

SERFF Tracking Number: BNCI-125639535 State: Arkansas  
Filing Company: BancInsure, Inc. State Tracking Number: EFT \$50  
Company Tracking Number: WC AR14017RA08  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation and Employers Liability  
Project Name/Number: Adoption of NCCI Loss Costs Effective 07/01/08/WC AR14017FA08

## Filing at a Glance

Company: BancInsure, Inc.

Product Name: Workers Compensation and Employers Liability SERFF Tr Num: BNCI-125639535 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 AR14017RA08

State Status: Fees verified and received

Filing Type: Rate

Co Status:

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

Author: Kathy Shilling

Disposition Date: 05/08/2008

Date Submitted: 05/08/2008

Disposition Status: Approved

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

Effective Date (New): 07/01/2008

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

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Adoption of NCCI Loss Costs Effective 07/01/08

Status of Filing in Domicile: Authorized

Project Number: WC AR14017FA08

Domicile Status Comments: N/A

Reference Organization: NCCI, Inc.

Reference Number: AR-2008-06

Reference Title: Approved Voluntary Advisory Loss Costs and Rating Values and Assigned Risk Rates and Rating Values

Advisory Org. Circular: AR-2008-06

Filing Status Changed: 05/08/2008

State Status Changed: 05/08/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to notify you that BancInsure, Inc. is proposing to:

- Adopt NCCI Advisory Loss Costs AR-2008-06 effective July 1, 2008; and
- Maintain our current Loss Cost Multiplier of 1.30 for all class codes.

<i>SERFF Tracking Number:</i>	<i>BNCI-125639535</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>BancInsure, Inc.</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC AR14017RA08</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 and Employers Liability</i>		
<i>Project Name/Number:</i>	<i>Adoption of NCCI Loss Costs Effective 07/01/08/WC AR14017FA08</i>		

Maintaining our LCM of 1.30 with this adoption results in an overall decrease of -11.41%. The premium dollar decrease would be approximately \$14,410 for a total of \$111,879 annually. We believe our proposed rates to be adequate, not excessive, and not unfairly discriminatory.

BancInsure, Inc. writes coverages for community banks and financial institutions and our primary workers' compensation codes are 8810 clerical, 8742 outside sales, and 9015 building operations, NOC. Our BancInsure worksheet reflects the changes each code would develop.

We request the filing be approved pursuant to the prior approval (20 days) regulation of the Arkansas Insurance Code effective for all policies on or after July 1, 2008 to coincide with the NCCI effective date.

## Company and Contact

### Filing Contact Information

Kathy Shilling, Filings Analyst	kshilling@bancinsure.com
5005 N. Lincoln Blvd.	(405) 290-5600 [Phone]
Oklahoma City, OK 73105	(405) 290-5691[FAX]

### Filing Company Information

BancInsure, Inc.	CoCode: 18538	State of Domicile: Oklahoma
P.O. Box 26104	Group Code:	Company Type: Property & Casualty

5005 N. Lincoln Blvd.	Group Name:	State ID Number:
Oklahoma City, OK 73126-0104	FEIN Number: 73-1238130	
(405) 290-5600 ext. [Phone]	-----	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Adoption of prospective loss costs and effective date as Filed, but with no change to our previously filed loss cost multiplier = \$50.00
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
BancInsure, Inc.	\$50.00	05/08/2008	20174127

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/08/2008	05/08/2008

SERFF Tracking Number: *BNCI-125639535* State: *Arkansas*  
 Filing Company: *BancInsure, Inc.* State Tracking Number: *EFT \$50*  
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## Disposition

Disposition Date: 05/08/2008  
 Effective Date (New): 07/01/2008  
 Effective Date (Renewal):  
 Status: Approved  
 Comment:

<b>Company Name:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>	<b>Overall % Indicated Change:</b>
BancInsure, Inc.	-11.410%	\$14,410	15	\$126,289	-11.410%	-11.410%	-11.410%

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Approved	Yes
<b>Supporting Document</b>	Cover Letter	Approved	Yes
<b>Rate</b>	BI Rate Comparison Exhibit	Approved	Yes
<b>Rate</b>	5 Year Experience and Expnese Exhibit	Approved	Yes
<b>Rate</b>	AR Manual Underwriting Pages	Approved	Yes
<b>Rate</b>	AR Final Rate Pages 7 2008	Approved	Yes

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**Rate Information**

Rate data applies to filing.

**Filing Method:** Prior Approval  
**Rate Change Type:** Decrease  
**Overall Percentage of Last Rate Revision:** 5.750%  
**Effective Date of Last Rate Revision:** 01/01/2008  
**Filing Method of Last Filing:** Prior Approval

**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):
BancInsure, Inc.	-11.410%	-11.410%	\$14,410	15	\$126,289	-11.410%	-11.410%

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
Approved	BI Rate Comparison Exhibit	1 Page	Replacement	AR-PC-07-026138	AR WC RATE COMPARISON.pdf
Approved	5 Year Experience and Expnese Exhibit	1 Page	Replacement	AR-PC-07-026138	AR 5 Year Experience and Expense Exhibit.pdf
Approved	AR Manual Underwriting Pages	8 Pages	Replacement	AR-PC-07-026138	AR Manual Underwriting Rules.pdf
Approved	AR Final Rate Pages 7 2008	6 pages	Replacement	AR-PC-07-026138	AR Final Rate Pages 07 2008.pdf

**BANCINSURE INDEPENDENT EXHIBIT I**

**STATE** ARKANSAS **EFFECTIVE** 7/1/2008  
**REFERENCE** NCCI CIRCULAR

AR-2008-06  
**CURRENT FILING**

**PROPOSED FILING**   
**APPROVED FILING**

**DIFFERENCE**  
**-12.80%**

**RATES**  
**LOSS COST**  1/1/2008 7/1/2008 NCCI OVERALL

CODES	With CURRENT LCM			With PROPOSED LCM		DIFFERENCE	percent	factor
7380X	2.97	3.86	2.22	2.89	-25.25%	0.50%	0.005	
8742X	0.37	0.48	0.31	0.40	-16.22%	1.00%	0.0100	
8810	0.18	0.23	0.16	0.21	-11.11%	95.00%	0.9500	
8868	0.29	0.38	0.25	0.33	-13.79%	0.50%	0.0050	
9012	1.21	1.57	1.27	1.65	4.96%	0.50%	0.0050	
9015X	2.00	2.60	1.58	2.05	-21.00%	2.50%	0.0250	
<b>AVERAGE</b>						-13.74%		

**OVERALL FOR BANCINSURE** **-11.41%**

**CURRENT LCM** 1.30 **PROPOSED LCM** 1.30

**MUST FILE EITHER TO ADOPT OR NON-ADOPT**

- 7380 Check Cashing Companies-Armored Car Operations & Drivers
- 8742X Check Cashing Companies-Special Officers and armed and unarmed attendants, ushers, dorr attendants, appraisers, or field auditors
- 9015X Check Cashing Companies-Building Maintenance, Care of Custody (includes night watchguards)

