

SERFF Tracking Number: AEX-125591239 State: Arkansas
Filing Company: Stonebridge Casualty Insurance Company State Tracking Number: #7210030969 \$50
Company Tracking Number: OC AR0003823R01
TOI: 33.0 Other Lines of Business Sub-TOI: 33.0001 Other Personal Lines
Product Name: Other Personal Liability
Project Name/Number: Other Personal Liability/OC AR0003823R01

Filing at a Glance

Company: Stonebridge Casualty Insurance Company

Product Name: Other Personal Liability	SERFF Tr Num: AEX-125591239	State: Arkansas
TOI: 33.0 Other Lines of Business	SERFF Status: Closed	State Tr Num: #7210030969 \$50
Sub-TOI: 33.0001 Other Personal Lines	Co Tr Num: OC AR0003823R01	State Status: Fees verified and received
Filing Type: Rate	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: SPI ADMSPC	Disposition Date: 04/29/2008
	Date Submitted: 04/02/2008	Disposition Status: Filed
Effective Date Requested (New):		Effective Date (New):
Effective Date Requested (Renewal):		Effective Date (Renewal):

State Filing Description:

Roz reviewed also...

General Information

Project Name: Other Personal Liability
Project Number: OC AR0003823R01
Reference Organization:
Reference Title:
Filing Status Changed: 04/29/2008
State Status Changed: 04/29/2008
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Attached for your review and approval are new rates. These rates do not replace any rates previously approved by your Department. The forms that use these rates were approved by your Department on February 8, 2008 .

I respectfully request your favorable review and approval. We appreciate your consideration of these rates. Should you have any questions, please feel free to call us toll free at (877) 527-6444, Extension 6783 or contact me by e-mail at chammon1@aegonusa.com.

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Company and Contact

Filing Contact Information

Cindy Hammonds, Senior Contract Analyst chammon1@aegonusa.com
 2700 W. Plano Pkwy (972) 881-6000 [Phone]
 Plano, TX 75075 (972) 881-4097[FAX]

Filing Company Information

Stonebridge Casualty Insurance Company	CoCode: 10952	State of Domicile: Ohio
100 South Third Street	Group Code: 468	Company Type:
Columbus, OH 43215	Group Name:	State ID Number:
(410) 685-5500 ext. [Phone]	FEIN Number: 31-4423946	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
7210030960	\$50.00	01/14/2008

SERFF Tracking Number: AEX-125591239 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	04/29/2008	04/29/2008

SERFF Tracking Number: AEEX-125591239 State: Arkansas
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Disposition

Disposition Date: 04/29/2008
 Effective Date (New):
 Effective Date (Renewal):
 Status: Filed
 Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Stonebridge Casualty Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	%

SERFF Tracking Number: AEXX-125591239 State: Arkansas
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 Product Name: Other Personal Liability
 Project Name/Number: Other Personal Liability/OC AR0003823R01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Rate	GC541 Rates Revised	Filed	Yes
Rate	Revised GC542 Rates	Filed	Yes
Rate	Revised GR924 Rates	Filed	Yes
Rate	Revised GR925 Rates	Filed	Yes
Rate	Revised GR926 Rates	Filed	Yes

SERFF Tracking Number: AEEX-125591239
 Filing Company: Stonebridge Casualty Insurance Company
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 TOI: 33.0 Other Lines of Business
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State: Arkansas
 State Tracking Number: #7210030969 \$50
 Sub-TOI: 33.0001 Other Personal Lines

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: Neutral
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Stonebridge Casualty Insurance Company	%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: AEXX-125591239 State: Arkansas
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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	GC541 Rates Revised	GC541 Rates	New	GC541 Rates.PDF
Filed	Revised GC542 Rates	GC542 Rates	New	GC542 Rates.PDF
Filed	Revised GR924 Rates	GR924 Rates	New	GR924 Rates.PDF
Filed	Revised GR925 Rates	GR925 Rates	New	GR925 Rates.PDF
Filed	Revised GR926 Rates	GR926 Rates	New	GR926 Rates.PDF

