

SERFF Tracking Number: ARKS-125612306 State: Arkansas  
Filing Company: 31232 - Work First Casualty Company State Tracking Number: #6387 \$25  
Company Tracking Number: WC-AR-08-001  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: n/a  
Project Name/Number: /

## Filing at a Glance

Company: 31232 - Work First Casualty Company

Product Name: n/a

SERFF Tr Num: ARKS-125612306 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: #6387 \$25

Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: WC-AR-08-001

State Status: Fees verified and received

Filing Type: Rate

Co Status:

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

Author:

Disposition Date: 04/16/2008

Date Submitted: 04/16/2008

Disposition Status: Approved

Effective Date Requested (New):

Effective Date (New): 03/10/2008

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: NCCI

Reference Number: AR-2007-10

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/16/2008

State Status Changed: 04/16/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Adopting 1/1/08 loss costs with no change to previously filed loss cost multiplier of 1.491.

## Company and Contact

### Filing Contact Information

NA NA,

NA@NA.com

NA

(123) 555-4567 [Phone]

SERFF Tracking Number: ARKS-125612306 State: Arkansas  
Filing Company: 31232 - Work First Casualty Company State Tracking Number: #6387 \$25  
Company Tracking Number: WC-AR-08-001  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: n/a  
Project Name/Number: /

NA, AR 00000

**Filing Company Information**

31232 - Work First Casualty Company  
No Address  
City, AR 99999  
(999) 999-9999 ext. [Phone]

CoCode: 31232  
Group Code:  
Group Name:  
FEIN Number: 99-9999999  
-----

State of Domicile: Arkansas  
Company Type:  
State ID Number:

SERFF Tracking Number: ARKS-125612306 State: Arkansas  
Filing Company: 31232 - Work First Casualty Company State Tracking Number: #6387 \$25  
Company Tracking Number: WC-AR-08-001  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: n/a  
Project Name/Number: /

## Filing Fees

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

SERFF Tracking Number: ARKS-125612306 State: Arkansas  
Filing Company: 31232 - Work First Casualty Company State Tracking Number: #6387 \$25  
Company Tracking Number: WC-AR-08-001  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: n/a  
Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler (FM)	04/16/2008	04/16/2008

*SERFF Tracking Number:* ARKS-125612306      *State:* Arkansas  
*Filing Company:* 31232 - Work First Casualty Company      *State Tracking Number:* #6387 \$25  
*Company Tracking Number:* WC-AR-08-001  
*TOI:* 16.0 Workers Compensation      *Sub-TOI:* 16.0000 WC Sub-TOI Combinations  
*Product Name:* n/a  
*Project Name/Number:* /

## **Disposition**

Disposition Date: 04/16/2008

Effective Date (New): 03/10/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125612306 State: Arkansas  
 Filing Company: 31232 - Work First Casualty Company State Tracking Number: #6387 \$25  
 Company Tracking Number: WC-AR-08-001  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
 Product Name: n/a  
 Project Name/Number: /

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-125612306		Yes

*SERFF Tracking Number:* ARKS-125612306      *State:* Arkansas  
*Filing Company:* 31232 - Work First Casualty Company      *State Tracking Number:* #6387 \$25  
*Company Tracking Number:* WC-AR-08-001  
*TOI:* 16.0 Workers Compensation      *Sub-TOI:* 16.0000 WC Sub-TOI Combinations  
*Product Name:* n/a  
*Project Name/Number:* /

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125612306 State: Arkansas  
Filing Company: 31232 - Work First Casualty Company State Tracking Number: #6387 \$25  
Company Tracking Number: WC-AR-08-001  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: n/a  
Project Name/Number: /

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** ARKS-125612306

04/16/2008

**Comments:**

**Attachment:**

ARKS-125612306.pdf

ARKS-125612306

CS

**WORKFIRST**  
CASUALTY COMPANY

# 6387  
25.00

April 11, 2008

Approved until withdrawn  
or revoked

MAR 10 2008

Ms. Carol Stiffler  
Certified Rate and Form Analyst  
Property and Casualty Division  
Arkansas Department of Insurance  
1200 West 3<sup>rd</sup> Street  
Little Rock AR, 72201-1904

Arkansas Insurance Department  
By: *CKB*

Attention Property and Casualty Section

NAIC: 31232  
FEIN: 90-0247256

RE: Work First Casualty Insurance Company- Resubmission  
Adoption of NCCI Loss Costs -- Item Filing AR 2007-10 (Circular Approval AR-2007-13)  
Company Filing # WC-AR-08-001

Dear Ms. Stiffler:

In response to your letter dated April 7, 2008, copy attached for your convenience. Enclosed please find our check # 6387 in the amount of \$25.00 for the applicable filing fees. Additionally, we acknowledge the earliest effective date as March 10, 2008, the date of receipt of our initial letter.

I hope this satisfies your concerns and request your favorable consideration and approval.

Enclosed also, please find a self- addressed stamped envelope for your convenience in returning the duplicate copy of this filing, evidencing your acknowledgement and approval.