These class codes were added per Cara's request 03/28/07

- 8868 0.33 07/01/06 LC
- 9012 1.14 07/01/06 LC

[8868 - College: Professional Employees and Clerical]

[9012 - Buildings--Operation by Owner, Lessee or Real Estate Mgmt. Firm: Professional Employees, Property Mgrs. and Leasing Agents and Clerical, Salespersons]

Received an email from Curtis 10/09/07 saying that we do have a policy in AR using code 7380 - so I need to add it back in next year

Banclnsure, Inc.  
State/Countrywide Five Year Experience and Expense Exhibit  
Workers Compensation

	2003		2004		2005		2006		2007		Total
	Amount	%	Amount								
<b>ARKANSAS</b>											
1. Direct Premium Written	32,749		45,114		86,420		98,993		126,289		389,565
2. Direct Premium Earned	28,733		38,999		68,202		87,378		126,086		349,398
3. Direct Loss Incurred	7,127	24.80%	20,169	51.72%	35,245	51.68%	10,956	12.54%	51,528	40.87%	125,025
4. Loss Adj. Expenses Incurred											
a. Allocated LAE	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
b. Unallocated LAE	1,689	5.88%	1,638	4.20%	3,819	5.60%	2,971	3.40%	4,665	3.70%	14,782
c. Total LAE Incurred	1,689	5.88%	1,638	4.20%	3,819	5.60%	2,971	3.40%	4,665	3.70%	14,782
5. Losses & LAE Incurred (3. + 4.c.)	8,816	30.68%	21,807	55.92%	39,064	57.28%	13,927	15.94%	56,193	44.57%	139,807
6. Commission & Brokerage Exp.	4,725	14.43%	6,536	14.49%	12,057	13.95%	14,395	14.54%	22,308	17.66%	60,021
7. Other Acq. Field Sup. & Collect. Exp.	34	0.10%	78	0.17%	205	0.24%	437	0.44%	8,196	6.49%	8,950
8. General Exp. Incurred	3,817	11.66%	5343	11.84%	12276	14.21%	14,767	14.92%	20,300	16.07%	56,503
9. Tax, Licenses & Fees Incurred	1,162	3.55%	1,229	2.72%	3,699	4.28%	5,223	5.28%	6,230	4.93%	17,543
10. Total Expenses Incurred	9,738	29.74%	13,186	29.23%	28,237	32.67%	34,822	35.18%	57,034	45.16%	143,017
		<b>60.42%</b>		<b>85.14%</b>		<b>89.95%</b>		<b>51.12%</b>		<b>89.73%</b>	
<b>COUNTRYWIDE</b>											
1. Direct Premium Written	12,151,598		14,390,757		15,297,108		14,491,218		14,058,196		70,388,877
2. Direct Premium Earned	10,336,793		14,091,340		15,414,952		14,676,180		14,499,510		69,018,775
3. Direct Loss Incurred	5,502,569	53.23%	6,864,471	48.71%	7,413,001	48.09%	4,141,100	28.22%	6,492,350	44.78%	30,413,491
4. Loss Adj. Expenses Incurred											
a. Allocated LAE	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
b. Unallocated LAE	607,580	5.88%	591,836	4.20%	863,237	5.60%	498,990	3.40%	536,482	3.70%	3,098,125
c. Total LAE Incurred	607,580	5.88%	591,836	4.20%	863,237	5.60%	498,990	3.40%	536,482	3.70%	3,098,125
5. Losses & LAE Incurred (3. + 4.c.)	6,110,149	59.11%	7,456,307	52.91%	8,276,238	53.69%	4,640,090	31.62%	7,028,832	48.48%	33,511,616
6. Commission & Brokerage Exp.	2,263,337	18.63%	2,686,146	18.67%	2,741,084	17.92%	2,884,899	19.91%	2,943,541	20.94%	13,519,007
7. Other Acq. Field Sup. & Collect. Exp.	12,152	0.10%	28,183	0.20%	46,245	0.30%	73,381	0.51%	942,468	6.70%	1,102,429
8. General Exp. Incurred	1,373,131	11.30%	1,930,514	13.41%	2,774,691	18.14%	2,480,274	17.12%	2,334,421	16.61%	10,893,031
9. Tax, Licenses & Fees Incurred	473,912	3.90%	450,155	3.13%	328,384	2.15%	379,765	2.62%	417,004	2.97%	2,049,220
10. Total Expenses Incurred	4,122,532	33.93%	5,094,998	35.40%	5,890,404	38.51%	5,818,319	40.15%	6,637,434	47.21%	27,563,687
		<b>93.04%</b>		<b>88.32%</b>		<b>92.20%</b>		<b>71.77%</b>		<b>95.69%</b>	

%

35.78%

0.00%

4.23%

4.23%

40.01%

15.41%

2.30%

14.50%

4.50%

36.71%

**76.73%**

%

44.07%

0.00%

4.49%

4.49%

48.55%

19.21%

1.57%

15.48%

2.91%

39.16%

**87.71%**

**ARKANSAS**

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**PREMIUM DEFINITION AND APPLICATION OF PREMIUM ELEMENTS**

**ADVISORY LOSS COST**

The Advisory Loss Cost will be the NCCI's Loss Cost Effective 07/01/08. BancInsure's effective date will be 07/01/08.

**LOSS COST MULTIPLIER**

The Loss Cost Multiplier is 1.30 for all Class codes. (Effective 02/15/06)

**EXPENSE CONSTANT**

The expense constant is \$180

**MINIMUM PREMIUM**

1. Determine the class rate (multiply the NCCI Loss Cost by LCM).
2. Multiply the class rate by 145.
3. Add the expense constant to the number produced in item 2.
4. The number produced in Item 3 is the class minimum premium.
5. The class minimum premium is subject to a maximum minimum premium of \$750.

**PREMIUM DISCOUNT PERCENTAGES**

The following premium discounts are applicable to Standard Premiums:

First \$	5,000	-	----
Next	95,000	A	10.9 %
Next	400,000	B	12.6
Over	500,000	C	14.4

We will effect coverage by the attachment of WC 00 04 06.

**ARKANSAS**

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**MISCELLANEOUS VALUES**

**Minimum and Maximum Individual Remuneration applicable to Executive Officers**

WEEKLY	Minimum - \$300	Maximum - \$2,500
ANNUAL	Minimum - \$15,600	Maximum - \$130,000

**Premium Determination for Partners and Sole Proprietors**

In accordance with Basic Manual Rule 2-E-3 - \$31,900.

**Inclusion/Exclusion of Executive Officers and Partners, Sole Proprietors**

Subject to law; may choose to be exempt (Section 11-9-105, 102).

**Final Rate Pages Filed with State/Bureau**

YES

**BancInsure Manual Pages Filed with State/Bureau**

YES

**Mandatory to Adopt All Future Revisions of Loss Cost?**

NO

**BI-Filed to Adopt All Future Revisions of Loss Cost?**

NOT ALLOWED

**Rules and Forms**

RULE – NOT AUTOMATIC  
FORMS – AUTOMATIC ADOPTION

**ARKANSAS**

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**PLANS AND PROGRAMS**

**Benefits Deductibles**

Total Losses, Indemnity Losses only and Medical Losses only are a "Mandatory Offer."  
 We will effect coverage by the attachment of Endorsement  
 WC 03 06 02 A - Arkansas Benefits Deductible Endorsement.

Loss Elimination Ratios will be adjusted by our filed and approved Loss Cost Multiplier to reflect the  
 Premium Reduction Percentages as follows:

LER divided by LCM equals PRC

LER is Loss Elimination Ratios

LCM is the Loss Cost Multiplier filed by BancInsure and approved in Arkansas.

PRC is the Premium Reduction Credits applicable for the Deductible.

<b>Total Losses – Adjusted to PRC</b>							
<b>Deductible Amount</b>	<b>HAZARD GROUP</b>						
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
\$1,000	10.0%	8.0%	6.8%	5.7%	4.8%	3.3%	2.5%
\$1,500	12.2%	9.8%	8.4%	7.1%	6.0%	4.2%	3.2%
\$2,000	13.9%	11.3%	9.7%	8.2%	7.0%	5.0%	3.8%
\$2,500	15.5%	12.5%	10.8%	9.3%	7.8%	5.7%	4.3%
\$3,000	16.8%	13.7%	11.8%	10.2%	8.7%	6.3%	4.8%
\$3,500	18.0%	14.7%	12.8%	11.0%	9.4%	6.9%	5.2%
\$4,000	19.1%	15.6%	13.7%	11.8%	10.1%	7.5%	5.7%
\$4,500	20.2%	16.5%	14.5%	12.5%	10.8%	8.0%	6.1%
\$5,000	21.1%	17.4%	15.2%	13.3%	11.4%	8.5%	6.5%

**ARKANSAS**

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<b>Indemnity Losses-Adjusted to PRC</b>							
<b>Deductible Amount</b>	<b>HAZARD GROUP</b>						
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
\$1,000	2.1%	1.6%	1.5%	1.4%	1.2%	1.0%	0.8%
\$1,500	2.8%	2.2%	2.1%	1.9%	1.7%	1.5%	1.1%
\$2,000	3.5%	2.8%	2.6%	2.5%	2.2%	1.8%	1.4%
\$2,500	4.2%	3.4%	3.1%	2.9%	2.5%	2.2%	1.6%
\$3,000	4.8%	3.8%	3.5%	3.3%	2.9%	2.5%	1.8%
\$3,500	5.3%	4.3%	4.0%	3.7%	3.3%	2.8%	2.1%
\$4,000	5.8%	4.8%	4.4%	4.1%	3.6%	3.1%	2.3%
\$4,500	6.2%	5.2%	4.8%	4.4%	3.9%	3.3%	2.5%
\$5,000	6.7%	5.5%	5.1%	4.8%	4.2%	3.5%	2.8%

<b>Medical Losses-Adjusted to PRC</b>							
<b>Deductible Amount</b>	<b>HAZARD GROUP</b>						
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
\$1,000	9.7%	7.8%	6.6%	5.5%	4.6%	3.2%	2.3%
\$1,500	11.7%	9.4%	8.0%	6.8%	5.7%	3.9%	2.9%
\$2,000	13.2%	10.6%	9.2%	7.7%	6.5%	4.5%	3.5%
\$2,500	14.4%	11.7%	10.1%	8.5%	7.2%	5.2%	3.8%
\$3,000	15.5%	12.6%	10.9%	9.3%	7.8%	5.6%	4.2%
\$3,500	16.4%	13.5%	11.6%	9.9%	8.5%	6.1%	4.6%
\$4,000	17.3%	14.2%	12.3%	10.5%	9.0%	6.5%	4.9%
\$4,500	18.1%	14.8%	12.9%	11.2%	9.5%	6.9%	5.2%
\$5,000	18.8%	15.5%	13.5%	11.6%	9.9%	7.3%	5.5%

## **ARKANSAS**

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### **Alcohol-and-Drug-Free Workplace Premium Credit Program**

1. It is Mandatory that we offer an Alcohol and Drug Free Workplace Premium Credit Program to all policyholders.
2. Such program will provide a premium credit of 5% for employers who voluntarily establish and maintain alcohol and drug free workplaces as certified by the Health and Safety Division of the Arkansas Workers' Compensation Commission.
3. The insured's policy is subject to additional premium, for reimbursement of premium credits, if it is determined the employer failed to maintain their alcohol and drug free workplace program for the full policy term.
4. The form for certification will be that form developed by and filed with the Health and Safety Division of the Arkansas Workers' Compensation Commission.
5. The premium credit shall be applied to a risk in a multiplicative manner, after increased limits factors, if applicable, but before application of the experience modification and deductible credits and before application of any other premium adjustments and expense constant.
6. Expected losses used in the calculation of the insured's experience modification factor will be decreased by the policy credit percentage.
7. Standard earned premium figures reported to the National Council on Compensation Insurance, Inc., on the aggregate calls for experience (e.g., policy year, calendar/accident year, etc.) must be net of the effects of the credit (i.e., be after.) The net standard premium will then be the basis of any adjustment (i.e., guaranteed cost or retro).
8. The alcohol and drug free workplace premium credit does not apply to minimum premium policies.
9. The credit shall not be applied midterm nor shall a policy be cancelled and rewritten to take advantage of the credit. It shall be applicable to the first renewal of a qualifying policy after approval of the credit filed by the insurer writing the policy.
10. The alcohol and drug free workplace premium credits must be reported under Statistical Code 9841 on unit statistical reports submitted to the National Council on Compensation Insurance, Inc.

**ARKANSAS**

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**SCHEDULE RATING RULES**

1. The premium for a risk may be modified in accordance with the table below to reflect such characteristics of the risk that are not reflected in its experience.
2. The amount of schedule credit or debit shall be applied to an experience rated risk in a multiplicative manner, after application of the experience modification, and before the application of premium discounts and expense constant.
3. There shall be an annual report to the National Council on Compensation Insurance illustrating the total dollar amount of schedule debits and the total dollar amount of schedule credits.
4. Standard earned premium figures reported to the National Council on the aggregate calls for experience (e.g., policy year, calendar year, etc.) must exclude (i.e., be prior to) the effects of schedule rating premium adjustments. Net earned premium reported on these calls must include (i.e., be after) the effects of schedule rating premium adjustments.
5. This program is not applicable to residual market policyholders covered under the Workers Compensation Insurance Plan.
6. All schedule debits and all schedule credits shall be based on evidence that is contained in the file of the carrier at the time the schedule debit or credit is applied. **Documentation to be retained for the life of the policy file.**
7. The effective date of any schedule debit or credit shall not be any date prior to the receipt in the insurer's office of the evidence supporting the debit or credit.
8. The derivation of the schedule factor must be made available to the insured upon request. To the degree that the insured can correct the reason for any schedule debit to the satisfaction of the insurer, the debit may be removed effective the date documentation for the correction is received in the insurer's office.
9. The Schedule Rating Program can be used only on risks which are rated in compliance with the National Council on Compensation Insurance's filed and approved rates without deviation.

**ARKANSAS**

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**SCHEDULE RATING TABLE**

Maximum Modification is  $\pm 25\%$

Eligibility – This plan may be applied to Workers Compensation policies that generate premium in excess of the classification minimum premium

	Range of Modifications		
	<u>Credit</u>		<u>Debit</u>
A. Premises	10%	to	10%
B. Classification Peculiarities	10%	to	10%
C. Medical Facilities	5%	to	5%
D. Safety Devices	5%	to	5%
E. Employees-Selection, Training & Supervision	10%	to	10%
F. Management – Cooperation with Insurance Carrier	5%	to	5%
G. Management – Safety Organization	5%	to	5%

**ARKANSAS**

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**Increased Limits Factor Tables**

The Standard Limit under Part II is

- Bodily Injury by Accident     \$100,000 each accident
- Bodily Injury by Disease     \$100,000 each employee
- Bodily Injury by Disease     \$500,000 – policy limit

To increase the Limits, use the following **STATE SPECIFIC** Table:

Limits of Liability (000 omitted)	Percentage	Minimum Premium for Increased Limits
\$ 500/ 500/ 500	1.7%	\$100.00
1,000/ 1,000/ 1,000	2.8	150.00
2,000/ 2,000/ 2,000	4.3	175.00
3,000/ 3,000/ 3,000	5.3	200.00
4,000/ 4,000/ 4,000	6.1	225.00
5,000/ 5,000/ 5,000	6.8	250.00
6,000/ 6,000/ 6,000	7.4	260.00
7,000/ 7,000/ 7,000	7.9	270.00
8,000/ 8,000/ 8,000	8.3	280.00
9,000/ 9,000/ 9,000	8.7	290.00
10,000/10,000/10,000	9.0	300.00

**Terrorism Risk Insurance Act**

Foreign Terrorism (Advisory Loss Costs) .....\$0.02/\$100 payroll

Domestic Terrorism, Earthquake and  
 Catastrophic Industrial Accidents (Advisory Loss Cost) - .....\$0.01/\$100 payroll

CLASS CODE	LC/RATE	BI RATE	MAX MIN PREM	CLASS CODE	LC/RATE	BI RATE	MAX MIN PREM
0005	3.88	5.04	750.00	2001	1.44	1.87	451.00
0008	1.58	2.05	478.00	2002	1.81	2.35	521.00
0016	3.40	4.42	750.00	2003	2.04	2.65	565.00
0034	2.61	3.39	672.00	2014	3.84	4.99	750.00
0035	1.56	2.03	474.00	2016	1.20	1.56	406.00
0036	2.48	3.22	647.00	2021	2.01	2.61	559.00
0037	2.80	3.64	708.00	2039	2.69	3.50	687.00
0042	3.86	5.02	750.00	2041	2.58	3.35	666.00
0050	3.14	4.08	750.00	2065	0.97	1.26	363.00
0059 D	0.18	0.23	214.00	2070	3.30	4.29	750.00
0065 D	0.03	0.04	186.00	2081	2.33	3.03	619.00
0066 D	0.03	0.04	186.00	2089	1.53	1.99	468.00
0067 D	0.03	0.04	186.00	2095	1.65	2.15	491.00
0079	2.56	3.33	663.00	2105	1.47	1.91	457.00
0083	5.90	7.67	750.00	2110	1.29	1.68	423.00
0106	6.90	8.97	750.00	2111	1.52	1.98	467.00
0113	3.46	4.50	750.00	2112	1.64	2.13	489.00
0170	1.49	1.94	461.00	2114	1.62	2.11	485.00
0251	3.05	3.97	750.00	2121	1.35	1.76	434.00
0400	4.88	6.34	750.00	2130	1.69	2.20	499.00
0401	6.66	8.66	750.00	2131	1.14	1.48	395.00
0771 N	0.18	0.23	214.00	2143	1.32	1.72	429.00
0908 P	86.00	111.80	292.00	2150	0.00	0.00	0.00
0909 P	0.00	0.00	0.00	2156	0.00	0.00	0.00
0912 P	0.00	0.00	0.00	2157	2.45	3.19	642.00
0913 P	212.00	275.60	456.00	2172	0.95	1.24	359.00
0917	2.37	3.08	627.00	2174	1.77	2.30	514.00
1005 *	6.67	8.67	750.00	2211	3.31	4.30	750.00
1016 X*	24.89	32.36	750.00	2220	1.18	1.53	402.00
1164 E	4.31	5.60	750.00	2286	0.86	1.12	342.00
1165 E	2.84	3.69	715.00	2288	2.44	3.17	640.00
1320	1.77	2.30	514.00	2300	1.29	1.68	423.00
1322	9.50	12.35	750.00	2302	1.03	1.34	374.00
1430	2.62	3.41	674.00	2305	1.29	1.68	423.00
1438	1.47	1.91	457.00	2361	0.73	0.95	318.00
1452	1.02	1.33	372.00	2362	1.06	1.38	380.00
1463	7.04	9.15	750.00	2380	2.73	3.55	695.00
1472	2.45	3.19	642.00	2386	0.68	0.88	308.00
1624 E	4.59	5.97	750.00	2388	1.16	1.51	399.00
1642	2.47	3.21	646.00	2402	1.30	1.69	425.00
1654	3.79	4.93	750.00	2413	1.02	1.33	372.00
1655	2.99	3.89	744.00	2416	1.01	1.31	370.00
1699	1.21	1.57	408.00	2417	0.95	1.24	359.00
1701	1.87	2.43	532.00	2501	0.82	1.07	335.00
1710 E	3.70	4.81	750.00	2503	0.81	1.05	333.00
1741 E	1.12	1.46	391.00	2534	1.30	1.69	425.00
1745 X	1.81	2.35	521.00	2570	2.99	3.89	744.00
1747	1.58	2.05	478.00	2576	0.00	0.00	0.00
1748	4.51	5.86	750.00	2578	0.00	0.00	0.00
1803 D	3.24	4.21	750.00	2585	1.87	2.43	532.00
1852 D	1.50	1.95	463.00	2586	0.80	1.04	331.00
1853	1.40	1.82	444.00	2587	1.75	2.28	510.00
1860	1.18	1.53	402.00	2589	0.87	1.13	344.00
1924	2.56	3.33	663.00	2600	3.86	5.02	750.00