Stonebridge Casualty Insurance Company
Exhibit I: Monthly Rates per \$100

GC541 - Disability and Unemployment Loss of Income

A. Premiums level each month:

Max Ben Period	Disability				Unemployment			
	3 months	6 months	12 months	18 months	2 months	3 months	4 months	5 months
Single Coverage	\$1.65	\$2.31	\$3.21	\$3.80	\$1.03	\$1.32	\$1.78	\$2.08
Joint Coverage	\$3.30	\$4.62	\$6.42	\$7.60	\$2.06	\$2.64	\$3.56	\$4.16

B. Premium of \$0.65 for the first month then level thereafter:

Max Ben Period	Disability				Unemployment			
	3 months	6 months	12 months	18 months	2 months	3 months	4 months	5 months
Single Coverage	\$1.77	\$2.48	\$3.44	\$4.08	\$1.11	\$1.43	\$1.93	\$2.25
Joint Coverage	\$3.54	\$4.96	\$6.88	\$8.16	\$2.22	\$2.86	\$3.86	\$4.50

C. Premium of \$0.65 for the first 2 months then level thereafter:

Max Ben Period	Disability				Unemployment			
	3 months	6 months	12 months	18 months	2 months	3 months	4 months	5 months
Single Coverage	\$1.90	\$2.66	\$3.69	\$4.37	\$1.20	\$1.54	\$2.07	\$2.42
Joint Coverage	\$3.80	\$5.32	\$7.38	\$8.74	\$2.40	\$3.08	\$4.14	\$4.84

D. Premium of \$0.65 for the first 3 months then level thereafter:

Max Ben Period	Disability				Unemployment			
	3 months	6 months	12 months	18 months	2 months	3 months	4 months	5 months
Single Coverage	\$1.95	\$2.73	\$3.80	\$4.50	\$1.27	\$1.63	\$2.20	\$2.57
Joint Coverage	\$3.90	\$5.46	\$7.60	\$9.00	\$2.54	\$3.26	\$4.40	\$5.14

For premium calculation the company applies rounding rules and modal premium factors. A policy fee of \$1.00 is added to each monthly premium.

Monthly Premium calculation example

Premium Type: B (Premium of \$0.65 for the first month then level thereafter)

Coverage: Single

Disability benefit: \$200 per month, maximum benefit period 6 months

Unemployment benefit: \$200 per month, maximum benefit period 4 months

Monthly premium beginning in the second month:

Disability: $200 \times \$2.48 \div 100 = \4.96

Unemployment: $200 \times 1.93 \div 100 = \3.86

Policy Fee: \$1.00

Total premium = $\$4.96 + \$3.86 + \$1.00 = \9.82

Stonebridge Casualty Insurance Company
Exhibit I: Monthly Rates per \$100

GC542 - Accident Disability and Unemployment Loss of Income

A. Premiums level each month:

Max Ben Period	Accident Disability					Unemployment			
	3 months	6 months	12 months	18 months	24 months	2 months	3 months	4 months	5 months
Single Coverage	\$0.40	\$0.60	\$0.80	\$0.95	\$1.08	\$1.03	\$1.32	\$1.78	\$2.08
Joint Coverage	\$0.80	\$1.20	\$1.60	\$1.90	\$2.16	\$2.06	\$2.64	\$3.56	\$4.16

B. Premium of \$0.65 for the first month then level thereafter:

Max Ben Period	Accident Disability					Unemployment			
	3 months	6 months	12 months	18 months	24 months	2 months	3 months	4 months	5 months
Single Coverage	\$0.44	\$0.65	\$0.87	\$1.03	\$1.17	\$1.11	\$1.43	\$1.93	\$2.25
Joint Coverage	\$0.88	\$1.30	\$1.74	\$2.06	\$2.34	\$2.22	\$2.86	\$3.86	\$4.50

C. Premium of \$0.65 for the first 2 months then level thereafter:

Max Ben Period	Accident Disability					Unemployment			
	3 months	6 months	12 months	18 months	24 months	2 months	3 months	4 months	5 months
Single Coverage	\$0.47	\$0.71	\$0.94	\$1.12	\$1.27	\$1.20	\$1.54	\$2.07	\$2.42
Joint Coverage	\$0.94	\$1.42	\$1.88	\$2.24	\$2.54	\$2.40	\$3.08	\$4.14	\$4.84

D. Premium of \$0.65 for the first 3 months then level thereafter:

Max Ben Period	Accident Disability					Unemployment			
	3 months	6 months	12 months	18 months	24 months	2 months	3 months	4 months	5 months
Single Coverage	\$0.50	\$0.75	\$1.00	\$1.19	\$1.35	\$1.27	\$1.63	\$2.20	\$2.57
Joint Coverage	\$1.00	\$1.50	\$2.00	\$2.38	\$2.70	\$2.54	\$3.26	\$4.40	\$5.14

For premium calculation the company applies rounding rules and modal premium factors. A policy fee of \$1.00 is added to each monthly premium.

Monthly Premium calculation example

Premium Type: B (Premium of \$0.65 for the first month then level thereafter)

Coverage: Single

Accident Disability benefit: \$200 per month, maximum benefit period 6 months

Unemployment benefit: \$200 per month, maximum benefit period 4 months

Monthly premium beginning in the second month:

Disability: $200 \times \$0.65 \div 100 = \1.30

Unemployment: $200 \times 1.93 \div 100 = \3.86

Policy Fee: \$1.00

Total premium = $\$1.30 + \$3.86 + \$1.00 = \6.16

Stonebridge Casualty Insurance Company
Exhibit I: Monthly Rates per \$100
GR924 - Group Accident Hospital Confinement Rider

A. Premiums level each month

	Unit Size	Monthly Rate per Unit
Single Coverage	\$100	\$0.045
Joint Coverage	\$100	\$0.090

B. Premium of \$0.15 for the first month then level thereafter at

	Unit Size	Monthly Rate per Unit
Single Coverage	\$100	\$0.050
Joint Coverage	\$100	\$0.100

C. Premium of \$0.15 for the first 2 months then level thereafter at

	Unit Size	Monthly Rate per Unit
Single Coverage	\$100	\$0.053
Joint Coverage	\$100	\$0.106

D. Premium of \$0.15 for the first 3 months then level thereafter at

	Unit Size	Monthly Rate per Unit
Single Coverage	\$100	\$0.056
Joint Coverage	\$100	\$0.112

For premium calculation the company applies rounding rules and modal premium factors.

Monthly Premium calculation example

Premium Type: B (Premium of \$0.15 for the first month then level thereafter)

Coverage: Single

Benefit amount: \$1000

Monthly premium beginning in the second month:

$$1000 \times \$0.05 \div 100 = \$0.50$$

Stonebridge Casualty Insurance Company
Monthly Rates per Unit
GR925 - Group Accidental Death Benefit Rider

A. Premiums level each month

	Unit Size	Monthly Rate per Unit
Single Coverage	\$10,000	\$1.00
Joint Coverage	\$10,000	\$2.00

B. Premium of \$0.15 for the first month then level thereafter at

	Unit Size	Monthly Rate per Unit
Single Coverage	\$10,000	\$1.04
Joint Coverage	\$10,000	\$2.08

C. Premium of \$0.15 for the first 2 months then level thereafter at

	Unit Size	Monthly Rate per Unit
Single Coverage	\$10,000	\$1.08
Joint Coverage	\$10,000	\$2.16

D. Premium of \$0.15 for the first 3 months then level thereafter at

	Unit Size	Monthly Rate per Unit
Single Coverage	\$10,000	\$1.12
Joint Coverage	\$10,000	\$2.24

For premium calculation the company applies rounding rules and modal premium factors.

Monthly Premium calculation example

Premium Type: B (Premium of \$0.15 for the first month then level thereafter)

Coverage: Single

Benefit amount: \$50,000

Monthly premium beginning in the second month:

$$50,000 \times \$1.04 \div 10,000 = \$5.20$$

Stonebridge Casualty Insurance Company
Exhibit I: Monthly Rates per \$100
Policy Rider Form GR926 - Family Leave Loss of Income

A. Premiums level each month:

Max Ben Period	2 months
Single Coverage	\$0.96
Joint Coverage	\$1.92

B. Premium of \$0.15 for the first month then level thereafter:

Max Ben Period	2 months
Single Coverage	\$1.05
Joint Coverage	\$2.10

C. Premium of \$0.15 for the first 2 months then level thereafter:

Max Ben Period	2 months
Single Coverage	\$1.13
Joint Coverage	\$2.26

D. Premium of \$0.15 for the first 3 months then level thereafter:

Max Ben Period	2 months
Single Coverage	\$1.20
Joint Coverage	\$2.40

For premium calculation the company applies rounding rules and modal premium factors.

