

SERFF Tracking Number: PPIC-125606056 State: Arkansas  
Filing Company: Preferred Professional Insurance Company State Tracking Number: EFT \$25  
Company Tracking Number: AR-WC-08-02  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: /

## Filing at a Glance

Company: Preferred Professional Insurance Company

Product Name: Workers Compensation	SERFF Tr Num: PPIC-125606056	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$25
Sub-TOI: 16.0004 Standard WC	Co Tr Num: AR-WC-08-02	State Status: Fees verified and received
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: Denise Hill	Disposition Date: 04/11/2008
	Date Submitted: 04/11/2008	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: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 04/11/2008	
State Status Changed: 04/11/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

This filing is being submitted on behalf of Preferred Professional Insurance Company to become effective May 15, 2008. We are filing a revised Manual Exception Page for Workers Compensation. We found two typographical errors in our Minimum Premium Formula. Under General Rule, it should read Manual Rate instead of Manual Premium and our Minimum Premium Multiplier should be 145, not 14.5. A highlighted side-by-side comparison has been included in the supporting documentation section of this filing. Thank you for your consideration of our filing.

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 Product Name: Workers Compensation  
 Project Name/Number: /

## Company and Contact

### Filing Contact Information

Denise Hill, Corporate Compliance Officer      eseaman@ppicins.com  
 11605 Miracle Hill Drive      (402) 392-1566 [Phone]  
 Omaha, NE 68154      (402) 392-2673[FAX]

### Filing Company Information

Preferred Professional Insurance Company      CoCode: 36234      State of Domicile: Nebraska  
 11605 Miracle Hills Drive      Group Code:      Company Type: P & C  
 Suite 200  
 Omaha, NE 68154-4467      Group Name:      State ID Number:  
 (800) 441-7742 ext. 240[Phone]      FEIN Number: 47-0580977  
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## Filing Fees

Fee Required?      Yes  
 Fee Amount:      \$25.00  
 Retaliatory?      No  
 Fee Explanation:      \$25.00 per Rule Filing.  
 Per Company:      No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Preferred Professional Insurance Company	\$25.00	04/11/2008	19481771

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	04/11/2008	04/11/2008

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## Disposition

Disposition Date: 04/11/2008

Effective Date (New): 05/15/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PPIC-125606056 State: Arkansas  
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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	Side-by-Side Comparison of Revised Manual Exception Page	Approved	Yes
Rate	Arkansas Workers Compensation Manual Exception Page	Approved	Yes

*SERFF Tracking Number:*      *PPIC-125606056*                      *State:*                      *Arkansas*  
*Filing Company:*              *Preferred Professional Insurance Company*      *State Tracking Number:*      *EFT \$25*  
*Company Tracking Number:*      *AR-WC-08-02*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*                      *Workers Compensation*  
*Project Name/Number:*              /

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: PPIC-125606056 State: Arkansas  
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 Company Tracking Number: AR-WC-08-02  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Arkansas Workers Compensation Manual (4/08) Exception Page	PPIC WC AR	Replacement	AR-PC-07-026623 Arkansas Manual Exception Page.pdf

**PREFERRED PROFESSIONAL INSURANCE COMPANY  
 ARKANSAS WORKERS COMPENSATION  
 Manual Exception Page**

EFFECTIVE 05/15/2008

Loss Cost Multiplier .....1.2987  
 Expense Constant Applicable .....\$225

**MINIMUM PREMIUM FORMULAS**

**General Rule:**

Minimum Premium = (Manual Rate X Minimum Premium Multiplier) + Expense Constant

**Per Capita Classifications:**

Minimum Premium = Manual Rate + Expense Constant

Minimum Premium Multiplier .....145  
 Maximum Minimum Premium.....\$750

**PREMIUM DISCOUNT PERCENTAGE TABLE**

First	10,000	0.0%
Next	190,000	9.1%
Next	1,550,000	11.3%
Over	1,750,000	12.3%

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 04/11/2008

**Comments:**

**Attachment:**

P&C Transmittal Form.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 04/11/2008

**Bypass Reason:** We are only filing to revised our Manual Exception Page.

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document **Review Status:** Approved 04/11/2008

**Bypass Reason:** We are only filing to revise our Manual Exception Page.

**Comments:**

**Satisfied -Name:** Side-by-Side Comparison of Revised Manual Exception Page **Review Status:** Approved 04/11/2008

**Comments:**

**Attachment:**

Side-by-Side Comparison of Revised Manual Exception Page.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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					

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</b>	
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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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
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 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input 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 type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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]

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.)

PC TD-1 pg 2 of 2

## 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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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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)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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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	Minimum % Change

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
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	

PREFERRED PROFESSIONAL INSURANCE COMPANY  
 ARKANSAS WORKERS COMPENSATION  
 Manual Exception Page

EFFECTIVE 01/01/2008

Loss Cost Multiplier .....1.2987  
 Expense Constant Applicable .....\$225

MINIMUM PREMIUM FORMULAS

General Rule:

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Per Capita Classifications:

Minimum Premium = Manual Rate + Expense Constant

Minimum Premium Multiplier .....14.5  
 Maximum Minimum Premium.....\$750

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PREFERRED PROFESSIONAL INSURANCE COMPANY  
 ARKANSAS WORKERS COMPENSATION  
 Manual Exception Page

EFFECTIVE 05/15/2008

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