STATE		ARKANSAS			EFF		07/01/08	
BASIS FOR LC/RATES		NCCI'S ADVISORY LOSS COST			07/01/2008			
LOSS COST MULTIPLIER		1.30			DISTRIBUTION DATE		REVISION	
CLASS CODE	LC/RATE	BI RATE	MAX MIN PREM		CLASS CODE	LC/RATE	BI RATE	MAX MIN PREM
1925	1.77	2.30	514.00		2623	1.70	2.21	500.00
2651	1.59	2.07	480.00		3179	1.45	1.89	453.00
2660	0.88	1.14	346.00		3180	1.08	1.40	384.00
2670	1.39	1.81	442.00		3188	0.92	1.20	353.00
2683	1.19	1.55	404.00		3220	1.14	1.48	395.00
2688	1.84	2.39	527.00		3223	1.81	2.35	521.00
2701	4.47	5.81	750.00					
2702 X	18.23	23.70	750.00		3224	1.48	1.92	459.00
2710	5.31	6.90	750.00		3227	1.10	1.43	387.00
2714	2.52	3.28	655.00		3240	1.83	2.38	525.00
2719 X	6.69	8.70	750.00		3241	1.70	2.21	500.00
2731	2.24	2.91	602.00		3255	1.41	1.83	446.00
2735	1.57	2.04	476.00		3257	2.06	2.68	568.00
2759	5.11	6.64	750.00		3270	1.95	2.54	548.00
2790	0.94	1.22	357.00		3300	2.70	3.51	689.00
2802	3.18	4.13	750.00		3303	2.31	3.00	615.00
2812	2.23	2.90	600.00		3307	2.03	2.64	563.00
2835	0.97	1.26	363.00		3315	1.59	2.07	480.00
2836	1.36	1.77	436.00		3334	1.29	1.68	423.00
2841	2.25	2.93	604.00		3336	1.33	1.73	431.00
2881	1.52	1.98	467.00		3365	6.18	8.03	750.00
2883	2.47	3.21	646.00		3372	1.72	2.24	504.00
2913	2.47	3.21	646.00		3373	1.75	2.28	510.00
2915	2.57	3.34	664.00		3383	0.65	0.85	303.00
2916	1.41	1.83	446.00		3385	0.53	0.69	280.00
2923	1.45	1.89	453.00		3400	1.64	2.13	489.00
2942	1.42	1.85	448.00		3507	1.87	2.43	532.00
2960	1.95	2.54	548.00		3515	1.32	1.72	429.00
3004	1.66	2.16	493.00		3548	0.82	1.07	335.00
3018	1.55	2.02	472.00		3559	1.57	2.04	476.00
3022	1.92	2.50	542.00		3574	0.68	0.88	308.00
3027	1.62	2.11	485.00		3581	0.87	1.13	344.00
3028	1.40	1.82	444.00		3612	1.33	1.73	431.00
3030	2.43	3.16	638.00		3620	3.51	4.56	750.00
3040	2.25	2.93	604.00		3629	1.18	1.53	402.00
3041	2.01	2.61	559.00		3632	2.42	3.15	636.00
3042	1.92	2.50	542.00		3634	1.03	1.34	374.00
3064	2.78	3.61	704.00		3635	1.25	1.63	416.00
3069	4.77	6.20	750.00		3638	0.89	1.16	348.00
3076	1.79	2.33	517.00		3642	0.51	0.66	276.00
3081 D	1.74	2.26	508.00		3643	1.79	2.33	517.00
3082 D	2.35	3.06	623.00		3647	2.03	2.64	563.00
3085 D	1.96	2.55	549.00		3648	1.30	1.69	425.00
3110	1.72	2.24	504.00		3681	0.94	1.22	357.00
3111	1.80	2.34	519.00		3685	1.08	1.40	384.00
3113	1.42	1.85	448.00		3719	1.58	2.05	478.00
3114	1.58	2.05	478.00		3724	4.11	5.34	750.00
3118	0.73	0.95	318.00		3726	1.83	2.38	525.00
3119	0.66	0.86	304.00		3803	1.15	1.50	397.00
3122	0.91	1.18	352.00		3807	1.27	1.65	419.00
3126	1.04	1.35	376.00		3808	1.66	2.16	493.00
3131	0.63	0.82	299.00		3821	2.50	3.25	651.00
3132	1.49	1.94	461.00		3822	2.19	2.85	593.00
3145	1.44	1.87	451.00		3824	2.93	3.81	732.00
3146	1.66	2.16	493.00		3826	0.53	0.69	280.00

STATE		ARKANSAS			EFF		07/01/08			
BASIS FOR LC/RATES		NCCI'S ADVISORY LOSS COST			07/01/2008					
LOSS COST MULTIPLIER		1.30			DISTRIBUTION DATE		REVISION			
CLASS CODE		LC/RATE	BI RATE	MAX MIN PREM		CLASS CODE	LC/RATE	BI RATE	MAX MIN PREM	
3169		1.48	1.92	459.00		3827	0.95	1.24	359.00	
3175	D	1.72	2.24	504.00		3830	0.68	0.88	308.00	
3851		1.60	2.08	482.00		4558	1.00	1.30	369.00	
3865		0.77	1.00	325.00		4561	1.20	1.56	406.00	
3881		2.13	2.77	582.00		4568	1.57	2.04	476.00	
4000		4.37	5.68	750.00		4581	1.05	1.37	378.00	
4021		3.58	4.65	750.00		4583	3.21	4.17	750.00	
4024	E	1.34	1.74	433.00		4611	0.58	0.75	289.00	
4034		4.20	5.46	750.00		4635	2.99	3.89	744.00	
4036		1.52	1.98	467.00		4653	0.78	1.01	327.00	
4038		1.31	1.70	427.00		4665	4.05	5.27	750.00	
4053		2.08	2.70	572.00		4670	2.32	3.02	617.00	
4061		2.56	3.33	663.00		4683	2.96	3.85	738.00	
4062		1.39	1.81	442.00		4686	0.77	1.00	325.00	
4101		1.21	1.57	408.00		4692	0.29	0.38	235.00	
4111		1.85	2.41	529.00		4693	0.56	0.73	286.00	
4112		0.57	0.74	287.00		4703	1.46	1.90	455.00	
4113		0.80	1.04	331.00		4717	1.08	1.40	384.00	
4114		1.34	1.74	433.00		4720	3.16	4.11	750.00	
4130		2.75	3.58	698.00		4740	0.93	1.21	355.00	
4131		1.47	1.91	457.00		4741	1.06	1.38	380.00	
4133		1.45	1.89	453.00		4751	0.90	1.17	350.00	
4150		1.01	1.31	370.00		4771	N	1.03	1.34	374.00
4206		2.22	2.89	598.00		4777	1.05	1.37	378.00	
4207		0.61	0.79	295.00		4825	0.54	0.70	282.00	
4239		0.77	1.00	325.00		4828	1.01	1.31	370.00	
4240		1.49	1.94	461.00		4829	0.73	0.95	318.00	
4243		1.01	1.31	370.00		4902	0.81	1.05	333.00	
4244		1.79	2.33	517.00		4923	0.67	0.87	306.00	
4250		0.90	1.17	350.00		5020	4.45	5.79	750.00	
4251		1.07	1.39	382.00		5022	3.20	4.16	750.00	
4263		1.33	1.73	431.00		5037	12.55	16.32	750.00	
4273		1.16	1.51	399.00		5040	16.83	21.88	750.00	
4279		1.09	1.42	385.00		5057	12.04	15.65	750.00	
4282		1.28	1.66	421.00		5059	14.30	18.59	750.00	
4283		1.19	1.55	404.00		5069	18.06	23.48	750.00	
4299		1.06	1.38	380.00		5102	2.65	3.45	680.00	
4304		1.67	2.17	495.00		5146	3.24	4.21	750.00	
4307		1.33	1.73	431.00		5160	2.29	2.98	612.00	
4308		0.00	0.00	0.00		5183	2.27	2.95	608.00	
4351		0.69	0.90	310.00		5188	2.90	3.77	727.00	
4352		0.61	0.79	295.00		5190	2.08	2.70	572.00	
4360		0.55	0.72	284.00		5191	X	1.20	1.56	406.00
4361		0.80	1.04	331.00		5192	2.59	3.37	668.00	
4362		0.70	0.91	312.00		5213	4.57	5.94	750.00	
4410		1.94	2.52	546.00		5215	2.73	3.55	695.00	
4420		2.34	3.04	621.00		5221	3.36	4.37	750.00	
4431		0.90	1.17	350.00		5222	7.76	10.09	750.00	
4432		0.97	1.26	363.00		5223	3.42	4.45	750.00	
4439		1.02	1.33	372.00		5348	2.65	3.45	680.00	
4452		1.97	2.56	551.00		5402	2.94	3.82	734.00	
4459		1.13	1.47	393.00		5403	6.08	7.90	750.00	
4470		1.44	1.87	451.00		5437	2.88	3.74	723.00	
4484		1.26	1.64	418.00		5443	2.61	3.39	672.00	

