

SERFF Tracking Number: UTCX-125625338 State: Arkansas
First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: WC AR09717CGR01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Workers Compensation/WC AR09717CGR01

Filing at a Glance

Companies: Utica Mutual Insurance Company, Graphic Arts Mutual Insurance Company

Product Name: Workers Compensation

SERFF Tr Num: UTCX-125625338 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 AR09717CGR01

State Status: Fees verified and received

Filing Type: Rate

Co Status:

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

Author: SPI UticaNational

Disposition Date: 04/28/2008

Date Submitted: 04/28/2008

Disposition Status: Approved

Effective Date Requested (New): 07/01/2008

Effective Date (New): 07/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Workers Compensation

Status of Filing in Domicile:

Project Number: WC AR09717CGR01

Domicile Status Comments:

Reference Organization: National Council on Compensation Insurance, Inc. (NCCI), Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/28/2008

State Status Changed: 04/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

With this filing we are adopting the 7/1/08 loss cost revision as set forth in Item AR-2008-02. We will continue using our LCM of 1.320 which was approved for Utica Mutual and Graphic Arts Mutual effective 10/1/03. We have included a copy of the RF-WC form from the 10/1/03 filing.

Company and Contact

SERFF Tracking Number: UTCX-125625338 State: Arkansas
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Filing Contact Information

Tina Cirelli, Senior State Filings Coordinator tina.cirelli@uticanational.com
 180 Genesee Street (315) 734-2129 [Phone]
 New Hartford, NY 13413 (315) 734-2252[FAX]

Filing Company Information

Utica Mutual Insurance Company	CoCode: 25976	State of Domicile: New York
180 Genesee Street	Group Code: 201	Company Type:
New Hartford, NY 13413	Group Name: Utica National Insurance Group	State ID Number:
(315) 734-2000 ext. [Phone]	FEIN Number: 15-0476880	

Graphic Arts Mutual Insurance Company	CoCode: 25984	State of Domicile: New York
180 Genesee Street	Group Code: 201	Company Type:
New Hartford, NY 13413	Group Name: Utica National Insurance Group	State ID Number:
(315) 734-2000 ext. [Phone]	FEIN Number: 13-5274760	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Utica Mutual Insurance Company	\$50.00	04/28/2008	19933329

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	04/28/2008	04/28/2008

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Disposition

Disposition Date: 04/28/2008
 Effective Date (New): 07/01/2008
 Effective Date (Renewal):
 Status: Approved
 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:
Utica Mutual Insurance Company	%	\$		\$	%	%	%
Graphic Arts Mutual Insurance Company	%	\$		\$	%	%	%

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	Transmittal Form	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes

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Rate Information

Rate data applies to filing.

Filing Method: File and Use
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):
Utica Mutual Insurance Company	%	%				%	%
Graphic Arts Mutual Insurance Company	%	%				%	%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:
Overall Percentage Rate Impact For This Filing:
Effect of Rate Filing - Written Premium Change For This Program: \$0

<i>SERFF Tracking Number:</i>	<i>UTCX-125625338</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Utica Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC AR09717CGR01</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>Workers Compensation/WC AR09717CGR01</i>		

Effect of Rate Filing - Number of Policyholders Affected: 0

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 04/28/2008

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: Transmittal Form **Review Status:** Approved 04/28/2008

Comments:

Attachment:

Transmittal Form.PDF

Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 04/28/2008

Bypass Reason: Not applicable to this filing.

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 04/28/2008

Bypass Reason: Not applicable to this filing.

Comments:

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					

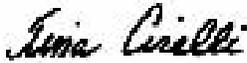
3. Group Name	Group NAIC #
Utica National Insurance Group	0201

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Utica Mutual Insurance Company	NY	25976	15-0476880	
Graphic Arts Mutual Insurance Company	NY	25984	13-5274760	

5. Company Tracking Number	WC AR09717CGR01
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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
	Tina D. Cirelli 180 Genesee Street New Hartford NY 13413	Senior State Filings Coordinator	800-274-1914 Ext. 2129	315-734-2252	tina.cirelli@uticanational.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Tina D. Cirelli

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 WC
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	AR- Loss Cost Revision
13. Filing Type	<input checked="" 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: 07/01/2008 Renewal: 07/01/2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	National Council on Compensation Insurance, Inc. (NCCI)
17. Reference Organization # & Title	AR-2008-02
18. Company's Date of Filing	4/28/08
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 AR09717CGR01
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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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With this filing we are adopting the 7/1/08 loss cost revision as set forth in Item AR-2008-02. We will continue using our LCM of 1.320 which was approved for Utica Mutual and Graphic Arts Mutual effective 10/1/03. We have included a copy of the RF-WC form from the 10/1/03 filing.

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]
<p>Check #: EFT Amount: \$50.00</p> <p>\$ 50.00 filing fee.</p> <p style="text-align: center;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

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

ARKANSAS INSURANCE DEPARTMENT

Form RF-WC
Rev. 4/96

**WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS REFERENCE FILING ADOPTION FORM**

DATE 7/28/03

Page 1 of 1

1. INSURER NAME Utica Mutual Insurance Company
Graphic Arts Mutual Insurance Company

ADDRESS 180 Genesee Street
New Hartford, NY 13413

PERSON RESPONSIBLE FOR FILING Tina D. Cirelli

TITLE Senior State Filing Coordinator TELEPHONE NO. 315-734-2129

2. INSURER NAIC NO. 25976 & 25984 GROUP NO. 0201

3. ADVISORY ORGANIZATION NCCI

4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-01-01, AR01-03, AR-01-04, AR-02-02, AR-02-04, AR-2003-04

5. 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.

6. A. PROPOSED RATE LEVEL CHANGE 0.0 % EFFECTIVE DATE 10/1/03
B. PROPOSED PREMIUM LEVEL CHANGE 0.0 % EFFECTIVE DATE 10/1/03

7. A. PRIOR RATE LEVEL CHANGE See below % EFFECTIVE DATE 12/1/00
**
B. PRIOR PREMIUM LEVEL CHANGE See below % EFFECTIVE DATE 12/1/00
**

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM" (RF-WC Page 2)
(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. CHECK ONE OF THE FOLLOWING:

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.

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.

****UTICA: SUP-NA, UTICA: PREF+6.2%, UTICA: SELECT+19.6%, GRAPHIC+4.9%**