

SERFF Tracking Number: ARKS-125633706 State: Arkansas
Filing Company: 14265 - INDIANA LUMBERMENS MUTUAL INS CO State Tracking Number: #90040175 \$25
Company Tracking Number: 4521
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Worker's Compensation
Project Name/Number: /

Filing at a Glance

Company: 14265 - INDIANA LUMBERMENS MUTUAL INS CO

Product Name: Worker's Compensation SERFF Tr Num: ARKS-125633706 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #90040175 \$25
Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: 4521 State Status: Fees verified and received
Filing Type: Rate/Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Author: Disposition Date: 05/05/2008
Date Submitted: 05/02/2008 Disposition Status: Approved
Effective Date Requested (New): 01/01/2008 Effective Date (New): 05/06/2008
Effective Date Requested (Renewal): Effective Date (Renewal):

State Filing Description:

Adopting the 1/1/08 loss costs with loss cost multiplier on file. Requested 1/1/08 effective date which can't be granted.

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: Domicile Status Comments:
Reference Organization: NCCI Reference Number: AR-2007-10
Reference Title: 1/1/08 Loss Costs Advisory Org. Circular:
Filing Status Changed: 05/05/2008
State Status Changed: 05/05/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Adopting the 1/1/08 loss costs with loss cost multiplier on file. Requested 1/1/08 effective date which can't be granted.

Company and Contact

Filing Contact Information

SERFF Tracking Number: ARKS-125633706 State: Arkansas
Filing Company: 14265 - INDIANA LUMBERMENS MUTUAL State Tracking Number: #90040175 \$25
INS CO
Company Tracking Number: 4521
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
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NA NA, NA@NA.com
NA (123) 555-4567 [Phone]
NA, AR 00000

Filing Company Information

14265 - INDIANA LUMBERMENS MUTUAL CoCode: 14265 State of Domicile: Arkansas
INS CO
No Address Group Code: Company Type:
City, AR 99999 Group Name: State ID Number:
(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999

SERFF Tracking Number: ARKS-125633706 *State:* Arkansas
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TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0000 WC Sub-TOI Combinations
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Filing Fees

Fee Required? Yes
Fee Amount: \$0.00
Retaliatory? No
Fee Explanation:
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/05/2008	05/05/2008

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Disposition

Disposition Date: 05/05/2008

Effective Date (New): 05/06/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125633706 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	ARKS-125633706		Yes

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125633706 State: Arkansas
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INS CO
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TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Worker's Compensation
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125633706

05/05/2008

Comments:

Attachment:

ARKS-125633706.pdf



ARMS-125683706

CS

Indiana Lumbermens Mutual Insurance Company • ILM
National Building Material Assurance Company • NBMA
Lone Star National Insurance Company • LSN

April 27, 2008

Approved until withdrawn
or revoked

MAY 06 2008

Arkansas Insurance Department
By: *CKS*

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY
Workers Compensation Loss Costs Adoption
NCCI Reference #AR-2007-10
ILM NAIC # 14265
ILM Filing #4521

Honorable Commissioner Bowman:

Indiana Lumbermens Mutual Insurance Company wishes to notify the department that we have adopted the loss costs as filed by NCCI and referenced above. We are currently using our approved multiplier.

This letter is being submitted in duplicate, and a postage-paid, return envelope is included for your convenience in replying.

Respectfully submitted,

Tonya J. Burroughs
Compliance Analyst
(800) 428-1441, ext. 507
tburroughs@ilmgroup.com

ARCH 14265
0092040175
825
RECEIVED
MAY 02 2008
PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Property & Casualty Transmittal Document

Reset Form

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:

New Business	
Renewal Business	

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
Indiana Lumbermens Mutual	IN	14265	35-0410420		

RECEIVED

MAY 02 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

5. Company Tracking Number	4521
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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
Tonya J. Burroughs	Compliance Analyst	800-428-1441 ext. 507	317-875-3601	tburroughs@ilmgroup.com
4600 Woodview Trace Indianapolis, IN 46268				

7. Signature of authorized filer *Tonya J. Burroughs*

8. Please print name of authorized filer Tonya J. Burroughs

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

9. Type of Insurance (TOI)	Please select from the drop down list.		
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 checked="" 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: 01/01/08	Renewal:	
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
16. Reference Organization (if applicable)	NCCI		
17. Reference Organization # & Title	AR 2008-10		
18. Company's Date of Filing	04/28/08		
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 # 4521

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

ILM wishes to adopt the loss costs Item # AR-2007-10 for all new and renewal policies with the most recently approved LCM.

[View Complete Filing Description](#)

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 #: 0090040175

Amount: 25.00

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.)

1.	This filing transmittal is part of Company Tracking # 4521
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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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)							
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)
	NA	NA	NA	0	116,948		

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

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

6.	Overall percentage of last rate revision	
7.	Effective Date of last rate revision	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

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	

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	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		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1