STATE		ARKANSAS		EFF		07/01/08	
BASIS FOR LC/RATES		NCCI'S ADVISORY LOSS COST		07/01/2008			
LOSS COST MULTIPLIER		1.30		DISTRIBUTION DATE		REVISION	
CLASS CODE	LC/RATE	BI RATE	MAX MIN PREM	CLASS CODE	LC/RATE	BI RATE	MAX MIN PREM
4493	1.53	1.99	468.00	5445	3.27	4.25	750.00
4511	0.45	0.59	265.00	5462	3.45	4.49	750.00
4557	1.03	1.34	374.00	5472	3.14	4.08	750.00
5473	4.30	5.59	750.00	6854	3.32	4.32	750.00
5474	4.72	6.14	750.00	6872 F	12.67	16.47	750.00
5478	2.87	3.73	721.00	6874 F	25.92	33.70	750.00
5479	5.08	6.60	750.00	6882	3.32	4.32	750.00
5480	5.14	6.68	750.00	6884	7.50	9.75	750.00
5491	1.33	1.73	431.00	7016 M	2.95	3.84	750.00
5506	2.40	3.12	632.00	7024 M	3.28	4.26	750.00
5507	3.61	4.69	750.00	7038 M	3.72	4.84	750.00
5508 D	6.09	7.92	750.00	7046 M	16.36	21.27	750.00
5535	4.77	6.20	750.00	7047 M	5.28	6.86	750.00
5537	3.15	4.10	750.00	7050 M	6.65	8.65	750.00
5538	0.00	0.00	0.00	7090 M	4.13	5.37	750.00
5551	9.16	11.91	750.00	7098 M	18.18	23.63	750.00
5606	1.09	1.42	385.00	7099 M	29.29	38.08	750.00
5610	3.57	4.64	750.00	7133	2.25	2.93	604.00
5645	7.29	9.48	750.00	7151 M	2.73	3.55	695.00
5651	5.41	7.03	750.00	7152 M	4.89	6.36	750.00
5703	58.96	76.65	750.00	7153 M	3.04	3.95	750.00
5705	3.45	4.49	750.00	7222	6.30	8.19	750.00
5951	0.26	0.34	229.00	7228 X	4.47	5.81	750.00
6003	6.46	8.40	750.00	7229 X	4.69	6.10	750.00
6005	4.91	6.38	750.00	7230	2.64	3.43	678.00
6017	2.52	3.28	750.00	7231	3.50	4.55	750.00
6018	1.37	1.78	438.00	7232	8.26	10.74	750.00
6045	1.59	2.07	480.00	7309 F	14.74	19.16	750.00
6204	6.43	8.36	750.00	7313 F	4.18	5.43	750.00
6206	4.08	5.30	750.00	7317 F	6.61	8.59	750.00
6213	5.37	6.98	750.00	7327 F	19.51	25.36	750.00
6214	1.81	2.35	521.00	7333 M	3.54	4.60	750.00
6216	4.18	5.43	750.00	7335 M	3.93	5.11	750.00
6217	3.27	4.25	750.00	7337 M	6.33	8.23	750.00
6229	3.24	4.21	750.00	7350 F	12.72	16.54	750.00
6233	3.53	4.59	750.00	7360	4.56	5.93	750.00
6235	9.39	12.21	750.00	7370	3.22	4.19	750.00
6236	7.73	10.05	750.00	7380 X	2.22	2.89	598.00
6237	1.98	2.57	553.00	7382	1.83	2.38	525.00
6251 D	5.15	6.70	750.00	7390	2.37	3.08	627.00
6252 D	3.85	5.01	750.00	7394 M	7.18	9.33	750.00
6260 D	3.40	4.42	750.00	7395 M	7.98	10.37	750.00
6306	3.66	4.76	750.00	7398 M	12.86	16.72	750.00
6319	3.57	4.64	750.00	7403 X	1.90	2.47	538.00
6325	2.98	3.87	742.00	7405 N	0.75	0.98	321.00
6400	4.47	5.81	750.00	7409 *	0.00	0.00	0.00
6504	1.54	2.00	470.00	7420 X*	16.46	21.40	750.00
6702 M*	4.96	6.45	750.00	7421	1.74	2.26	508.00
6703 M*	8.87	11.53	750.00	7422	1.47	1.91	457.00
6704 M*	5.51	7.16	750.00	7423	0.00	0.00	0.00
6801 F	7.56	9.83	750.00	7425	2.72	3.54	693.00
6811	3.32	4.32	750.00	7431 N	1.11	1.44	389.00
6824 F	21.77	28.30	750.00	7445 N	0.40	0.52	255.00
6826 F	8.35	10.86	750.00	7453 N	0.60	0.78	293.00

