

SERFF Tracking Number: FARL-125644461 State: Arkansas
First Filing Company: Farmland Mutual Insurance Company, ... State Tracking Number: EFT \$100
Company Tracking Number: A-2008ADAM-7EDMRE
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Worker Compensation
Project Name/Number: AR Approved Voluntary Advisory LC and Rating Values/A-2008ADAM-7EDMRE

Filing at a Glance

Companies: Farmland Mutual Insurance Company, Nationwide Agribusiness Insurance Company

Product Name: Worker Compensation	SERFF Tr Num: FARL-125644461	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$100
Sub-TOI: 16.0004 Standard WC	Co Tr Num: A-2008ADAM-7EDMRE	State Status: Fees verified and received
Filing Type: Rate/Rule	Co Status: Submitted	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: Deb Weerd	Disposition Date: 05/13/2008
	Date Submitted: 05/13/2008	Disposition Status: Approved
Effective Date Requested (New): 09/01/2008		Effective Date (New): 07/01/2008
Effective Date Requested (Renewal): 09/01/2008		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: AR Approved Voluntary Advisory LC and Rating Values	Status of Filing in Domicile: Authorized
Project Number: A-2008ADAM-7EDMRE	Domicile Status Comments:
Reference Organization: NCCI	Reference Number: AR-2008-02
Reference Title: AR Approved Voluntary Advisory LC and Rating Values Advisory Org. Circular: AR-2008-06 and Assigned Risk Rates and Rating Values	
Filing Status Changed: 05/13/2008	
State Status Changed: 05/13/2008	Deemer Date:
Corresponding Filing Tracking Number: A-2008ADAM-7EDMRE	
Filing Description:	

NCCI submitted an advisory loss cost and assigned risk rate filing to the Arkansas Department of Insurance. The filings were approved as filed. We are filing to adjust our loss cost multipliers with an overall rate impact of 0%. We are asking for an effective date of 9/1/08 for new and renewal business.

Company and Contact

SERFF Tracking Number: FARL-125644461 State: Arkansas
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Filing Contact Information

Deb Vande Weerd, State Filing Analyst dvandewe@nationwide.com
 1100 Locust Street (515) 508-3447 [Phone]
 Des Moines, IA 50391-3030 (515) 508-3694[FAX]

Filing Company Information

Farmland Mutual Insurance Company CoCode: 13838 State of Domicile: Iowa
 1100 Locust Street Group Code: 140 Company Type: Mutual
 Dept 3030
 Des Moines, IA 50391-3030 Group Name: State ID Number:
 (515) 508-3618 ext. [Phone] FEIN Number: 42-0618271

Nationwide Agribusiness Insurance Company CoCode: 28223 State of Domicile: Iowa
 1100 Locust Street Group Code: 140 Company Type: Stock
 Dept 3030
 Des Moines, IA 50391-3030 Group Name: State ID Number:
 (515) 508-3618 ext. [Phone] FEIN Number: 42-1015537

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: 1 x \$100.00 = \$100.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmland Mutual Insurance Company	\$100.00	05/13/2008	20288815
Nationwide Agribusiness Insurance Company	\$0.00	05/13/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/13/2008	05/13/2008

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Disposition

Disposition Date: 05/13/2008
Effective Date (New): 07/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

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

SERFF Tracking Number: FARL-125644461 State: Arkansas
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 Company Tracking Number: A-2008ADAM-7EDMRE
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 Product Name: Worker Compensation
 Project Name/Number: AR Approved Voluntary Advisory LC and Rating Values/A-2008ADAM-7EDMRE

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	Manual pages	Approved	Yes
Supporting Document	AR Experience	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes

SERFF Tracking Number: *FARL-125644461* *State:* *Arkansas*
First Filing Company: *Farmland Mutual Insurance Company, ...* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *A-2008ADAM-7EDMRE*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *Worker Compensation*
Project Name/Number: *AR Approved Voluntary Advisory LC and Rating Values/A-2008ADAM-7EDMRE*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FARL-125644461 State: Arkansas
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Company Tracking Number: A-2008ADAM-7EDMRE
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 05/13/2008

Comments:

Attachment:

P & C Transmittal Doc.pdf

Satisfied -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 05/13/2008

Comments:

Attachment:

F909AR_010906 NAIC LC Filing Document.pdf

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Approved 05/13/2008

Comments:

Attachment:

F319AR_051205 Loss Cost Data Form.pdf

Satisfied -Name: Manual pages **Review Status:** Approved 05/13/2008

Comments:

Attachments:

AR0908f Manual Pages.pdf

AR0908n Manual Pages.pdf

Satisfied -Name: AR Experience **Review Status:** Approved 05/13/2008

Comments:

Attachment:

AR Experience.pdf

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Product Name: Worker Compensation
Project Name/Number: AR Approved Voluntary Advisory LC and Rating Values/A-2008ADAM-7EDMRE

Satisfied -Name: Filing Memorandum **Review Status:** Approved 05/13/2008
Comments:
Attachment:
AR 0908 Filememo .pdf

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: 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					

3. Group Name	Group NAIC #

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

5. Company Tracking Number	
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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 #	
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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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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]
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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.)

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

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 #	
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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.)	
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4a.	Rate Change by Company (As Proposed)						
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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)

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

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		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	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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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	

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	A-2008ADAM-7EDMRE NWAG - all others
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

- Loss Cost Reference Filing** _____ **Independent Rate Filing**
 (Advisory Org, & Reference filing #) AR-2008-02

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.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.0945

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	5.1	%
C.	Taxes, Licenses & Fee	2.7	%
D.	Underwriting profit & contingencies*	2.0	%
E.	Other (explain)		%
F.	Total	27.5	%
	* Explain how investment income is taken into account		

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	72.5
B.	ELR in Decimal Form =	0.725

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.006
7.	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)	0.981
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.541
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.541

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.

11. Are you changing your premium discount schedules?

If yes, attach schedules and support, detailing premium or rate level changes.

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	A-2008ADAM-7EDMRE NWAG CC 8116
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

- Loss Cost Reference Filing** _____ **Independent Rate Filing**
 (Advisory Org, & Reference filing #) AR-2008-02

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.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 0.980

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	5.1	%
C.	Taxes, Licenses & Fee	2.7	%
D.	Underwriting profit & contingencies*	2.0	%
E.	Other (explain)		%
F.	Total	27.5	%
	* Explain how investment income is taken into account		

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	72.5
B.	ELR in Decimal Form =	0.725

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.006
7.	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)	0.981
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.380
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.380

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.

11. Are you changing your premium discount schedules?

If yes, attach schedules and support, detailing premium or rate level changes.

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	A-2008ADAM-7EDMRE FMIC - all others
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

- Loss Cost Reference Filing** _____ **Independent Rate Filing**
 (Advisory Org, & Reference filing #) AR-2008-02

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.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.313

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	5.1	%
C.	Taxes, Licenses & Fee	2.7	%
D.	Underwriting profit & contingencies*	2.0	%
E.	Other (explain)		%
F.	Total	27.5	%
	* Explain how investment income is taken into account		

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	72.5
B.	ELR in Decimal Form =	0.725

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.006
7.	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)	0.981
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.849
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.849

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.

11. Are you changing your premium discount schedules?

If yes, attach schedules and support, detailing premium or rate level changes.

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	A-2008ADAM-7EDMRE FMIC CC 8215
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

- Loss Cost Reference Filing** _____ **Independent Rate Filing**
 (Advisory Org, & Reference filing #) AR-2008-02

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.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.0645

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	5.1	%
C.	Taxes, Licenses & Fee	2.7	%
D.	Underwriting profit & contingencies*	2.0	%
E.	Other (explain)		%
F.	Total	27.5	%
	* Explain how investment income is taken into account		

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	72.5
B.	ELR in Decimal Form =	0.725

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.006
7.	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)	0.981
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.499
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.499

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.

11. Are you changing your premium discount schedules?

If yes, attach schedules and support, detailing premium or rate level changes.

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	A-2008ADAM-7EDMRE FMIC CC 8304
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

- Loss Cost Reference Filing** _____ **Independent Rate Filing**
 (Advisory Org, & Reference filing #) AR-2008-02

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.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.235

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	5.1	%
C.	Taxes, Licenses & Fee	2.7	%
D.	Underwriting profit & contingencies*	2.0	%
E.	Other (explain)		%
F.	Total	27.5	%
	* Explain how investment income is taken into account		

5. A.	Expected Loss Ratio: ELR = 100% - 4F =	72.5
B.	ELR in Decimal Form =	0.725

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.006
7.	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)	0.981
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.739
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.739

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.

