

SERFF Tracking Number: FEMC-125612505 State: Arkansas
First Filing Company: Federated Mutual Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: WC-AR-08-5
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: WC-AR-08-5/WC-AR-08-5

Filing at a Glance

Companies: Federated Mutual Insurance Company, Federated Service Insurance Company

Product Name: Workers Compensation SERFF Tr Num: FEMC-125612505 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 16.0004 Standard WC Co Tr Num: WC-AR-08-5 State Status: Fees verified and received
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Author: Carolyn Stursa Disposition Date: 04/17/2008
Date Submitted: 04/16/2008 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New): 09/01/2008
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

State Filing Description:

General Information

Project Name: WC-AR-08-5 Status of Filing in Domicile:
Project Number: WC-AR-08-5 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 04/17/2008 Deemer Date:
State Status Changed: 04/17/2008
Corresponding Filing Tracking Number:
Filing Description:
Adoption of Item Filings U-1397 Statistical Plan for Workers
Compensation and Employers Liability effective on and after
September 1, 2008 and Item RM-W-8031 Assigned Carrier
Performance Standards effective on and after January 1, 2009.

Company and Contact

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Filing Contact Information

Carolyn Stursa, Property & Casualty Product cmstursa@fedins.com
 Specialist
 121 E Park Square (800) 533-0472 [Phone]
 Owatonna, MN 55060 (507) 444-6691[FAX]

Filing Company Information

Federated Mutual Insurance Company	CoCode: 13935	State of Domicile: Minnesota
121 East Park Square	Group Code: 7	Company Type:
PO Box 328		
Owatonna, MN 55060	Group Name:	State ID Number:
(800) 533-0472 ext. [Phone]	FEIN Number: 41-0417460	

Federated Service Insurance Company	CoCode: 28304	State of Domicile: Minnesota
121 East Park Square	Group Code: 7	Company Type:
PO Box 328		
Owatonna, MN 55060	Group Name:	State ID Number:
(800) 533-0472 ext. [Phone]	FEIN Number: 41-0984698	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federated Mutual Insurance Company	\$50.00	04/16/2008	19627670
Federated Service Insurance Company	\$0.00	04/16/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	04/17/2008	04/17/2008

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Disposition

Disposition Date: 04/17/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment: This will approve adoption of Item Filing #U-1397 Statistical Plan and acknowledge Item RM-W-8031 Assigned Carrier Performance Standards. Item RM-W-8031 is not required to be adopted since it applies only to servicing carriers.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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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

<i>SERFF Tracking Number:</i>	<i>FEMC-125612505</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Federated Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC-AR-08-5</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>WC-AR-08-5/WC-AR-08-5</i>		

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 04/17/2008

Comments:

Attachments:

AR Cover Leter.pdf

P&C Transmittal Document PC TD-1.pdf

Bypassed -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 04/17/2008

Bypass Reason: N/A

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 04/17/2008

Bypass Reason: N/A

Comments:

April 16, 2008

Arkansas Insurance Department

**FEDERATED MUTUAL INSURANCE COMPANY-NAIC 007- 13935
FEDERATED SERVICE INSURANCE COMPANY-NAIC 007-28304
Workers Compensation & Employers Liability**

- **Adoption of NCCI approved Item filings**

Federated Filing Number: WC-AR-08-5

We are adopting the Item filings listed below.

We ask for your approval of the NCCI Item filings to be used on their approved effective dates.

Item Number	Circular Number	Approved Effective Date	Description of Item
U-1397	UNITS-2008-01	9-1-2008	Statistical Plan for Workers Compensation and Employers Liability Insurance
RM-W-8031	PLAN-2008-06	1-1-2009	Assigned Carrier Performance Standards

We trust that our filing meets your requirements and we appreciate your consideration of our filing.

Thank you,



Carolyn Stursa
P & C Product Specialist
Federated Mutual Insurance Company
Federated Service Insurance Company
cmstursa@fedins.com
1-800-533-0472 Ext: 5290

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: 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					

3. Group Name	Group NAIC #
Federated Insurance Companies	007

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Federated Mutual Insurance Company	MN	13935	41-0417460	
Federated Service Insurance Company	MN	28304	41-0984698	

5. Company Tracking Number	WC-AR-08-5
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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
	Carolyn Stursa PO Box 328 Owatonna MN 55060	P & C Product Specialist	800-533-0472 Ext.: 5290	507-444-6691	cmstursa@fedins.com

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

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

9.	Type of Insurance (TOI)	16.0 Workers Compensation
10.	Sub-Type of Insurance (Sub-TOI)	16.0004 Standard Workers Compensation
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 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
14.	Effective Date(s) Requested	New: See Cover Letter Renewal: See Cover Letter
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI
17.	Reference Organization # & Title	Item U-1397 and Item RM-W-8031
18.	Company's Date of Filing	4-16-2008
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	WC-AR-08-5
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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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Adoption of Item U-1397—Statistical Plan for Workers Compensation and Employers Liability Insurance effective on and after September 1, 2008 and Item RM-W-8031 –Assigned Carrier Performance Standard effective on and after January 1, 2009.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

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