

SERFF Tracking Number: ARKS-125513556 State: Arkansas
Filing Company: 11150 - Arch Insurance Company State Tracking Number: #22495 \$25
Company Tracking Number: ARCH-08-024
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation
Project Name/Number: /

Filing at a Glance

Company: 11150 - Arch Insurance Company
Product Name: Workers Compensation
TOI: 16.0 Workers Compensation
Sub-TOI: 16.0000 WC Sub-TOI Combinations
Filing Type: Rule

SERFF Tr Num: ARKS-125513556 State: Arkansas
SERFF Status: Closed State Tr Num: #22495 \$25
Co Tr Num: ARCH-08-024 State Status: Fees received
Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Author: Disposition Date: 03/03/2008
Date Submitted: 02/28/2008 Disposition Status: Approved
Effective Date Requested (New): Effective Date (New): 05/01/2008
Effective Date Requested (Renewal): Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 03/03/2008
State Status Changed: 02/28/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Company and Contact

Filing Contact Information

NA NA, NA@NA.com
NA (123) 555-4567 [Phone]
NA, AR 00000

Filing Company Information

SERFF Tracking Number: ARKS-125513556 State: Arkansas
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11150 - Arch Insurance Company
One Liberty Plaza

CoCode: 11150
Group Code: 1279

State of Domicile: Missouri
Company Type: Property &
Casualty

53rd Floor
New York, NY 10006
(212) 651-6500 ext. [Phone]

Group Name:
FEIN Number: 43-0990710

State ID Number:

SERFF Tracking Number: ARKS-125513556 *State:* Arkansas
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Filing Fees

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

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/03/2008	03/03/2008

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Disposition

Disposition Date: 03/03/2008
Effective Date (New): 05/01/2008
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
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	ARKS-125513556		No

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125513556

03/03/2008

Comments:

Attachment:

ARKS-125513556.pdf

CHK# 22495

\$25

ARMS-125513556

CS

www.archinsurance.com

One Liberty Plaza
53rd Floor
New York, NY 10006

T 212.651.6500
F 212.651.6499



February 20, 2008

Approved until withdrawn
or revoked

Honorable Julie Benafield-Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

MAY 01 2008

Arkansas Insurance Department
By: CKS

RE: Arch Insurance Company
NAIC Number: 1279-11150
Workers Compensation
Adoption of NCCI Rule Revision
Arkansas B-1397 – Revisions to Basic Manual Classifications and Rules
Amendment
Company Filing Designation Number: ARCH-08-024
Proposed Effective Date: May 1, 2008

RECEIVED

FEB 28 2008

Dear Honorable Commissioner Benafield-Bowman:

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Arch Insurance Company, a member of National Council on Compensation Insurance (NCCI) respectfully submits this filing to adopt Arkansas B-1397 – Revisions to Basic Manual Classifications and Rules – Amendment as referenced in NCCI Circular Number AR-2007-12. All other rules and rating plans filed by Arch will remain unchanged.

Enclosed for your review are the following:

- Property and Casualty Filing Transmittal Document
- Rate/Rule Filing Schedule
- Filing Fee of \$25.00

Your approval or acknowledgement otherwise, by stamping the attached letter and returning in the prepaid envelope provided, will be greatly appreciated.

Should you have any questions, please contact Kathleen M. Ruocco, Compliance Analyst at (646) 563-6162 or via email at kruocco@archinsurance.com.

Sincerely,

Kathleen M. Ruocco
Compliance Analyst

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>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

3. Group Name	Group NAIC #
Arch Insurance Group	1279

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Arch Insurance Company	Missouri	11150	43-0990710	
			RECEIVED	
			FEB 20 2008	
			PROPERTY AND CASUALTY DIVISION ARKANSAS INSURANCE DEPARTMENT	

5. Company Tracking Number	ARCH-08-024
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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
	Kathleen M. Ruocco One Liberty Plaza, 17 th Fl New York, NY 10006	Compliance Analyst	(646) 563-6162	(917) 591-4576	kruocco@archinsurance.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Kathleen M. Ruocco

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)	16.0 Workers Compensation
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	N/A
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: 5/1/08 Renewal: 5/1/08

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	National Council on Compensation Insurance (NCCI)
17.	Reference Organization # & Title	AR-2007-12
18.	Company's Date of Filing	February 20, 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

20.	This filing transmittal is part of Company Tracking #	ARCH-08-024
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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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Arch Insurance Company, a member of National Council on Compensation Insurance (NCCI) respectfully submits this filing to adopt Arkansas B-1397 – Revisions to Basic Manual Classifications and Rules – Amendment as referenced in NCCI Circular Number AR-2007-12. All other rules and rating plans filed by Arch will remain unchanged.

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 #: 022495
 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.)**

Effective March 1, 2007

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 #	ARCH-08-024
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a. Rate Change by Company (As Proposed)							
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)
Arch Insurance Company	N/A	N/A	N/A	N/A	\$322,186	N/A	N/A

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

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

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

6.	Overall percentage of last rate revision	N/A
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7.	Effective Date of last rate revision	1/1/05
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Adoption of NCCI Rule Arkansas B-1397 – Revisions to Basic Manual Classifications and Rules – Amendment	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A
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	