

SERFF Tracking Number: MEMC-125596736 State: Arkansas
Filing Company: MEMIC Indemnity Company State Tracking Number: EFT \$25
Company Tracking Number: 2008-02
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers' Compensation Rule Filing
Project Name/Number: /

Filing at a Glance

Company: MEMIC Indemnity Company

Product Name: Workers' Compensation Rule SERFF Tr Num: MEMC-125596736 State: Arkansas

Filing

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 16.0004 Standard WC

Co Tr Num: 2008-02

State Status: Fees verified and received

Filing Type: Rule

Co Status:

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

Author: Sherry Ingalls

Disposition Date: 04/08/2008

Date Submitted: 04/08/2008

Disposition Status: Approved

Effective Date Requested (New): 05/15/2008

Effective Date (New): 05/15/2008

Effective Date Requested (Renewal): 05/15/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Domicile Status Comments:

Reference Organization: National Council on Compensation Insurance Reference Number: Item B-1405

Reference Title: Terrorism Risk Insurance Program Reauthorization Act Advisory Org. Circular: CIF-2007-09 of 2007

Filing Status Changed: 04/08/2008

State Status Changed: 04/08/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing to adopt by reference the information provided in CIF-2007-09 – NCCI Countrywide Item B-1405—Terrorism Risk Insurance Program Reauthorization Act of 2007. We are requesting an effective date of 5/15/08. Please see the attached cover letter for a complete description.

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Company and Contact

Filing Contact Information

Karen Schwartz, Product Manager kschwartz@memic.com
 261 Commercial Street (207) 791-3350 [Phone]
 Portland, ME 04104 (207) 482-4169[FAX]

Filing Company Information

MEMIC Indemnity Company CoCode: 11030 State of Domicile: New Hampshire
 261 Commercial Street Group Code: 1332 Company Type: Stock Company
 Portland, ME 04104 Group Name: ME Employers' Mut State ID Number:
 Ins Grp
 (207) 791-3350 ext. [Phone] FEIN Number: 02-0515329

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: "Filing to adopt an advisory organization's reference or item filing (per item) (excludes loss cost filings) \$25."
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MEMIC Indemnity Company	\$25.00	04/08/2008	19374357

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	04/08/2008	04/08/2008

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Disposition

Disposition Date: 04/08/2008

Effective Date (New): 05/15/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MEMC-125596736 State: Arkansas
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 Product Name: Workers' Compensation Rule 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	Cover Letter	Approved	Yes

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 04/08/2008

Comments:

Attachments:

AR 2008-02 Transmittal Document.pdf
 AR 2008-02 Rule Filing Schedule.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 04/08/2008

Bypass Reason: N/A

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 04/08/2008

Bypass Reason: N/A

Comments:

Satisfied -Name: Cover Letter **Review Status:** Approved 04/08/2008

Comments:

Attachment:

AR 2008-02 Rule Cover Letter.pdf

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	2008-02
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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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We are filing to adopt by reference the information provided in CIF-2007-09 – NCCI Countrywide Item B-1405—Terrorism Risk Insurance Program Reauthorization Act of 2007.

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 #: Funds submitted via EFT
Amount: \$25.00

\$25 = Filing to adopt an advisory organization’s reference or item filing (per item) (excludes loss cost filings) is \$25.

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.)**

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 #	2008-02
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	2008-01
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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)						
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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)
MEMIC Indemnity	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE

5a.	Overall percentage rate indication (when applicable)	N/A	
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5b.	Overall percentage rate impact for this filing	N/A	
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5c.	Effect of Rate Filing – Written premium change for this program	N/A	
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5d.	Effect of Rate Filing – Number of policyholders affected	N/A	
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6.	Overall percentage of last rate revision	N/A	
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7.	Effective Date of last rate revision	N/A	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A	
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
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01	Item B-1405—Terrorism Risk Insurance Program Reauthorization Act of 2007	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
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02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
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03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
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Partners for Workplace Safety™

April 8, 2008

Julie Benefield Bowman, Insurance Commissioner
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201

Attn: Carol Stiffler, Certified Rate and Forms Analyst, Property & Casualty Division

Re: MEMIC Indemnity Company Rule Filing
NAIC Number: 11030
Company FEIN: 02-0515329
SERFF Tracking No. MEMC-125596736
Company Tracking No. 2008-02
Requested Effective Date: May 15, 2008

Dear Ms. Stiffler:

Please see the attached rule filing for your review and approval. We are filing to adopt by reference the information provided in CIF-2007-09 – NCCI Countrywide Item B-1405—Terrorism Risk Insurance Program Reauthorization Act of 2007.

The filing fees have been submitted electronically with the filing via EFT.

Please see the attached transmittal document and rule filing schedule.

Please feel free to contact me at 800 660 1306 x 350 if you have any questions regarding this filing. I can also be reached via e-mail at: kschwartz@memic.com.

Thank you for your consideration.

Sincerely,

Karen Schwartz
Product Manager

MEMIC Indemnity Company

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