11. Are you changing your premium discount schedules?

If yes, attach schedules and support, detailing premium or rate level changes.

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking # A-2008ADAM-7EDMRE

2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number NCCI AR-2008-02

	Company Name	Company NAIC Number
3. A.	Nationwide Agribusiness Insurance Company	B. 140-28223

	Product Coding Matrix Line of Business (i.e., Type of Insurance)	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4. A.	Workers' Compensation	B. Standard Worker Compensation

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
WC - all other classes	4.7%	10.3%	63.4%	1.0945	1.541	200	1.306
WC - cc 8116	4.7%	-2.8%	63.4%	0.980	1.380	200	1.183
TOTAL OVERALL EFFECT	4.7%	0.9%					

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
2007	28	-8.3%	9/1/2007	685	2	0.3%	127.0%
2006	15	-3.7%	3/1/06, 8/1/06	365			71.6%
2005	6	-6.0%	7/1/2005	20			54.4%
2004	4	2.0%	7/1/2004	9	79	877.8%	70.5%
2003	4	-14.5%	none	105	17	16.2%	70.5%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	17.7
B. General Expense	5.1
C. Taxes, License & Fees	2.7
D. Underwriting Profit & Contingencies	2.0
E. Other (explain)	
F. TOTAL	27.5

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

9. 20.8% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. -10.2% Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): _____

PC RLC

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking # A-2008ADAM-7EDMRE

2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number NCCI AR-2008-02

	Company Name	Company NAIC Number
3. A.	Farmland Mutual Insurance Company	B. 140-13838

	Product Coding Matrix Line of Business (i.e., Type of Insurance)	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4. A.	Workers' Compensation	B. Standard Worker Compensation

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
WC - all other classes		-3.2%	63.4%	1.3130	1.849	200	1.795
WC - cc 8215		-2.2%	63.4%	1.0645	1.499	200	1.455
WC - cc 8304		-9.4%	63.4%	1.2350	1.739	200	1.688
TOTAL OVERALL EFFECT		-3.2%					

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
2007	13	6.1%	9/1/2007	250	62	24.8%	66.1%
2006	16	5.1%	3/1/06, 8/1/06	304	220	72.4%	64.8%
2005	22	7.5%	7/1/2005	321	214	66.7%	40.4%
2004	23	4.2%	7/1/2004	294	26	8.8%	45.8%
2003	29	3.4%	none	344	532	154.7%	59.8%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	17.7
B. General Expense	5.1
C. Taxes, License & Fees	2.7
D. Underwriting Profit & Contingencies	2.0
E. Other (explain)	
F. TOTAL	27.5

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

9. 1.8% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. -18.9% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

PC RLC

Farmland Mutual Insurance Company

ORIGINAL PRINTING

RATE			RATE			RATE			RATE		
CLASS CODE	INCL DIS	MIN PREM	CLASS CODE	INCL DIS	MIN PREM	CLASS CODE	INCL DIS	MIN PREM	CLASS CODE	INCL DIS	MIN PREM
0005	7.17	750	1860	2.18	494	2587	3.24	637	3118	1.35	382
0008	2.92	594	1924	4.73	750	2589	1.61	417	3119	1.22	365
0016	6.29	750	1925	3.27	641	2600	7.14	750	3122	1.68	427
0034	4.83	750	2001	2.66	559	2623	3.14	624	3126	1.92	459
0035	2.88	589	2002	3.35	652	2651	2.94	597	3131	1.16	357
0036	4.59	750	2003	3.77	709	2660	1.63	420	3132	2.76	573
0037	5.18	750	2014	7.10	750	2670	2.57	547	3145	2.66	559
0042	7.14	750	2016	2.22	500	2683	2.20	497	3146	3.07	614
0050	5.81	750	2021	3.72	702	2688	3.40	659	3169	2.74	570
0059D	0.33	245	2039	4.97	750	2701	8.27	750	3175D	3.18	629
0065D	0.06	208	2041	4.77	750	2702X	33.71	750	3179	2.68	562
0066D	0.06	208	2065	1.79	442	2710	9.82	750	3180	2.00	470
0067D	0.06	208	2070	6.10	750	2714	4.66	750	3188	1.70	430
0079	4.73	750	2081	4.31	750	2719X	12.37	750	3220	2.11	485
0083	10.91	750	2089	2.83	582	2731	4.14	750	3223	3.35	652
0106	12.76	750	2095	3.05	612	2735	2.90	592	3224	2.74	570
0113	6.40	750	2105	2.72	567	2759	9.45	750	3227	2.03	474
0170	2.76	573	2110	2.39	523	2790	1.74	435	3240	3.38	656
0251	5.64	750	2111	2.81	579	2802	5.88	750	3241	3.14	624
0400	9.02	750	2112	3.03	609	2812	4.12	750	3255	2.61	552
0401	12.31	750	2114	3.00	605	2835	1.79	442	3257	3.81	714
0771N	0.33	245	2121	2.50	538	2836	2.51	539	3270	3.61	687
0908P	159.01	359	2130	3.12	621	2841	4.16	750	3300	4.99	750
0913P	391.99	592	2131	2.11	485	2881	2.81	579	3303	4.27	750
0917	4.38	750	2143	2.44	529	2883	4.57	750	3307	3.75	706
1005*	12.33	750	2157	4.53	750	2913	4.57	750	3315	2.94	597
1016X*	46.02	750	2172	1.76	438	2915	4.75	750	3334	2.39	523
1164E	7.97	750	2174	3.27	641	2916	2.61	552	3336	2.46	532
1165E	5.25	750	2211	6.12	750	2923	2.68	562	3365	11.43	750
1320	3.27	641	2220	2.18	494	2942	2.63	555	3372	3.18	629
1322	17.57	750	2286	1.59	415	2960	3.61	687	3373	3.24	637
1430	4.84	750	2288	4.51	750	3004	3.07	614	3383	1.20	362
1438	2.72	567	2300	2.39	523	3018	2.87	587	3385	0.98	332
1452	1.89	455	2302	1.90	457	3022	3.55	679	3400	3.03	609
1463	13.02	750	2305	2.39	523	3027	3.00	605	3507	3.46	667
1472	4.53	750	2361	1.35	382	3028	2.59	550	3515	2.44	529
1624E	8.49	750	2362	1.96	465	3030	4.49	750	3548	1.52	405
1642	4.57	750	2380	5.05	750	3040	4.16	750	3559	2.90	592
1654	7.01	750	2386	1.26	370	3041	3.72	702	3574	1.26	370
1655	5.53	750	2388	2.14	489	3042	3.55	679	3581	1.61	417
1699	2.24	502	2402	2.40	524	3064	5.14	750	3612	2.46	532
1701	3.46	667	2413	1.89	455	3069	8.82	750	3620	6.49	750
1710E	6.84	750	2416	1.87	452	3076	3.31	647	3629	2.18	494
1741E	2.07	479	2417	1.76	438	3081D	3.22	635	3632	4.47	750
1745X	3.35	652	2501	1.52	405	3082D	4.35	750	3634	1.90	457
1747	2.92	594	2503	1.50	403	3085D	3.62	689	3635	2.31	512
1748	8.34	750	2534	2.40	524	3110	3.18	629	3638	1.65	423
1803D	5.99	750	2570	5.53	750	3111	3.33	650	3642	0.94	327
1852D	2.77	574	2585	3.46	667	3113	2.63	555	3643	3.31	647
1853	2.59	550	2586	1.48	400	3114	2.92	594	3647	3.75	706

INCLUDES COPYRIGHTED MATERIAL OF NATIONAL COUNCIL ON COMPENSATION INSURANCE WITH ITS PERMISSION-2008

EFFECTIVE DATES:

New: 09/01/08

Renewal: 09/01/08

Farmland Mutual Insurance Company

ORIGINAL PRINTING

RATE			RATE			RATE			RATE		
CLASS CODE	INCL DIS	MIN PREM	CLASS CODE	INCL DIS	MIN PREM	CLASS CODE	INCL DIS	MIN PREM	CLASS CODE	INCL DIS	MIN PREM
3648	2.40	524	4304	3.09	617	5057	22.26	750	6213	9.93	750
3681	1.74	435	4307	2.46	532	5059	26.44	750	6214	3.35	652
3685	2.00	470	4351	1.28	373	5069	33.39	750	6216	7.73	750
3719	2.92	594	4352	1.13	353	5102	4.90	750	6217	6.05	750
3724	7.60	750	4360	1.02	338	5146	5.99	750	6229	5.99	750
3726	3.38	656	4361	1.48	400	5160	4.23	750	6233	6.53	750
3803	2.13	488	4362	1.29	374	5183	4.20	750	6235	17.36	750
3807	2.35	517	4410	3.59	685	5188	5.36	750	6236	14.29	750
3808	3.07	614	4420	4.33	750	5190	3.85	720	6237	3.66	694
3821	4.62	750	4431	1.66	424	5191X	2.22	500	6251D	9.52	750
3822	4.05	747	4432	1.79	442	5192	4.79	750	6252D	7.12	750
3824	5.42	750	4439	1.89	455	5213	8.45	750	6260D	6.29	750
3826	0.98	332	4452	3.64	691	5215	5.05	750	6306	6.77	750
3827	1.76	438	4459	2.09	482	5221	6.21	750	6319	6.60	750
3830	1.26	370	4470	2.66	559	5222	14.35	750	6325	5.51	750
3851	2.96	600	4484	2.33	515	5223	6.32	750	6400	8.27	750
3865	1.42	392	4493	2.83	582	5348	4.90	750	6504	2.85	585
3881	3.94	732	4511	0.83	312	5402	5.44	750	6702M*	9.17	100
4000	8.08	750	4557	1.90	457	5403	11.24	750	6703M*	16.40	200
4021	6.62	750	4558	1.85	450	5437	5.33	750	6704M*	10.19	200
4024E	2.48	535	4561	2.22	500	5443	4.83	750	6801F	13.98	750
4034	7.77	750	4568	2.90	592	5445	6.05	750	6811	6.14	750
4036	2.81	579	4581	1.94	462	5462	6.38	750	6824F	40.25	750
4038	2.42	527	4583	5.94	750	5472	5.81	750	6826F	15.44	750
4053	3.85	720	4611	1.07	344	5473	7.95	750	6834	4.35	750
4061	4.73	750	4635	5.53	750	5474	8.73	750	6836	7.08	750
4062	2.57	547	4653	1.44	394	5478	5.31	750	6843F	17.97	750
4101	2.24	502	4665	7.49	750	5479	9.39	750	6845F	27.27	750
4111	3.42	662	4670	4.29	750	5480	9.50	750	6854	6.14	750
4112	1.05	342	4683	5.47	750	5491	2.46	532	6872F	23.43	750
4113	1.48	400	4686	1.42	392	5506	4.44	750	6874F	47.93	750
4114	2.48	535	4692	0.54	273	5507	6.67	750	6882	6.14	750
4130	5.08	750	4693	1.04	340	5508D	11.26	750	6884	13.87	750
4131	2.72	567	4703	2.70	565	5535	8.82	750	7016M	5.45	100
4133	2.68	562	4717	2.00	470	5537	5.82	750	7024M	6.06	100
4150	1.87	452	4720	5.84	750	5551	16.94	750	7038M	6.88	100
4206	4.10	750	4740	1.72	432	5606	2.02	473	7046M	30.25	200
4207	1.13	353	4741	1.96	465	5610	6.60	750	7047M	9.76	200
4239	1.42	392	4751	1.66	424	5645	13.48	750	7050M	12.30	200
4240	2.76	573	4771N	1.90	457	5651	10.00	750	7090M	7.64	100
4243	1.87	452	4777	1.94	462	5703	109.02	750	7098M	33.61	100
4244	3.31	647	4825	1.00	335	5705	6.38	750	7099M	54.16	100
4250	1.66	424	4828	1.87	452	5951	0.48	265	7133	4.16	750
4251	1.98	467	4829	1.35	382	6003	11.94	750	7151M	5.05	100
4263	2.46	532	4902	1.50	403	6005	9.08	750	7152M	9.04	100
4273	2.14	489	4923	1.24	367	6017	4.66	750	7153M	5.62	200
4279	2.02	473	5020	8.23	750	6018	2.53	542	7222	11.65	750
4282	2.37	520	5022	5.92	750	6045	2.94	597	7228X	8.27	750
4283	2.20	497	5037	23.20	750	6204	11.89	750	7229X	8.67	750
4299	1.96	465	5040	31.12	750	6206	7.54	750	7230	4.88	750

INCLUDES COPYRIGHTED MATERIAL OF NATIONAL COUNCIL ON COMPENSATION INSURANCE WITH ITS PERMISSION-2008

EFFECTIVE DATES:

New: 09/01/08

Renewal: 09/01/08

Farmland Mutual Insurance Company

ORIGINAL PRINTING

RATE			RATE			RATE			RATE		
CLASS CODE	INCL DIS	MIN PREM	CLASS CODE	INCL DIS	MIN PREM	CLASS CODE	INCL DIS	MIN PREM	CLASS CODE	INCL DIS	MIN PREM
7231	6.47	750	8008	1.48	400	8606	3.38	656	9083	1.96	465
7232	15.27	750	8010	2.29	509	8709F	9.69	750	9084	2.27	506
7309F	27.25	750	8013	0.59	280	8719	2.27	506	9089	1.39	388
7313F	7.73	750	8015	0.78	305	8720	1.65	423	9093	1.70	430
7317F	12.22	750	8017	1.42	392	8721	0.48	265	9101	3.66	694
7327F	36.07	750	8018X*	3.05	612	8726F	11.11	750	9102	3.53	677
7333M	6.55	200	8021	2.26	505	8734M	0.78	100	9154	2.35	517
7335M	7.27	200	8031	4.70	750	8737M	0.70	200	9156	1.59	415
7337M	11.70	200	8032	1.92	459	8738M	1.24	200	9170	3.37	655
7350F	23.52	750	8033	2.29	509	8742X	0.57	277	9178	31.77	750
7360	8.43	750	8039	1.66	424	8745	5.55	750	9179	43.58	750
7370	5.95	750	8044	3.35	652	8748	0.50	268	9180	4.49	750
7380X	4.10	750	8045	0.50	268	8755	0.31	242	9182	3.27	641
7382	3.38	656	8046	3.24	637	8799	1.16	357	9186	64.55	750
7390	4.38	750	8047	1.29	374	8800	1.16	357	9220	4.12	750
7394M	13.28	200	8058	3.33	650	8803	0.09	212	9402	5.21	750
7395M	14.76	200	8072	0.98	332	8805M	0.41	200	9403	6.93	750
7398M	23.78	200	8102	3.07	614	8810	0.30	241	9410	2.13	488
7403	3.51	674	8103	4.53	750	8814M	0.35	200	9501	5.33	750
7405N	1.39	388	8105	5.86	750	8815M	0.65	200	9505	4.62	750
7420X*	30.43	750	8106	4.64	750	8820	0.26	235	9516	3.94	732
7421	3.22	635	8107	3.96	735	8824	3.00	605	9519	2.22	500
7422	2.72	567	8111	4.57	750	8825	2.55	544	9521	6.42	750
7425	5.03	750	8116	5.08	750	8826	2.70	565	9522	1.90	457
7431N	2.05	477	8203	6.67	750	8829	3.25	639	9534	8.47	750
7445N	0.74	300	8204	5.79	750	8831	3.18	629	9554	8.99	750
7453N	1.11	350	8209	3.62	689	8832	0.33	245	9586	0.80	308
7502	3.01	606	8215	5.64	750	8833X*	1.09	347	9600	1.98	467
7515	1.29	374	8227	3.79	712	8835	2.39	523	9620	1.61	417
7520	2.74	570	8232	7.64	750	8842	1.78	440			
7538	12.26	750	8233	6.21	750	8864	1.78	440			
7539	5.25	750	8235	5.01	750	8868	0.46	262			
7540	3.44	664	8263	11.32	750	8869	0.89	320			
7580	2.27	506	8264	4.09	750	8871	0.28	238			
7590	6.29	750	8265	11.26	750	8901	0.31	242			
7600	3.16	627	8279	10.82	750	9012	2.35	517			
7601	14.26	750	8288	7.29	750	9014	3.37	655			
7605	3.98	737	8291	2.53	542	9015X	2.92	594			
7610	0.65	288	8292	3.61	687	9016	7.54	750			
7611	6.38	750	8293	8.30	750	9019	3.59	685			
7612	14.22	750	8295X	9.08	750	9033	2.39	523			
7613	5.68	750	8304	7.86	750	9040*	4.27	750			
7705	3.12	621	8350	6.88	750	9052	1.89	455			
7710	7.01	750	8380	4.31	750	9058	2.16	492			
7711	7.01	750	8381	1.81	444	9059	3.35	652			
7720X	3.12	621	8385	2.92	594	9060	2.20	497			
7855	7.54	750	8392	3.64	691	9061	1.68	427			
8001	2.70	565	8393	2.07	479	9063	1.20	362			
8002	3.94	732	8500	7.69	750	9077F	5.14	750			
8006	2.35	517	8601	1.00	335	9082	1.94	462			

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EFFECTIVE DATES:

New: 09/01/08

Renewal: 09/01/08

FOOTNOTES

- D Rate for classification already includes the specific disease loading shown in the table below. See *Basic Manual* Rule 3-A-7
- E Rate for classification already includes the specific disease loading shown in the table below.

Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol
0059D	0.33	S	1710E	0.06	S	3175D	0.04	S
0065D	0.06	S	1741E	0.28	S	4024E	0.02	S
0066D	0.06	S	1803D	0.28	S	5508D	0.04	S
0067D	0.06	S	1852D	0.06	Asb	6251D	0.07	S
1164E	0.09	S	3081D	0.06	S	6252D	0.04	S
1165E	0.04	S	3082D	0.06	S	6260D	0.04	S
1624E	0.06	S	3085D	0.06	S			

S = Silica, Asb = Asbestos

- F Rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Rate contains a provision for federal assessment.
- M Rate provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for the USL& HW assessment is included for those classifications under Program II USL Act.
- N This code is part of a ratable / non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

- P Classification is computed on a per capita basis.
- X Refer to special classification phraseology in these pages which is applicable in this state.

*** Class Codes with Specific Footnotes.**

- 1005 Rate includes a non-ratable disease element of \$6.03. (For coverage written separately for federal benefits only, \$3.98. For coverage written separately for state benefits only, \$2.05.)
- 1016 Rate includes a non-ratable disease element of \$24.07. (For coverage written separately for federal benefits only, \$15.86. For coverage written separately for state benefits only, \$8.21.) It also includes a catastrophe loading of \$0.15.
- 6702 Rates only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate x 1.215.
- 6703 Rates only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate x 2.175 or elr X 2.032
- 6704 Rates only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate x 1.35.
- 7409 Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005. An ELR of 7.71 should be applied to policies with effective dates on or after January 1, 2005 (\$600 payroll limitation). An ELR of 15.43 should be applied to policies with effective dates prior to January 1, 2005 (\$300 payroll limitation).
- 7420 Payroll is subject to a maximum of \$750 per week per employee effective July 1, 2008. The ELR on the rate page should be applied to policies with effective dates on or after July 1, 2008 (\$750 payroll limitation). An ELR of 7.71 should be applied to policies with effective dates prior to July 1, 2008 and on or after July 1, 2006 (\$600 payroll limitation). An ELR of 5.65 should be applied to policies with effective dates prior to July 1, 2006 (uncapped payroll).
- 8018 See Arkansas Special Classification for Warehousing - groceries exclusively.
- 8833 The ex-medical rate for this classification is \$0.55.
- 9040 The ex-medical rate for this classification is \$2.05.

MISCELLANEOUS VALUES

Advisory Loss Elimination Ratios - The following percentages are applicable by deductible amount and hazard group on a per claim basis:

Total Losses							
Deductible Amount	Hazard Group						
	A	B	C	D	E	F	G
\$1,000	9.9%	7.9%	6.8%	5.6%	4.7%	3.3%	2.4%
\$1,500	12.1%	9.8%	8.3%	7.0%	6.0%	4.1%	3.1%
\$2,000	13.8%	11.2%	9.6%	8.2%	6.9%	5.0%	3.7%
\$2,500	15.3%	12.4%	10.8%	9.2%	7.8%	5.6%	4.3%
\$3,000	16.6%	13.6%	11.8%	10.1%	8.6%	6.3%	4.7%
\$3,500	17.9%	14.6%	12.7%	10.9%	9.3%	6.9%	5.2%
\$4,000	18.9%	15.5%	13.6%	11.8%	10.0%	7.4%	5.6%
\$4,500	20.0%	16.4%	14.3%	12.4%	10.7%	7.9%	6.0%
\$5,000	20.9%	17.2%	15.1%	13.2%	11.3%	8.5%	6.4%

Medical Losses							
Deductible Amount	Hazard Group						
	A	B	C	D	E	F	G
\$1,000	9.6%	7.7%	6.6%	5.4%	4.6%	3.1%	2.3%
\$1,500	11.6%	9.3%	7.9%	6.7%	5.6%	3.9%	2.9%
\$2,000	13.0%	10.5%	9.1%	7.6%	6.5%	4.5%	3.4%
\$2,500	14.3%	11.6%	10.0%	8.5%	7.2%	5.1%	3.8%
\$3,000	15.3%	12.5%	10.8%	9.2%	7.8%	5.6%	4.2%
\$3,500	16.3%	13.4%	11.5%	9.8%	8.4%	6.0%	4.6%
\$4,000	17.2%	14.0%	12.2%	10.5%	8.9%	6.5%	4.9%
\$4,500	17.9%	14.7%	12.8%	11.1%	9.4%	6.9%	5.2%
\$5,000	18.6%	15.3%	13.4%	11.5%	9.8%	7.2%	5.5%

Indemnity Losses							
Deductible Amount	Hazard Group						
	A	B	C	D	E	F	G
\$1,000	2.1%	1.6%	1.4%	1.4%	1.2%	1.0%	0.8%
\$1,500	2.8%	2.2%	2.1%	1.9%	1.7%	1.4%	1.1%
\$2,000	3.5%	2.8%	2.6%	2.4%	2.1%	1.8%	1.4%
\$2,500	4.1%	3.4%	3.1%	2.9%	2.5%	2.1%	1.6%
\$3,000	4.7%	3.8%	3.5%	3.3%	2.9%	2.4%	1.8%
\$3,500	5.3%	4.3%	4.0%	3.7%	3.3%	2.7%	2.1%
\$4,000	5.7%	4.7%	4.3%	4.0%	3.6%	3.1%	2.3%
\$4,500	6.2%	5.1%	4.7%	4.3%	3.9%	3.3%	2.5%
\$5,000	6.6%	5.5%	5.0%	4.7%	4.2%	3.5%	2.7%

Basis of Premium applicable in accordance with the *Basic Manual* footnote instructions for Code:
 7370 - "Taxicab Co.":
 Employee operated vehicle _____ #####
 Leased or rented vehicle _____ #####

7420 - "Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew"
 Maximum payroll per week per employee _____ \$750.00

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents (cc 9741) _____ \$0.02

Foreign Terrorism (cc 9740) _____ \$0.04

Maximum Payroll applicable in accordance with *Basic Manual* Rule 2-E-1 - "Executive Officers" and *Basic Manual* footnote instructions for Code 9178 - "Athletic Team: Non Contact Sports", Code 9179 - "Athletic Team: Contact Sports", and Code 9186 - "Carnival - Traveling". _____ \$2,500.00

Minimum Payroll applicable in accordance with *Basic Manual* Rule 2-E-1 - "Executive Officers" _____ \$300.00

Per Passenger Seat Surcharge - In accordance with the *Basic Manual* footnote instructions for Code 7421:
 Maximum surcharge per aircraft _____ \$1,000.00
 Per passenger seat _____ \$100.00

MISCELLANEOUS VALUES

Premium Determination for Partners and Sole Proprietors and Members of Limited Liability Companies

in accordance with *Basic Manual* Rule 2-E-3

\$31,900.00

United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with *Basic Manual* Rule 3-A-4

86.0%

(Multiply a Non-F classification rate by a factor of 1.86 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and the adjustment for differences in loss-based expenses (1.116).)

Experience Rating Eligibility

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year of last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the *Experience Rating Plan Manual* should be referenced for the latest approved eligibility amounts by state.

