

SERFF Tracking Number: ARKS-125655818 State: Arkansas
Filing Company: 31232 - Work First Casualty Company State Tracking Number: #6451 \$25
Company Tracking Number: WC-AR-08-002
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: N/A
Project Name/Number: /

Filing at a Glance

Company: 31232 - Work First Casualty Company

Product Name: N/A

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0000 WC Sub-TOI Combinations

Filing Type: Rate

Effective Date Requested (New):

Effective Date Requested (Renewal):

State Filing Description:

SERFF Tr Num: ARKS-125655818 State: Arkansas

SERFF Status: Closed

Co Tr Num: WC-AR-08-002

Co Status:

Author:

Date Submitted: 05/19/2008

State Tr Num: #6451 \$25

State Status: Fees verified and

received

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

Disposition Date: 05/20/2008

Disposition Status: Approved

Effective Date (New):

Effective Date (Renewal):

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 05/20/2008

State Status Changed: 05/20/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

Tonya Burroughs, Compliance analyst

3600 Woodview Trace

Indianapolis, IN 46268-0600

tburroughs@ilmgourp.com

(800) 428-1441 [Phone]

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Product Name: N/A
Project Name/Number: /

Filing Company Information

31232 - Work First Casualty Company
No Address
City, AR 99999
(999) 999-9999 ext. [Phone]

CoCode: 31232
Group Code:
Group Name:
FEIN Number: 99-9999999

State of Domicile: Arkansas
Company Type:
State ID Number:

SERFF Tracking Number: ARKS-125655818 *State:* Arkansas
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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/20/2008	05/20/2008

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Disposition

Disposition Date: 05/20/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment: The loss cost filing will go into effect on 7/1/08. Item B-1405 will go into effect on 5/20/08 the date the filing was approved.

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty		Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation		Yes
Supporting Document	NAIC loss cost data entry document		Yes
Supporting Document	ARKS-125655818		Yes

<i>SERFF Tracking Number:</i>	<i>ARKS-125655818</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>31232 - Work First Casualty Company</i>	<i>State Tracking Number:</i>	<i>#6451 \$25</i>
<i>Company Tracking Number:</i>	<i>WC-AR-08-002</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>N/A</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

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Product Name: N/A
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125655818

05/20/2008

Comments:

Attachment:

ARKS-125655818.pdf

CS

CHK# 6451

\$ 25

ARMS-125655818
May 12, 2008



Approved until withdrawn or revoked

JUL 01 2008

Arkansas Insurance Department
By: **CKS ITEM AR-2008-02**

Approved until withdrawn or revoked

MAY 20 2008

Arkansas Insurance Department
By: **CKS ITEM B-1405**

The Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Department of Insurance
1200 West 3rd Street
Little Rock AR, 72201-1904

Attention Property and Casualty Section

NAIC: 31232
FEIN: 90-0247256

RE: Work First Casualty Company
Adoption of NCCI Loss Costs -- Item Filing AR 2008-02 (Circular Approval AR-2008-06)
Adoption of Item B 1405 Basic Manual - Terrorism Risk Insurance Program Reauthorization of 2007
Company Filing # WC-AR-08-002

Dear Director:

This is to inform you that our loss cost multiplier of 1.491 approved until withdrawn or revoked on March 20, 2006 will remain in effect for use in conjunction with NCCI forms, rates and loss costs for workers compensation in your jurisdiction filed under NCCI Item Filing referenced above approved effective 7/1/08. Check Number 6451 in the amount of \$25.00 for filing fee is enclosed.

Additionally, please note that although we did not inform the Department, we also adopted the above referenced item as of the effective date.

We believe that we are now up to date with all filings required. If you have any questions or concerns please contact me at the number listed below.

Your favorable review and acknowledgement is respectfully requested. Enclosed please find a self-addressed stamped envelope for your convenience in returning the duplicate copy of this filing, evidencing your acknowledgement.

Sincerely,

Kathy T. Forno

Kathy T. Forno, HIA
Regulatory Analyst
Work First Casualty Company
3411 Silverside Road
Baynard Building, Suite 101
Wilmington, DE 19810
Ph: 302.477.1710 ext.109
Fax: 302.477.1753

RECEIVED
MAY 19 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT