272	11.7
14,331–14,559	2.8	49,190– 51,999	7.3	4,147,273– 5,068,888	11.8
14,560–14,796	2.9	52,000– 55,151	7.4	5,068,889– 6,517,142	11.9
14,797–15,041	3.0	55,152– 58,709	7.5	6,517,143– 9,123,999	12.0
15,042–15,294	3.1	58,710– 62,758	7.6	9,124,000–15,206,666	12.1
15,295–15,555	3.2	62,759– 67,407	7.7	15,206,667–45,619,999	12.2
15,556–15,826	3.3	67,408– 72,799	7.8	45,620,000 and over	12.3
15,827–16,106	3.4	72,800– 79,130	7.9		
16,107–16,396	3.5	79,131– 86,666	8.0		
16,397–16,697	3.6	86,667– 95,789	8.1		
16,698–17,009	3.7	95,790–107,058	8.2		
17,010–17,333	3.8	107,059–121,333	8.3		
17,334–17,669	3.9	121,334–139,999	8.4		
17,670–18,019	4.0	140,000–165,454	8.5		
18,020–18,383	4.1	165,455–200,377	8.6		
18,384–18,762	4.2	200,378–208,235	8.7		
18,763–19,157	4.3	208,236–216,734	8.8		
19,158–19,569	4.4	216,735–225,957	8.9		

Above Table Based on the Following Discounts

First \$10,000	0.0%
Next \$190,000	9.1
Next \$1,550,000	11.3
Over \$1,750,000	12.3