Premium Discount Percentages -- (See *Basic Manual* Rule 3-A-19). The following premium discounts are applicable to Standard Premiums:

		Stock
First	\$5,000	-
Next	\$95,000	2.0%
Next	\$400,000	4.0%
Over	\$500,000	6.0%

Expense Constant applicable in accordance with *Basic Manual* Rule 3-A-11

\$200.00

STATE SPECIAL RATING VALUES

Hazard Group Differentials

A	1.890
B	1.420
C	1.260
D	1.130
E	0.980
F	0.790
G	0.590

Tax Multipliers*

A. State (non-F classes)	1.058
B. Federal classes, or non-F classes where rate is increased by the USL&HW Act Percentage	1.152

Expected Loss Ratio

28.0%

Expected Loss and Allocated Expense Ratio

36.5%

Expense Ratios

XIX-B	Including ALAE
XIX-D	Excluding ALAE

2008 Table of Expected Loss Ranges

Effective 01/01/2008

Excess Loss Factors

Excess Loss Pure Premium Factors
(Applicable to New and Renewal Policies)

Per Accident Limitation	Hazard Groups						
	A	B	C	D	E	F	G
\$25,000	0.396	0.454	0.490	0.523	0.561	0.615	0.666
\$30,000	0.366	0.424	0.461	0.494	0.534	0.591	0.646
\$35,000	0.341	0.398	0.436	0.469	0.510	0.569	0.627
\$40,000	0.319	0.375	0.413	0.447	0.489	0.549	0.610
\$50,000	0.283	0.337	0.375	0.409	0.452	0.514	0.580
\$75,000	0.225	0.272	0.309	0.341	0.384	0.448	0.520
\$100,000	0.189	0.230	0.266	0.295	0.338	0.400	0.476
\$125,000	0.164	0.200	0.235	0.262	0.303	0.364	0.441
\$150,000	0.146	0.179	0.212	0.238	0.277	0.336	0.414
\$175,000	0.132	0.162	0.194	0.218	0.255	0.312	0.390
\$200,000	0.121	0.149	0.179	0.201	0.237	0.292	0.370
\$250,000	0.105	0.129	0.157	0.177	0.209	0.261	0.338
\$300,000	0.093	0.114	0.141	0.159	0.188	0.237	0.312
\$500,000	0.067	0.082	0.103	0.116	0.139	0.178	0.247
\$1,000,000	0.044	0.054	0.069	0.077	0.092	0.120	0.175
\$2,000,000	0.026	0.034	0.044	0.050	0.060	0.079	0.119
\$5,000,000	0.011	0.015	0.021	0.024	0.029	0.040	0.064

Excess Loss and Allocated Expense Pure Premium Factors
(Applicable to New and Renewal Policies)

Per Accident Limitation	Hazard Groups						
	A	B	C	D	E	F	G
\$25,000	0.466	0.529	0.568	0.602	0.643	0.699	0.744
\$30,000	0.434	0.497	0.537	0.573	0.615	0.674	0.724
\$35,000	0.406	0.469	0.510	0.546	0.590	0.651	0.706
\$40,000	0.382	0.444	0.486	0.522	0.568	0.631	0.689
\$50,000	0.343	0.403	0.445	0.482	0.529	0.594	0.659
\$75,000	0.276	0.330	0.371	0.407	0.455	0.524	0.598
\$100,000	0.234	0.282	0.322	0.356	0.403	0.472	0.552
\$125,000	0.204	0.247	0.286	0.318	0.364	0.431	0.514
\$150,000	0.183	0.222	0.260	0.290	0.334	0.400	0.484
\$175,000	0.165	0.201	0.238	0.266	0.308	0.373	0.458
\$200,000	0.151	0.185	0.220	0.246	0.287	0.350	0.435
\$250,000	0.132	0.160	0.193	0.217	0.255	0.314	0.399
\$300,000	0.117	0.142	0.173	0.195	0.229	0.286	0.369
\$500,000	0.083	0.102	0.127	0.143	0.170	0.216	0.293
\$1,000,000	0.055	0.067	0.085	0.095	0.113	0.146	0.209
\$2,000,000	0.033	0.042	0.055	0.062	0.074	0.096	0.143
\$5,000,000	0.015	0.019	0.026	0.030	0.037	0.051	0.079

* Also applicable to Underground Coal Mine Classifications.

STATE SPECIAL RATING VALUES

Retrospective Development Factors

With Loss Limit			Without Loss Limit			4th and Subsequent Adjustment
1st Adj.	2nd Adj.	3rd Adj.	1st Adj.	2nd Adj.	3rd Adj.	
0.07	0.07	0.05	0.16	0.16	0.12	0.00

State Special Classifications by Hazard Group

<u>Code No.</u>	<u>Hazard Grp.</u>
1745	E
2719	E
8295	C

Nationwide Agribusiness Insurance Company

Original Printing

RATE			RATE			RATE			RATE		
CLASS CODE	INCL DIS	MIN PREM	CLASS CODE	INCL DIS	MIN PREM	CLASS CODE	INCL DIS	MIN PREM	CLASS CODE	INCL DIS	MIN PREM
0005	5.98	750	1860	1.82	446	2587	2.70	565	3118	1.12	351
0008	2.43	528	1924	3.94	732	2589	1.34	381	3119	1.02	338
0016	5.24	750	1925	2.73	569	2600	5.95	750	3122	1.40	389
0034	4.02	743	2001	2.22	500	2623	2.62	554	3126	1.60	416
0035	2.40	524	2002	2.79	577	2651	2.45	531	3131	0.97	331
0036	3.82	716	2003	3.14	624	2660	1.36	384	3132	2.30	511
0037	4.31	750	2014	5.92	750	2670	2.14	489	3145	2.22	500
0042	5.95	750	2016	1.85	450	2683	1.83	447	3146	2.56	546
0050	4.84	750	2021	3.10	619	2688	2.84	583	3169	2.28	508
0059D	0.28	238	2039	4.15	750	2701	6.89	750	3175D	2.65	558
0065D	0.05	207	2041	3.98	737	2702X	28.09	750	3179	2.23	501
0066D	0.05	207	2065	1.49	401	2710	8.18	750	3180	1.66	424
0067D	0.05	207	2070	5.09	750	2714	3.88	724	3188	1.42	392
0079	3.94	732	2081	3.59	685	2719X	10.31	750	3220	1.76	438
0083	9.09	750	2089	2.36	519	2731	3.45	666	3223	2.79	577
0106	10.63	750	2095	2.54	543	2735	2.42	527	3224	2.28	508
0113	5.33	750	2105	2.27	506	2759	7.87	750	3227	1.70	430
0170	2.30	511	2110	1.99	469	2790	1.45	396	3240	2.82	581
0251	4.70	750	2111	2.34	516	2802	4.90	750	3241	2.62	554
0400	7.52	750	2112	2.53	542	2812	3.44	664	3255	2.17	493
0401	10.26	750	2114	2.50	538	2835	1.49	401	3257	3.17	628
0771N	0.28	238	2121	2.08	481	2836	2.10	484	3270	3.00	605
0908P	132.53	333	2130	2.60	551	2841	3.47	668	3300	4.16	750
0913P	326.69	527	2131	1.76	438	2881	2.34	516	3303	3.56	681
0917	3.65	693	2143	2.03	474	2883	3.81	714	3307	3.13	623
1005*	10.28	750	2157	3.78	710	2913	3.81	714	3315	2.45	531
1016X*	38.36	750	2172	1.46	397	2915	3.96	735	3334	1.99	469
1164E	6.64	750	2174	2.73	569	2916	2.17	493	3336	2.05	477
1165E	4.38	750	2211	5.10	750	2923	2.23	501	3365	9.52	750
1320	2.73	569	2220	1.82	446	2942	2.19	496	3372	2.65	558
1322	14.64	750	2286	1.33	380	2960	3.00	605	3373	2.70	565
1430	4.04	745	2288	3.76	708	3004	2.56	546	3383	1.00	335
1438	2.27	506	2300	1.99	469	3018	2.39	523	3385	0.82	311
1452	1.57	412	2302	1.59	415	3022	2.96	600	3400	2.53	542
1463	10.85	750	2305	1.99	469	3027	2.50	538	3507	2.88	589
1472	3.78	710	2361	1.12	351	3028	2.16	492	3515	2.03	474
1624E	7.07	750	2362	1.63	420	3030	3.74	705	3548	1.26	370
1642	3.81	714	2380	4.21	750	3040	3.47	668	3559	2.42	527
1654	5.84	750	2386	1.05	342	3041	3.10	619	3574	1.05	342
1655	4.61	750	2388	1.79	442	3042	2.96	600	3581	1.34	381
1699	1.86	451	2402	2.00	470	3064	4.28	750	3612	2.05	477
1701	2.88	589	2413	1.57	412	3069	7.35	750	3620	5.41	750
1710E	5.70	750	2416	1.56	411	3076	2.76	573	3629	1.82	446
1741E	1.73	434	2417	1.46	397	3081D	2.68	562	3632	3.73	704
1745X	2.79	577	2501	1.26	370	3082D	3.62	689	3634	1.59	415
1747	2.43	528	2503	1.25	369	3085D	3.02	608	3635	1.93	461
1748	6.95	750	2534	2.00	470	3110	2.65	558	3638	1.37	385
1803D	4.99	750	2570	4.61	750	3111	2.77	574	3642	0.79	307
1852D	2.31	512	2585	2.88	589	3113	2.19	496	3643	2.76	573
1853	2.16	492	2586	1.23	366	3114	2.43	528	3647	3.13	623

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EFFECTIVE DATES:

New: 09/01/08

Renewal: 09/01/08

Workers Compensation and Employers Liability

Arkansas

Nationwide Agribusiness Insurance Company

Original Printing

RATE			RATE			RATE			RATE		
CLASS CODE	INCL DIS	MIN PREM	CLASS CODE	INCL DIS	MIN PREM	CLASS CODE	INCL DIS	MIN PREM	CLASS CODE	INCL DIS	MIN PREM
3648	2.00	470	4304	2.57	547	5057	18.55	750	6213	8.28	750
3681	1.45	396	4307	2.05	477	5059	22.04	750	6214	2.79	577
3685	1.66	424	4351	1.06	343	5069	27.83	750	6216	6.44	750
3719	2.43	528	4352	0.94	327	5102	4.08	750	6217	5.04	750
3724	6.33	750	4360	0.85	315	5146	4.99	750	6229	4.99	750
3726	2.82	581	4361	1.23	366	5160	3.53	677	6233	5.44	750
3803	1.77	439	4362	1.08	346	5183	3.50	673	6235	14.47	750
3807	1.96	465	4410	2.99	604	5188	4.47	750	6236	11.91	750
3808	2.56	546	4420	3.61	687	5190	3.21	633	6237	3.05	612
3821	3.85	720	4431	1.39	388	5191X	1.85	450	6251D	7.94	750
3822	3.37	655	4432	1.49	401	5192	3.99	739	6252D	5.93	750
3824	4.52	750	4439	1.57	412	5213	7.04	750	6260D	5.24	750
3826	0.82	311	4452	3.04	610	5215	4.21	750	6306	5.64	750
3827	1.46	397	4459	1.74	435	5221	5.18	750	6319	5.50	750
3830	1.05	342	4470	2.22	500	5222	11.96	750	6325	4.59	750
3851	2.47	533	4484	1.94	462	5223	5.27	750	6400	6.89	750
3865	1.19	361	4493	2.36	519	5348	4.08	750	6504	2.37	520
3881	3.28	643	4511	0.69	293	5402	4.53	750	6702M*	7.64	100
4000	6.73	750	4557	1.59	415	5403	9.37	750	6703M*	13.67	200
4021	5.52	750	4558	1.54	408	5437	4.44	750	6704M*	8.49	200
4024E	2.06	478	4561	1.85	450	5443	4.02	743	6801F	11.65	750
4034	6.47	750	4568	2.42	527	5445	5.04	750	6811	5.12	750
4036	2.34	516	4581	1.62	419	5462	5.32	750	6824F	33.55	750
4038	2.02	473	4583	4.95	750	5472	4.84	750	6826F	12.87	750
4053	3.21	633	4611	0.89	320	5473	6.63	750	6834	3.62	689
4061	3.94	732	4635	4.61	750	5474	7.27	750	6836	5.90	750
4062	2.14	489	4653	1.20	362	5478	4.42	750	6843F	14.98	750
4101	1.86	451	4665	6.24	750	5479	7.83	750	6845F	22.73	750
4111	2.85	585	4670	3.58	683	5480	7.92	750	6854	5.12	750
4112	0.88	319	4683	4.56	750	5491	2.05	477	6872F	19.52	750
4113	1.23	366	4686	1.19	361	5506	3.70	700	6874F	39.94	750
4114	2.06	478	4692	0.45	261	5507	5.56	750	6882	5.12	750
4130	4.24	750	4693	0.86	316	5508D	9.38	750	6884	11.56	750
4131	2.27	506	4703	2.25	504	5535	7.35	750	7016M	4.55	100
4133	2.23	501	4717	1.66	424	5537	4.85	750	7024M	5.05	100
4150	1.56	411	4720	4.87	750	5551	14.12	750	7038M	5.73	100
4206	3.42	662	4740	1.43	393	5606	1.68	427	7046M	25.21	200
4207	0.94	327	4741	1.63	420	5610	5.50	750	7047M	8.14	200
4239	1.19	361	4751	1.39	388	5645	11.23	750	7050M	10.25	200
4240	2.30	511	4771N	1.59	415	5651	8.34	750	7090M	6.36	100
4243	1.56	411	4777	1.62	419	5703	90.86	750	7098M	28.02	100
4244	2.76	573	4825	0.83	312	5705	5.32	750	7099M	45.14	100
4250	1.39	388	4828	1.56	411	5951	0.40	254	7133	3.47	668
4251	1.65	423	4829	1.12	351	6003	9.95	750	7151M	4.21	100
4263	2.05	477	4902	1.25	369	6005	7.57	750	7152M	7.54	100
4273	1.79	442	4923	1.03	339	6017	3.88	724	7153M	4.68	200
4279	1.68	427	5020	6.86	750	6018	2.11	485	7222	9.71	750
4282	1.97	466	5022	4.93	750	6045	2.45	531	7228X	6.89	750
4283	1.83	447	5037	19.34	750	6204	9.91	750	7229X	7.23	750
4299	1.63	420	5040	25.94	750	6206	6.29	750	7230	4.07	749

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EFFECTIVE DATES:

New: 09/01/08

Renewal: 09/01/08

Nationwide Agribusiness Insurance Company

Original Printing

RATE			RATE			RATE			RATE		
CLASS CODE	INCL DIS	MIN PREM	CLASS CODE	INCL DIS	MIN PREM	CLASS CODE	INCL DIS	MIN PREM	CLASS CODE	INCL DIS	MIN PREM
7231	5.39	750	8008	1.23	366	8606	2.82	581	9083	1.63	420
7232	12.73	750	8010	1.91	458	8709F	8.07	750	9084	1.90	457
7309F	22.71	750	8013	0.49	266	8719	1.90	457	9089	1.16	357
7313F	6.44	750	8015	0.65	288	8720	1.37	385	9093	1.42	392
7317F	10.19	750	8017	1.19	361	8721	0.40	254	9101	3.05	612
7327F	30.06	750	8018X*	2.54	543	8726F	9.26	750	9102	2.94	597
7333M	5.46	200	8021	1.88	454	8734M	0.65	100	9154	1.96	465
7335M	6.06	200	8031	3.91	728	8737M	0.59	200	9156	1.33	380
7337M	9.75	200	8032	1.60	416	8738M	1.03	200	9170	2.80	578
7350F	19.60	750	8033	1.91	458	8742X	0.48	265	9178	26.47	750
7360	7.03	750	8039	1.39	388	8745	4.62	750	9179	36.32	750
7370	4.96	750	8044	2.79	577	8748	0.42	257	9180	3.74	705
7380X	3.42	662	8045	0.42	257	8755	0.26	235	9182	2.73	569
7382	2.82	581	8046	2.70	565	8799	0.97	331	9186	53.80	750
7390	3.65	693	8047	1.08	346	8800	0.97	331	9220	3.44	664
7394M	11.06	200	8058	2.77	574	8803	0.08	211	9402	4.35	750
7395M	12.30	200	8072	0.82	311	8805M	0.34	200	9403	5.78	750
7398M	19.82	200	8102	2.56	546	8810	0.25	234	9410	1.77	439
7403	2.93	596	8103	3.78	710	8814M	0.29	200	9501	4.44	750
7405N	1.16	357	8105	4.88	750	8815M	0.54	200	9505	3.85	720
7420X*	25.36	750	8106	3.87	722	8820	0.22	230	9516	3.28	643
7421	2.68	562	8107	3.30	646	8824	2.50	538	9519	1.85	450
7422	2.27	506	8111	3.81	714	8825	2.13	488	9521	5.35	750
7425	4.19	750	8116	3.80	712	8826	2.25	504	9522	1.59	415
7431N	1.71	431	8203	5.56	750	8829	2.71	566	9534	7.06	750
7445N	0.62	284	8204	4.82	750	8831	2.65	558	9554	7.49	750
7453N	0.92	324	8209	3.02	608	8832	0.28	238	9586	0.66	289
7502	2.51	539	8215	5.79	750	8833X*	0.91	323	9600	1.65	423
7515	1.08	346	8227	3.16	627	8835	1.99	469	9620	1.34	381
7520	2.28	508	8232	6.36	750	8842	1.48	400			
7538	10.22	750	8233	5.18	750	8864	1.48	400			
7539	4.38	750	8235	4.18	750	8868	0.39	253			
7540	2.87	587	8263	9.43	750	8869	0.74	300			
7580	1.90	457	8264	3.41	660	8871	0.23	231			
7590	5.24	750	8265	9.38	750	8901	0.26	235			
7600	2.64	556	8279	9.01	750	9012	1.96	465			
7601	11.88	750	8288	6.07	750	9014	2.80	578			
7605	3.31	647	8291	2.11	485	9015X	2.43	528			
7610	0.54	273	8292	3.00	605	9016	6.29	750			
7611	5.32	750	8293	6.92	750	9019	2.99	604			
7612	11.85	750	8295X	7.57	750	9033	1.99	469			
7613	4.73	750	8304	6.97	750	9040*	3.56	681			
7705	2.60	551	8350	5.73	750	9052	1.57	412			
7710	5.84	750	8380	3.59	685	9058	1.80	443			
7711	5.84	750	8381	1.51	404	9059	2.79	577			
7720X	2.60	551	8385	2.43	528	9060	1.83	447			
7855	6.29	750	8392	3.04	610	9061	1.40	389			
8001	2.25	504	8393	1.73	434	9063	1.00	335			
8002	3.28	643	8500	6.41	750	9077F	4.28	750			
8006	1.96	465	8601	0.83	312	9082	1.62	419			