STATE		ARKANSAS			EFF		07/01/08	
BASIS FOR LC/RATES		NCCI'S ADVISORY LOSS COST			07/01/2008			
LOSS COST MULTIPLIER		1.30			DISTRIBUTION DATE		REVISION	
CLASS CODE	LC/RATE	BI RATE	MAX MIN PREM	CLASS CODE	LC/RATE	BI RATE	MAX MIN PREM	
6834	2.35	3.06	623.00	7502	1.63	2.12	487.00	
6836	3.83	4.98	750.00	7515	0.70	0.91	312.00	
6843 F	9.72	12.64	750.00	7520	1.48	1.92	459.00	
6845 F	14.75	19.18	750.00	7538	6.63	8.62	750.00	
7539	2.84	3.69	715.00	8291	1.37	1.78	438.00	
7540	1.86	2.42	531.00	8292	1.95	2.54	548.00	
7580	1.23	1.60	412.00	8293	4.49	5.84	750.00	
7590	3.40	4.42	750.00	8295 X	4.91	6.38	750.00	
7600	1.71	2.22	502.00	8304	4.52	5.88	750.00	
7601	7.71	10.02	750.00	8350	3.72	4.84	750.00	
7605	2.15	2.80	585.00	8380	2.33	3.03	619.00	
7610	0.35	0.46	246.00	8381	0.98	1.27	365.00	
7611	3.45	4.49	750.00	8385	1.58	2.05	478.00	
7612	7.69	10.00	750.00	8392	1.97	2.56	551.00	
7613	3.07	3.99	750.00	8393	1.12	1.46	391.00	
7705	1.69	2.20	499.00	8500	4.16	5.41	750.00	
7710	3.79	4.93	750.00	8601	0.54	0.70	282.00	
7711	3.79	4.93	750.00	8606	1.83	2.38	525.00	
7720 X	1.69	2.20	499.00	8709 F	5.24	6.81	750.00	
7855	4.08	5.30	750.00	8719	1.23	1.60	412.00	
8001	1.46	1.90	455.00	8720	0.89	1.16	348.00	
8002	2.13	2.77	582.00	8721	0.26	0.34	229.00	
8006	1.27	1.65	419.00	8726 F	6.01	7.81	750.00	
8008	0.80	1.04	331.00	8734 M	0.42	0.55	259.00	
8010	1.24	1.61	414.00	8737 M	0.38	0.49	252.00	
8013	0.32	0.42	240.00	8738 M	0.67	0.87	306.00	
8015	0.42	0.55	259.00	8742 X	0.31	0.40	238.00	
8017	0.77	1.00	325.00	8745	3.00	3.90	746.00	
8018 X*	1.65	2.15	491.00	8748	0.27	0.35	231.00	
8021	1.22	1.59	410.00	8755	0.17	0.22	212.00	
8031	2.54	3.30	659.00	8799	0.63	0.82	299.00	
8032	1.04	1.35	376.00	8800	0.63	0.82	299.00	
8033	1.24	1.61	414.00	8803	0.05	0.07	189.00	
8039	0.90	1.17	350.00	8805 M	0.22	0.29	221.00	
8044	1.81	2.35	521.00	8810	0.16	0.21	210.00	
8045	0.27	0.35	231.00	8814 M	0.19	0.25	216.00	
8046	1.75	2.28	510.00	8815 M	0.35	0.46	246.00	
8047	0.70	0.91	312.00	8820	0.14	0.18	206.00	
8050	0.00	0.00	0.00	8824	1.62	2.11	485.00	
8058	1.80	2.34	519.00	8825	1.38	1.79	440.00	
8072	0.53	0.69	280.00	8826	1.46	1.90	455.00	
8102	1.66	2.16	493.00	8829	1.76	2.29	512.00	
8103	2.45	3.19	642.00	8831	1.72	2.24	504.00	
8105	3.17	4.12	750.00	8832	0.18	0.23	214.00	
8106	2.51	3.26	653.00	8833 X*	0.59	0.77	291.00	
8107	2.14	2.78	583.00	8835	1.29	1.68	423.00	
8111	2.47	3.21	646.00	8842	0.96	1.25	361.00	
8116	2.75	3.58	698.00	8864	0.96	1.25	361.00	
8203	3.61	4.69	750.00	8868	0.25	0.33	227.00	
8204	3.13	4.07	750.00	8869	0.48	0.62	270.00	
8209	1.96	2.55	549.00	8871	0.15	0.20	208.00	
8215	3.76	4.89	750.00	8901	0.17	0.22	212.00	
8227	2.05	2.67	566.00	9012	1.27	1.65	419.00	
8232	4.13	5.37	750.00	9014	1.82	2.37	523.00	

**BASIS FOR LC/RATES**                      **NCCI'S ADVISORY LOSS COST**                      **07/01/2008**

**LOSS COST MULTIPLIER**                      **1.30**

**DISTRIBUTION DATE**                     

**REVISION**                     

CLASS CODE	LC/RATE	BI RATE	MAX MIN PREM	CLASS CODE	LC/RATE	BI RATE	MAX MIN PREM
8233	3.36	4.37	750.00	9015 X	1.58	2.05	478.00
8235	2.71	3.52	691.00	9016	4.08	5.30	750.00
8263	6.12	7.96	750.00	9019	1.94	2.52	546.00
8264	2.21	2.87	597.00	9033	1.29	1.68	423.00
8265	6.09	7.92	750.00	9040 *	2.31	3.00	615.00
8279	5.85	7.61	750.00	9052	1.02	1.33	372.00
8288	3.94	5.12	750.00	9058	1.17	1.52	401.00

9059	1.81	2.35	521.00				
9060	1.19	1.55	404.00				
9061	0.91	1.18	352.00				
9063	0.65	0.85	303.00				
9077 F	2.78	3.61	704.00				
9082	1.05	1.37	378.00				
9083	1.06	1.38	380.00				
9084	1.23	1.60	412.00				
9089	0.75	0.98	321.00				
9093	0.92	1.20	353.00				
9101	1.98	2.57	553.00				
9102	1.91	2.48	540.00				
9154	1.27	1.65	419.00				
9156	0.86	1.12	342.00				
9170	1.82	2.37	523.00				
9178	17.18	22.33	750.00				
9179	23.57	30.64	750.00				
9180	2.43	3.16	638.00				
9182	1.77	2.30	514.00				
9186	34.91	45.38	750.00				
9220	2.23	2.90	600.00				
9402	2.82	3.67	712.00				
9403	3.75	4.88	750.00				
9410	1.15	1.50	397.00				
9501	2.88	3.74	723.00				
9505	2.50	3.25	651.00				
9516	2.13	2.77	582.00				
9519	1.20	1.56	406.00				
9521	3.47	4.51	750.00				
9522	1.03	1.34	374.00				
9534	4.58	5.95	750.00				
9554	4.86	6.32	750.00				
9586	0.43	0.56	261.00				
9600	1.07	1.39	382.00				
9620	0.87	1.13	344.00				

SERFF Tracking Number: BNCI-125639535 State: Arkansas  
Filing Company: BancInsure, Inc. State Tracking Number: EFT \$50  
Company Tracking Number: WC AR14017RA08  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation and Employers Liability  
Project Name/Number: Adoption of NCCI Loss Costs Effective 07/01/08/WC AR14017FA08

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	05/08/2008
<b>Comments:</b>				
<b>Attachment:</b>	PCTD1.pdf			
<b>Satisfied -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b>	Approved	05/08/2008
<b>Comments:</b>				
<b>Attachments:</b>	AR_Filing_Adoption.pdf AR_Calculation_LossCost.pdf			
<b>Satisfied -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b>	Approved	05/08/2008
<b>Comments:</b>				
<b>Attachment:</b>	FORM RF-1 Rate Filing Abstract.pdf			
<b>Satisfied -Name:</b>	Cover Letter	<b>Review Status:</b>	Approved	05/08/2008
<b>Comments:</b>				
<b>Attachment:</b>	AR WC BILTRHD.pdf			

## Property & Casualty Transmittal Document

<p><b>1. Reserved for Insurance Dept. Use Only</b></p>	<p><b>2. Insurance Department Use only</b></p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	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

## 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.)

<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 rate/rule filing number</b> (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