Monthly Premium calculation example

Premium Type: B (Premium of \$0.15 for the first month then level thereafter)

Coverage: Single

Benefit amount: \$200 per month

Monthly premium beginning in the second month:

$$200 \times \$1.05 \div 100 = \$2.10$$

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TOI: 33.0 Other Lines of Business Sub-TOI: 33.0001 Other Personal Lines
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Project Name/Number: Other Personal Liability/OC AR0003823R01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Filed 04/29/2008

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: NAIC Loss Cost Filing Document
for OTHER than Workers' Comp **Review Status:** Filed 04/29/2008

Comments:

Attachments:

GC541 Disability PF-2.PDF
GC542 Disability PF-2.PDF
GC541 IUI - PF-2.PDF
GC542 IUI PF-2.PDF
GR924 PF-2.PDF
GR925 PF-2.PDF
GR926 PF-2.PDF

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Filed 04/29/2008

Comments:

Attachments:

GC542 Disability - PF-1.PDF
GC541 Disability - PF-1.PDF
GC541 IUI - PF-1.PDF
GC542 IUI - PF-1.PDF
GR924 PF-1.PDF
GR925 PF-1.PDF
GR926 PF-1.PDF

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 #			
	468			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Stonebridge Casualty Insurance Company	OH	10952	31-4423946	

5. Company Tracking Number	OC AR0003823R01
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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
	Cindy K. Hammonds, FLMI, CCP, AIRC, ACS 2700 W. Plano Pkwy Plano TX 75075	Senior Contract Analyst	877-527-6444 Ext. 6783	972-881-4097	chammon1@aegonusa.c om
7.	Signature of authorized filer		<i>Cindy Hammonds</i>		
8.	Please print name of authorized filer		Cindy K. Hammonds, FLMI, CCP, AIRC, ACS		

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

9.	Type of Insurance (TOI)	33.0 Other Lines of Business
10.	Sub-Type of Insurance (Sub-TOI)	33.0001 Other Personal Lines
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Cash Benefit
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" 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: Upon approval Renewal:
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	OC AR0003823R01
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	GC541

() **Loss Cost Reference Filing** _____ (**X**) **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:

X	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. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Accident Disability

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (Check One):

(**X**) 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 4-8 BELOW.

4. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.

		Selected Provisions	
A.	Total Production Expense	29.4	%
B.	General Expense	13.9	%
C.	Taxes, Licenses & Fee	2.6	%
D.	Underwriting profit & Contingencies (explain how investment income is taken into account)	6.9	%
E.	Other (explain)	3.3	%
F.	Total	56.1	%

5.	A.	A. Expected Loss Ratio: $ELR = 100\% - 4F = A$	43.9	%
	B.	B. ELR in Decimal Form =	0.439	
6.		Company Formula Loss Cost Multiplier (3B/5B)	2.278	
7.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	2.278	
8.		Rate Level Change for the coverage(s) to which this page applies	N/A	

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	OC AR0003823R01
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	GC542

() **Loss Cost Reference Filing** _____ (**X**) **Independent Rate Filing**
(Advisory Org. & Reference filing #)

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1. Check one of the following:

X	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. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Accident Disability

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (Check One):

(**X**) 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 4-8 BELOW.

4. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.

		Selected Provisions	
A.	Total Production Expense	25.5	%
B.	General Expense	14.9	%
C.	Taxes, Licenses & Fee	2.6	%
D.	Underwriting profit & Contingencies (explain how investment income is taken into account)	7.8	%
E.	Other (explain)	3.5	%
F.	Total	54.4	%

5.	A.	A. Expected Loss Ratio: $ELR = 100\% - 4F = A$	45.6	%
	B.	B. ELR in Decimal Form =	0.456	
6.		Company Formula Loss Cost Multiplier (3B/5B)	2.193	
7.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	2.193	
8.		Rate Level Change for the coverage(s) to which this page applies	N/A	

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	OC AR0003823R01
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	GC541

() **Loss Cost Reference Filing** _____ (**X**) **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:

X	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. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Involuntary Unemployment

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (Check One):

(**X**) 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 4-8 BELOW.

4. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.