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EFFECTIVE DATES:

New: 09/01/08

Renewal: 09/01/08

FOOTNOTES

- D Rate for classification already includes the specific disease loading shown in the table below. See *Basic Manual* Rule 3-A-7
- E Rate for classification already includes the specific disease loading shown in the table below.

Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol
0059D	0.28	S	1710E	0.05	S	3175D	0.03	S
0065D	0.05	S	1741E	0.23	S	4024E	0.02	S
0066D	0.05	S	1803D	0.23	S	5508D	0.03	S
0067D	0.05	S	1852D	0.05	Asb	6251D	0.06	S
1164E	0.08	S	3081D	0.05	S	6252D	0.03	S
1165E	0.03	S	3082D	0.05	S	6260D	0.03	S
1624E	0.05	S	3085D	0.05	S			

S = Silica, Asb = Asbestos

- F Rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Rate contains a provision for federal assessment.
- M Rate provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for the USL& HW assessment is included for those classifications under Program II USL Act.
- N This code is part of a ratable / non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

- P Classification is computed on a per capita basis.
- X Refer to special classification phraseology in these pages which is applicable in this state.

*** Class Codes with Specific Footnotes.**

- 1005 Rate includes a non-ratable disease element of \$5.02. (For coverage written separately for federal benefits only, \$3.31. For coverage written separately for state benefits only, \$1.71.)
- 1016 Rate includes a non-ratable disease element of \$20.06. (For coverage written separately for federal benefits only, \$13.22. For coverage written separately for state benefits only, \$6.84.) It also includes a catastrophe loading of \$0.12.
- 6702 Rates only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate x 1.215.
- 6703 Rates only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate x 2.175 or elr X 2.032
- 6704 Rates only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate x 1.35.
- 7409 Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005. An ELR of 7.71 should be applied to policies with effective dates on or after January 1, 2005 (\$600 payroll limitation). An ELR of 15.43 should be applied to policies with effective dates prior to January 1, 2005 (\$300 payroll limitation).
- 7420 Payroll is subject to a maximum of \$750 per week per employee effective July 1, 2008. The ELR on the rate page should be applied to policies with effective dates on or after July 1, 2008 (\$750 payroll limitation). An ELR of 7.71 should be applied to policies with effective dates prior to July 1, 2008 and on or after July 1, 2006 (\$600 payroll limitation). An ELR of 5.65 should be applied to policies with effective dates prior to July 1, 2006 (uncapped payroll).
- 8018 See Arkansas Special Classification for Warehousing - groceries exclusively.
- 8833 The ex-medical rate for this classification is \$0.46.
- 9040 The ex-medical rate for this classification is \$1.71.

MISCELLANEOUS VALUES

Advisory Loss Elimination Ratios - The following percentages are applicable by deductible amount and hazard group on a per claim basis:

Total Losses							
Deductible Amount	Hazard Group						
	A	B	C	D	E	F	G
\$1,000	9.9%	7.9%	6.8%	5.6%	4.7%	3.3%	2.4%
\$1,500	12.1%	9.8%	8.3%	7.0%	6.0%	4.1%	3.1%
\$2,000	13.8%	11.2%	9.6%	8.2%	6.9%	5.0%	3.7%
\$2,500	15.3%	12.4%	10.8%	9.2%	7.8%	5.6%	4.3%
\$3,000	16.6%	13.6%	11.8%	10.1%	8.6%	6.3%	4.7%
\$3,500	17.9%	14.6%	12.7%	10.9%	9.3%	6.9%	5.2%
\$4,000	18.9%	15.5%	13.6%	11.8%	10.0%	7.4%	5.6%
\$4,500	20.0%	16.4%	14.3%	12.4%	10.7%	7.9%	6.0%
\$5,000	20.9%	17.2%	15.1%	13.2%	11.3%	8.5%	6.4%

Medical Losses							
Deductible Amount	Hazard Group						
	A	B	C	D	E	F	G
\$1,000	9.6%	7.7%	6.6%	5.4%	4.6%	3.1%	2.3%
\$1,500	11.6%	9.3%	7.9%	6.7%	5.6%	3.9%	2.9%
\$2,000	13.0%	10.5%	9.1%	7.6%	6.5%	4.5%	3.4%
\$2,500	14.3%	11.6%	10.0%	8.5%	7.2%	5.1%	3.8%
\$3,000	15.3%	12.5%	10.8%	9.2%	7.8%	5.6%	4.2%
\$3,500	16.3%	13.4%	11.5%	9.8%	8.4%	6.0%	4.6%
\$4,000	17.2%	14.0%	12.2%	10.5%	8.9%	6.5%	4.9%
\$4,500	17.9%	14.7%	12.8%	11.1%	9.4%	6.9%	5.2%
\$5,000	18.6%	15.3%	13.4%	11.5%	9.8%	7.2%	5.5%

Indemnity Losses							
Deductible Amount	Hazard Group						
	A	B	C	D	E	F	G
\$1,000	2.1%	1.6%	1.4%	1.4%	1.2%	1.0%	0.8%
\$1,500	2.8%	2.2%	2.1%	1.9%	1.7%	1.4%	1.1%
\$2,000	3.5%	2.8%	2.6%	2.4%	2.1%	1.8%	1.4%
\$2,500	4.1%	3.4%	3.1%	2.9%	2.5%	2.1%	1.6%
\$3,000	4.7%	3.8%	3.5%	3.3%	2.9%	2.4%	1.8%
\$3,500	5.3%	4.3%	4.0%	3.7%	3.3%	2.7%	2.1%
\$4,000	5.7%	4.7%	4.3%	4.0%	3.6%	3.1%	2.3%
\$4,500	6.2%	5.1%	4.7%	4.3%	3.9%	3.3%	2.5%
\$5,000	6.6%	5.5%	5.0%	4.7%	4.2%	3.5%	2.7%

Basis of Premium applicable in accordance with the *Basic Manual* footnote instructions for Code:
 7370 - "Taxicab Co.":
 Employee operated vehicle _____ #####
 Leased or rented vehicle _____ #####

7420 - "Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew"
 Maximum payroll per week per employee _____ \$750.00

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents (cc 9741) _____ \$0.02

Foreign Terrorism (cc 9740) _____ \$0.03

Maximum Payroll applicable in accordance with *Basic Manual* Rule 2-E-1 - "Executive Officers" and *Basic Manual* footnote instructions for Code 9178 - "Athletic Team: Non Contact Sports", Code 9179 - "Athletic Team: Contact Sports", and Code 9186 - "Carnival - Traveling". _____ \$2,500.00

Minimum Payroll applicable in accordance with *Basic Manual* Rule 2-E-1 - "Executive Officers" _____ \$300.00

Per Passenger Seat Surcharge - In accordance with the *Basic Manual* footnote instructions for Code 7421:
 Maximum surcharge per aircraft _____ \$1,000.00
 Per passenger seat _____ \$100.00

MISCELLANEOUS VALUES

Premium Determination for Partners and Sole Proprietors and Members of Limited Liability Companies

in accordance with *Basic Manual* Rule 2-E-3

\$31,900.00

United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with

Basic Manual Rule 3-A-4

86.0%

(Multiply a Non-F classification rate by a factor of 1.86 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and the adjustment for differences in loss-based expenses (1.116).)