Sincerely,

*Kathy T. Forno*

Kathy T. Forno, HIA  
Regulatory Analyst  
**Work First Casualty Company**  
3411 Silverside Road  
Baynard Building, Suite 101  
Wilmington, DE 19810  
Ph: 302.477.1710 ext.109  
Fax: 302.477.1753

**RECEIVED**

1 APR 16 2008

PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT

# Arkansas Insurance Department

Mike Beebe  
Governor



Julie Benafield Bowman  
Commissioner

April 7, 2008

FAX # 302-477-1753 # of pages including this one 2

To: Kathy T. Forno  
Work First Casualty Company

From: Carol Stiffler  
Certified Rate and Form Analyst  
Property & Casualty Division  
501-371-2807  
501-371-2748 FAX  
carol.stiffler@arkansas.gov

RE: Workers Compensation  
Adoption of NCCI Loss Costs – Item Filing AR-2007-10  
Company Filing # WC-AR-08-001

This will acknowledge receipt of your letter dated March 5, 2008 informing us that you are using Item Filing AR-2007-10 effective 1/1/08 with the previously filed loss cost multiplier of 1.491.

Arkansas law does not allow NCCI to file rates/rules on a company's behalf. The company must make a filing adopting the NCCI rate filings. Workers' compensation in Arkansas is **prior approval**. I cannot approve the filing retroactively to 1/1/08. The earliest effective date I can approve is March 10, 2008, the date we received your initial letter.

The filing you sent did not include the filing fee of \$25.00 for adopting a reference filing. Please send the filing fee to my attention and include a copy of your filing letter. I will approve your filing effective 3/10/08 **contingent upon receiving the filing fee**.

Please note for future filings, all correspondence including filings must include the company's NAIC #.

CS



# WORKFIRST

CASUALTY COMPANY

**RECEIVED**

March 5, 2008

**MAR 10 2008**

The Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Department of Insurance  
1200 West 3<sup>rd</sup> Street  
Little Rock AR, 72201-1904

**PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT**

Attention Property and Casualty Section

NAIC: 31232  
FEIN: 90-0247256

RE: Work First Casualty Insurance Company  
Adoption of NCCI Loss Costs -- Item Filing AR 2007-10 (Circular Approval AR-2007-13)  
Company Filing # WC-AR-08-001

Dear Director:

This is to inform you that our loss cost multiplier of 1.491 approved until withdrawn or revoked on March 20, 2006 will remain in effect for use in conjunction with NCCI forms, rates and loss costs for workers compensation in your jurisdiction filed under NCCI Item Filing referenced above approved effective 1/1/08.

Note, although we did not inform the Department in 2007, our loss cost multiplier remained in effect that had been approved previously in 2006 for use in conjunction with NCCI forms, rates and loss costs.

We believe that we are now up to date with all filings required. If you have any questions or concerns please contact me at the number listed below.

Your favorable review and acknowledgement is respectfully requested. Enclosed please find a self-addressed stamped envelope for your convenience in returning the duplicate copy of this filing, evidencing your acknowledgement.

Sincerely,

*Kathy T. Forno*

Kathy T. Forno, HIA  
Regulatory Analyst  
**Work First Casualty Company**  
3411 Silverside Road  
Baynard Building, Suite 101  
Wilmington, DE 19810  
Ph: 302.477.1710 ext.109  
Fax: 302.477.1753



**WORKFIRST**  
CASUALTY COMPANY

**RECEIVED**

March 5, 2008

**MAR 10 2008**

The Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Department of Insurance  
1200 West 3<sup>rd</sup> Street  
Little Rock AR, 72201-1904

**PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT**

Attention Property and Casualty Section

NAIC: 31232  
FEIN: 90-0247256

RE: Work First Casualty Insurance Company  
Adoption of NCCI Loss Costs -- Item Filing AR 2007-10 (Circular Approval AR-2007-13)  
Company Filing # WC-AR-08-001

Dear Director:

This is to inform you that our loss cost multiplier of 1.491 approved until withdrawn or revoked on March 20, 2006 will remain in effect for use in conjunction with NCCI forms, rates and loss costs for workers compensation in your jurisdiction filed under NCCI Item Filing referenced above approved effective 1/1/08.

Note, although we did not inform the Department in 2007, our loss cost multiplier remained in effect that had been approved previously in 2006 for use in conjunction with NCCI forms, rates and loss costs.

We believe that we are now up to date with all filings required. If you have any questions or concerns please contact me at the number listed below.

Your favorable review and acknowledgement is respectfully requested. Enclosed please find a self-addressed stamped envelope for your convenience in returning the duplicate copy of this filing, evidencing your acknowledgement.

Sincerely,

*Kathy T. Forno*

Kathy T. Forno, HIA  
Regulatory Analyst  
**Work First Casualty Company**  
3411 Silverside Road  
Baynard Building, Suite 101  
Wilmington, DE 19810  
Ph: 302.477.1710 ext.109  
Fax: 302.477.1753