## 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	

Date: May 8, 2008

Space Reserved for Insurance  
Department Use

**WORKERS' COMPENSATION  
LOSS COST FILING DOCUMENT COVER FORM**

**INSURER RATE FILING  
ADOPTION OF ADVISORY ORGANIZATION  
PROSPECTIVE LOSS COSTS**

1. INSURER NAME BancInsure, Inc.
- ADDRESS 5005 N. Lincoln Blvd.  
Oklahoma City, OK 73105
2. PERSON RESPONSIBLE FOR FILING Kathryn A. Shilling
- TITLE Filings Analyst TELEPHONE # 800-682-1630, EXT 336
3. INSURER NAIC # 0000-18538
4. ADVISORY ORGANIZATION NCCI, Inc.
- 5A. PROPOSED RATE LEVEL CHANGE -11.41 % EFFECTIVE DATE 07-01-08
- 5B. PROPOSED PREMIUM LEVEL CHANGE\* -11.41 % EFFECTIVE DATE 07-01-08
- 6A. PRIOR RATE LEVEL CHANGE +5.75 % EFFECTIVE DATE 01-01-08
- 6B. PRIOR PREMIUM LEVEL CHANGE\* +5.75 % EFFECTIVE DATE 01-01-08
7. ATTACH "NAIC LOSS COST FILING DOCUMENT—WORKERS' COMPENSATION"  
(Attach this document separately for each insurer selected loss cost multiplier.)

\* The premium level change is the change in the insurer's annual collectible premium.

**CALCULATION OF COMPANY LOSS COST MULTIPLIER**

(EFFECTIVE AUG. 16, 2004)

<b>This filing transmittal is part of Company Tracking #</b> WC AR14017RA08	
<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	

(  ) **Loss Cost Reference Filing** NCCI AR-2008-06 (  ) **Independent Rate Filing**  
(Advisory Org. & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, 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.

**1. 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. **Note: Some states have statutes that prohibit this option for some lines of business.**
- 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.

**2. Does this filing apply to all class codes?** YES **If no, complete a copy of this form for each affected class with appropriate justification.**

**3. Loss cost modification:**

**A.** The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:  
(Check One)

- (  ) Without Modification (factor = 1.000)  
(  ) With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) 0.18 downward deviation

**B.** Loss Cost Modification Expressed as a Factor: (See Examples Below) .82

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 ( 1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

**4. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio.** (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)  
**PROJECTED EXPENSES:** Compared to standard premium at company rates.

		Selected Provisions
A.	Total Production Expense	17.7 %
B.	General Expense	14.5 %
C.	Taxes, Licenses & Fee	4.5 %
D.	Underwriting profit & contingencies*	%
E.	Other (explain)	%
F.	Total	36.7 %
* Explain how investment income is taken into account		

<b>5.</b>	A.	Expected Loss Ratio: ELR = 100% - 4F =	63.3
	B.	ELR in Decimal Form =	.633

**NAIC LOSS COST FILING DOCUMENT—*WORKERS' COMPENSATION***

<b>6.</b>	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	0.00
<b>7.</b>	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	0.00
<b>8.</b>	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.30
<b>9.</b>	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.30

Yes    No

**10. Are you amending your minimum premium formula?** If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

( )    (X)

**11. Are you changing your premium discount schedules?** If yes, attach schedules and support, detailing premium or rate level changes.

( )    (X)

### NAIC LOSS COST DATA ENTRY DOCUMENT

<b>1.</b>	This filing transmittal is part of Company Tracking #	<b>WC AR14017RA08</b>
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<b>2.</b>	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	<b>NCCI, AR02008-06</b>
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	Company Name	Company NAIC Number
<b>3.</b>	<b>A.</b> <b>Banclinsure, Inc.</b>	<b>B.</b> <b>0000 18538</b>

	Product Coding Matrix Line of Business (i.e., Type of Insurance)	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
<b>4.</b>	<b>A.</b> <b>16.0000</b>	<b>B.</b> <b>16.0004</b>

**5.**

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
<b>Line 16.</b>	<b>-11.41%</b>	<b>-11.41%</b>	<b>.633</b>	<b>.82</b>	<b>1.30</b>	<b>N/A</b>	<b>1.30</b>
<b>TOTAL OVERALL EFFECT</b>	<b>-11.41%</b>	<b>-11.41%</b>					

**6.**

5 Year History      Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
<b>2007</b>	<b>19</b>	<b>11.3</b>	<b>2007</b>	<b>126</b>	<b>52</b>	<b>89.7</b>	<b>95.7</b>
<b>2006</b>	<b>15</b>	<b>-12.3</b>	<b>2006</b>	<b>87</b>	<b>11</b>	<b>51.1</b>	<b>71.8</b>
<b>2005</b>	<b>13</b>	<b>0.05</b>	<b>2005</b>	<b>68</b>	<b>35</b>	<b>89.9</b>	<b>92.2</b>
<b>2004</b>	<b>6</b>	<b>0.01</b>	<b>2004</b>	<b>39</b>	<b>20</b>	<b>85.1</b>	<b>88.3</b>
<b>2003</b>	<b>5</b>	<b>0.01</b>	<b>2003</b>	<b>29</b>	<b>7</b>	<b>60.4</b>	<b>93.0</b>

**7.**

Expense Constants	Selected Provisions
A. Total Production Expense	
B. General Expense	
C. Taxes, License & Fees	
D. Underwriting Profit & Contingencies	
E. Other (explain)	
F. TOTAL	

**8.**    Y Apply Lost Cost Factors to Future filings? (Y or N)

**9.**    0 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): \_\_\_\_\_

**10.** -11.41 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): \_\_\_\_\_



UNDERWRITING 405/290-5678 · CLAIMS 405/290-5679 · 5005 N. LINCOLN BLVD., 73105 · P.O. BOX 26104 · OKLAHOMA CITY, OK 73126-0104

May 8, 2008

Commissioner  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

Attn: Property & Casualty Division

RE: Adopt NCCI Voluntary Advisory Loss Costs - AR-2008-06  
Workers Compensation  
Company Filing#: WC AR14017RA08  
BancInsure, Inc. NAIC#: 0000-18538 FEIN#: 731238130

Dear Commissioner:

The purpose of this filing is to notify you that BancInsure, Inc. is proposing to:

- Adopt NCCI Advisory Loss Costs AR-2008-06 effective July 1, 2008; and
- Maintain our current Loss Cost Multiplier of 1.30 for all class codes.

Maintaining our LCM of 1.30 with this adoption results in an overall decrease of -11.41%. The premium dollar decrease would be approximately \$14,410 for a total of \$111,879 annually. We believe our proposed rates to be adequate, not excessive, and not unfairly discriminatory.

BancInsure, Inc. writes coverages for community banks and financial institutions and our primary workers' compensation codes are 8810 clerical, 8742 outside sales, and 9015 building operations, NOC. Our BancInsure worksheet reflects the changes each code would develop.

We request the filing be approved pursuant to the prior approval (20 days) regulation of the Arkansas Insurance Code effective for all policies on or after July 1, 2008 to coincide with the NCCI effective date.

Sincerely,

Kathryn A. Shilling  
Filings Analyst

Phone: 800-682-1630 Ext.: 336  
Fax: 405-290-5691  
Email: kshilling@bancinsure.com