Experience Rating Eligibility

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year of last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the *Experience Rating Plan Manual* should be referenced for the latest approved eligibility amounts by state.

Premium Discount Percentages -- (See *Basic Manual* Rule 3-A-19). The following premium discounts are applicable to Standard Premiums:

		Stock
First	\$5,000	-
Next	\$95,000	2.0%
Next	\$400,000	4.0%
Over	\$500,000	6.0%

Expense Constant applicable in accordance with *Basic Manual* Rule 3-A-11

\$200.00

STATE SPECIAL RATING VALUES

Hazard Group Differentials

A	1.890
B	1.420
C	1.260
D	1.130
E	0.980
F	0.790
G	0.590

Tax Multipliers*

A. State (non-F classes)	1.058
B. Federal classes, or non-F classes where rate is increased by the USL&HW Act Percentage	1.152

Expected Loss Ratio

28.0%

Expected Loss and Allocated Expense Ratio

36.5%

Expense Ratios

XIX-B	Including ALAE
XIX-D	Excluding ALAE

2008 Table of Expected Loss Ranges

Effective 01/01/2008

Excess Loss Factors

**Excess Loss Pure Premium Factors
(Applicable to New and Renewal Policies)**

Per Accident Limitation	Hazard Groups						
	A	B	C	D	E	F	G
\$25,000	0.396	0.454	0.490	0.523	0.561	0.615	0.666
\$30,000	0.366	0.424	0.461	0.494	0.534	0.591	0.646
\$35,000	0.341	0.398	0.436	0.469	0.510	0.569	0.627
\$40,000	0.319	0.375	0.413	0.447	0.489	0.549	0.610
\$50,000	0.283	0.337	0.375	0.409	0.452	0.514	0.580
\$75,000	0.225	0.272	0.309	0.341	0.384	0.448	0.520
\$100,000	0.189	0.230	0.266	0.295	0.338	0.400	0.476
\$125,000	0.164	0.200	0.235	0.262	0.303	0.364	0.441
\$150,000	0.146	0.179	0.212	0.238	0.277	0.336	0.414
\$175,000	0.132	0.162	0.194	0.218	0.255	0.312	0.390
\$200,000	0.121	0.149	0.179	0.201	0.237	0.292	0.370
\$250,000	0.105	0.129	0.157	0.177	0.209	0.261	0.338
\$300,000	0.093	0.114	0.141	0.159	0.188	0.237	0.312
\$500,000	0.067	0.082	0.103	0.116	0.139	0.178	0.247
\$1,000,000	0.044	0.054	0.069	0.077	0.092	0.120	0.175
\$2,000,000	0.026	0.034	0.044	0.050	0.060	0.079	0.119
\$5,000,000	0.011	0.015	0.021	0.024	0.029	0.040	0.064

**Excess Loss and Allocated Expense Pure Premium Factors
(Applicable to New and Renewal Policies)**

Per Accident Limitation	Hazard Groups						
	A	B	C	D	E	F	G
\$25,000	0.466	0.529	0.568	0.602	0.643	0.699	0.744
\$30,000	0.434	0.497	0.537	0.573	0.615	0.674	0.724
\$35,000	0.406	0.469	0.510	0.546	0.590	0.651	0.706
\$40,000	0.382	0.444	0.486	0.522	0.568	0.631	0.689
\$50,000	0.343	0.403	0.445	0.482	0.529	0.594	0.659
\$75,000	0.276	0.330	0.371	0.407	0.455	0.524	0.598
\$100,000	0.234	0.282	0.322	0.356	0.403	0.472	0.552
\$125,000	0.204	0.247	0.286	0.318	0.364	0.431	0.514
\$150,000	0.183	0.222	0.260	0.290	0.334	0.400	0.484
\$175,000	0.165	0.201	0.238	0.266	0.308	0.373	0.458
\$200,000	0.151	0.185	0.220	0.246	0.287	0.350	0.435
\$250,000	0.132	0.160	0.193	0.217	0.255	0.314	0.399
\$300,000	0.117	0.142	0.173	0.195	0.229	0.286	0.369
\$500,000	0.083	0.102	0.127	0.143	0.170	0.216	0.293
\$1,000,000	0.055	0.067	0.085	0.095	0.113	0.146	0.209
\$2,000,000	0.033	0.042	0.055	0.062	0.074	0.096	0.143
\$5,000,000	0.015	0.019	0.026	0.030	0.037	0.051	0.079

* Also applicable to Underground Coal Mine Classifications.

STATE SPECIAL RATING VALUES

Retrospective Development Factors

With Loss Limit			Without Loss Limit			4th and Subsequent Adjustment
1st Adj.	2nd Adj.	3rd Adj.	1st Adj.	2nd Adj.	3rd Adj.	
0.07	0.07	0.05	0.16	0.16	0.12	0.00

State Special Classifications by Hazard Group

<u>Code No.</u>	<u>Hazard Grp.</u>
1745	E
2719	E
8295	C

**Indicated Rate Change
Workers Compensation
Arkansas
9/1/2008**

Year	Earned Premium (1)	Current Level Factor (2)	Premium Trend Factor (3)	Earned Prem @ Current Level (4) <small>(1) x (2) x (3)</small>	Average Pricing Level (5)	Manual Prem @ Current Level (6) <small>(4) / (5)</small>
2002	915,597	1.183	1.152	1,248,518	0.945	1,320,701
2003	448,988	1.165	1.130	591,103	0.935	631,951
2004	303,477	1.157	1.108	388,922	0.932	417,402
2005	341,004	1.113	1.086	412,292	0.999	412,908
2006	669,401	1.052	1.065	749,709	1.077	695,976

Year	Non-Weather Capped Incurred Loss (7)	Projected Ultimate Losses (8)	Projected Ultimate ALAE (9)	Loss & ALAE Trend Factor (10)	Trended Ultimate Loss & ALAE (11) <small>[(8) + (9)] x (10)</small>	Loss & ALAE Ratio @ Current Manual Level (12) <small>(11) / (6)</small>	Loss & ALAE Ratio @ Current Pricing Level (13) <small>(11) / [(6) x (14)]</small>	Annual Weights
2002	402,739	582,433	25,760	1.207	734,319	55.6%	46.7%	15%
2003	254,896	358,972	15,877	1.176	440,852	69.8%	58.6%	20%
2004	27,286	37,835	1,673	1.146	45,257	10.8%	9.1%	25%
2005	228,996	299,185	13,233	1.116	348,601	84.4%	70.9%	20%
2006	482,400	583,084	25,789	1.087	661,781	95.1%	79.8%	20%

Expenses and Target Loss & ALAE Ratio	
Fixed Expenses (a)	21.8%
Variable Expenses (b)	39.7%
U/W Profit (c)	2.0%
Target Loss & ALAE Ratio (d)	36.5%

Historical and Selected Manual Loss & ALAE Ratios	
Premium Weighted	64.1%
Premium Wtd w/ Annual Wts	63.3%
Straight Average	63.1%
Weighted Average	60.9%
Selected (e)	63.7%

Current Pricing (14)	State Manual Indicated Rate Level Change (15) <small>[(e)+(a)x(14)] / [(a)+(d)] - 1</small>	State Collected Indicated Rate Level Change (16) <small>[(a)+(e)/(14)] / [(a)+(d)] - 1</small>	Credibility (17)	Credibility Complement (18)	Indicated Rate Level Change (19) <small>(16) x (17) + (18) x [1 - (17)]</small>
119.1%	53.7%	29.1%	13.6%	1.4%	5.1%

**NATIONWIDE AGRIBUSINESS INSURANCE COMPANY
FARMLAND MUTUAL INSURANCE COMPANY**

FILING MEMORANDUM

**WORKER'S COMPENSATION
Arkansas**

Circular:

AR-2008-06

Proposed Effective Date:

09/01/2008 new and renewal business.

Loss Cost Multipliers:

Nationwide Agribusiness Insurance Company

Class Code 8116 **1.380**

All Others **1.541**

Farmland Mutual Insurance Company

Class Code 8215 **1.499**

Class Code 8304 **1.739**

All Others **1.849**

Impact:

Nationwide Agribusiness Insurance Company **0.9%**

Farmland Mutual Insurance Company **-3.2%**

Overall Impact **0.0%**