		Selected Provisions
A.	Total Production Expense	29.0 %
B.	General Expense	14.3 %
C.	Taxes, Licenses & Fee	2.6 %
D.	Underwriting profit & Contingencies (explain how investment income is taken into account)	8.2 %
E.	Other (explain)	3.3 %
F.	Total	57.4 %

5.	A. Expected Loss Ratio: $ELR = 100\% - 4F = A$	42.6	%
	B. ELR in Decimal Form =	0.426	
6.	Company Formula Loss Cost Multiplier (3B/5B)	2.347	
7.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	2.347	
8.	Rate Level Change for the coverage(s) to which this page applies	N/A	

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	OC AR0003823R01
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	GC542

() **Loss Cost Reference Filing** _____ (**X**) **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:

X	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. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Involuntary Unemployment

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (Check One):

(**X**) 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 4-8 BELOW.

4. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.

		Selected Provisions	
A.	Total Production Expense	29.0	%
B.	General Expense	14.3	%
C.	Taxes, Licenses & Fee	2.6	%
D.	Underwriting profit & Contingencies (explain how investment income is taken into account)	8.2	%
E.	Other (explain)	3.3	%
F.	Total	57.4	%

5.	A. Expected Loss Ratio: $ELR = 100\% - 4F = A$	42.6	%
	B. ELR in Decimal Form =	0.426	
6.	Company Formula Loss Cost Multiplier (3B/5B)	2.347	
7.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	2.347	
8.	Rate Level Change for the coverage(s) to which this page applies	N/A	

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	OC AR0003823R01
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	GR924

() **Loss Cost Reference Filing** _____ (**X**) **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:

X	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. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Accident Hospital Confinement

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (Check One):

(**X**) 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 4-8 BELOW.

4. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.

		Selected Provisions
A.	Total Production Expense	29.1 %
B.	General Expense	12.6 %
C.	Taxes, Licenses & Fee	2.6 %
D.	Underwriting profit & Contingencies (explain how investment income is taken into account)	7.7 %
E.	Other (explain)	4.8 %
F.	Total	56.7 %

5.	A. Expected Loss Ratio: $ELR = 100\% - 4F = A$	43.3	%
	B. ELR in Decimal Form =	0.433	
6.	Company Formula Loss Cost Multiplier (3B/5B)	2.309	
7.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	2.309	
8.	Rate Level Change for the coverage(s) to which this page applies	N/A	

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	OC AR0003823R01
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	GR925

() **Loss Cost Reference Filing** _____ (**X**) **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:

X	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. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Accident Disability

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (Check One):

(**X**) 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 4-8 BELOW.

4. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.

		Selected Provisions	
A.	Total Production Expense	50.7	%
B.	General Expense	12.1	%
C.	Taxes, Licenses & Fee	2.6	%
D.	Underwriting profit & Contingencies (explain how investment income is taken into account)	13.1	%
E.	Other (explain)	4.8	%
F.	Total	83.3	%

5.	A. Expected Loss Ratio: $ELR = 100\% - 4F = A$	16.7	%
	B. ELR in Decimal Form =	0.167	
6.	Company Formula Loss Cost Multiplier (3B/5B)	5.988	
7.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	5.988	
8.	Rate Level Change for the coverage(s) to which this page applies	N/A	

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	OC AR0003823R01
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	GR926

() **Loss Cost Reference Filing** _____ (**X**) **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:

X	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. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Family Leave

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (Check One):

(**X**) 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 4-8 BELOW.

4. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.

		Selected Provisions	
A.	Total Production Expense	30.9	%
B.	General Expense	12.6	%
C.	Taxes, Licenses & Fee	2.6	%
D.	Underwriting profit & Contingencies (explain how investment income is taken into account)	8.2	%
E.	Other (explain)	3.3	%
F.	Total	57.6	%

5.	A. Expected Loss Ratio: $ELR = 100\% - 4F = A$	42.4	%
	B. ELR in Decimal Form =	0.424	
6.	Company Formula Loss Cost Multiplier (3B/5B)	2.358	
7.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	2.358	
8.	Rate Level Change for the coverage(s) to which this page applies	N/A	

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	GC542
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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	
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Company Name		Company NAIC Number		
3.	A.	Stonebridge Casualty Insurance Company	B.	10952

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)		
4.	A.	33 – Other Lines of Business	B.	33.0001 – Other Personal Lines

5.			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Accident Disability	N/A	N/A	45.6%	1.000	2.19	N/A	N/A
TOTAL OVERALL EFFECT	N/A	N/A					

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

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	25.5%
B. General Expense	14.9%
C. Taxes, License & Fees	2.6^
D. Underwriting Profit & Contingencies	7.8%
E. Other (explain)	3/5%
F. TOTAL	54.4%

- 8.** N Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** N/A Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
- 10.** N/A Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	GC541
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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	
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Company Name		Company NAIC Number	
3.	A.	Stonebridge Casualty Insurance Company	B. 10952

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
4.	A.	33 – Other Lines of Business	B. 33.0001 – Other Personal Lines

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
Disability	N/A	N/A	43.9%	1.000	2.28	N/A	N/A
TOTAL OVERALL EFFECT	N/A	N/A					

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

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	29.4%
B. General Expense	13.9%
C. Taxes, License & Fees	2.6%
D. Underwriting Profit & Contingencies	6.9%
E. Other (explain)	3.3%
F. TOTAL	56.1%

- 8.** N Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** N/A Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
- 10.** N/A Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	GC541
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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	
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	Company Name		Company NAIC Number
3.	A.	Stonebridge Casualty Insurance Company	B. 10952

	Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A.	33 – Other Lines of Business	B. 33.0001 – Other Personal Lines

5.			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Invol Unemployment	N/A	N/A	43.0	1.000	2.35	N/A	N/A
TOTAL OVERALL EFFECT	N/A	N/A					

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

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	29.0%
B. General Expense	14.3%
C. Taxes, License & Fees	2.6%
D. Underwriting Profit & Contingencies	8.2%
E. Other (explain)	3.3%
F. TOTAL	57.4%

- 8.** N Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** N/A Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
- 10.** N/A Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	GC542
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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	
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	Company Name		Company NAIC Number
3.	A.	B.	
	Stonebridge Casualty Insurance Company		10952

	Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A.	B.	
	33 – Other Lines of Business		33.0001 – Other Personal Lines

5.			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Invol Unemployment	N/A	N/A	42.6	1.000	2.35	N/A	N/A
TOTAL OVERALL EFFECT	N/A	N/A					

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

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	29.0%
B. General Expense	14.3%
C. Taxes, License & Fees	2.6%
D. Underwriting Profit & Contingencies	8.2%
E. Other (explain)	3.3%
F. TOTAL	57.4%

- 8.** N Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** N/A Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
- 10.** N/A Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	GR924
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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	
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Company Name		Company NAIC Number		
3.	A.	Stonebridge Casualty Insurance Company	B.	10952

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)		
4.	A.	33 – Other Lines of Business	B.	33.0001 – Other Personal Lines

5.			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Accident Hospital Confinement	N/A	N/A	43.3%	1.000	2.31	N/A	N/A
TOTAL OVERALL EFFECT	N/A	N/A					

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

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	29.1%
B. General Expense	12.6%
C. Taxes, License & Fees	2.6^
D. Underwriting Profit & Contingencies	7.7%
E. Other (explain)	4.8%
F. TOTAL	56.7%

- 8.** N Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** N/A Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
- 10.** N/A Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	GR925
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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	
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Company Name		Company NAIC Number		
3.	A.	Stonebridge Casualty Insurance Company	B.	10952

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)		
4.	A.	33 – Other Lines of Business	B.	33.0001 – Other Personal Lines

5.			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Accidental Death	N/A	N/A	16.7%	1.000	5.99	N/A	N/A
TOTAL OVERALL EFFECT	N/A	N/A					

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

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	50.7%
B. General Expense	12.1%
C. Taxes, License & Fees	2.6^
D. Underwriting Profit & Contingencies	13.1%
E. Other (explain)	4.8%
F. TOTAL	83.3%

- 8.** N Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** N/A Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
- 10.** N/A Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	GR926
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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	
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Company Name		Company NAIC Number		
3.	A.	Stonebridge Casualty Insurance Company	B.	10952

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)		
4.	A.	33 – Other Lines of Business	B.	33.0001 – Other Personal Lines

5.			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Family Leave	N/A	N/A	42.0%	1.000	2.36	N/A	N/A
TOTAL OVERALL EFFECT	N/A	N/A					

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

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	30.9%
B. General Expense	12.6%
C. Taxes, License & Fees	2.6%
D. Underwriting Profit & Contingencies	8.2%
E. Other (explain)	3.3%
F. TOTAL	57.6%

- 8.** N Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** N/A Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
- 10.** N/A Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____