

SERFF Tracking Number: FDRE-125625460 State: Arkansas  
Filing Company: Federated Rural Electric Insurance Exchange State Tracking Number: #? \$50  
Company Tracking Number: 03 WC 07/08  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: Loss Cost Adoption/03 WC 07/08

## Filing at a Glance

Company: Federated Rural Electric Insurance Exchange

Product Name: Workers Compensation SERFF Tr Num: FDRE-125625460 State: Arkansas  
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #? \$50  
Sub-TOI: 16.0004 Standard WC Co Tr Num: 03 WC 07/08 State Status: Fees verified  
Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding  
Authors: Annette Alexander, Shelly George Disposition Date: 05/05/2008  
Date Submitted: 04/30/2008 Disposition Status: Approved  
Effective Date Requested (New): Effective Date (New): 07/01/2008  
Effective Date Requested (Renewal): 07/01/2008 Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Loss Cost Adoption  
Project Number: 03 WC 07/08

Status of Filing in Domicile: Not Filed  
Domicile Status Comments: Loss costs specific to Arkansas.

Reference Organization:  
Reference Title:  
Filing Status Changed: 05/05/2008  
State Status Changed: 05/01/2008  
Corresponding Filing Tracking Number:  
Filing Description:  
Adoption of Arkansas loss costs.

Reference Number:  
Advisory Org. Circular:

Deemer Date:

## Company and Contact

### Filing Contact Information

Shelly George, Actuarial Assistant SGeorge@FederatedRural.com

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Project Name/Number: Loss Cost Adoption/03 WC 07/08

11875 W. 85th St. (913) 541-2958 [Phone]  
Lenexa, KS 66214 (913) 541-2858[FAX]

**Filing Company Information**

Federated Rural Electric Insurance Exchange CoCode: 11118 State of Domicile: Kansas  
11875 W. 85th St. Group Code: Company Type: Commercial P&C  
Insurance  
Lenexa, KS 99214 Group Name: State ID Number:  
(800) 356-8360 ext. 152[Phone] FEIN Number: 39-6058596  
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## Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
071204	\$50.00	04/28/2008

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## Correspondence Summary

### Dispositions

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

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	05/01/2008	05/01/2008	Shelly George	05/05/2008	05/05/2008

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## Disposition

Disposition Date: 05/05/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal):

Status: Approved

Comment: Approved contingent on receiving the filing fee.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Federated Rural Electric Insurance Exchange	-36.500%	\$-1,357	2	\$3,718	%	%	-36.500%

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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		Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation		Yes
<b>Supporting Document</b>	NAIC loss cost data entry document		Yes
<b>Rate</b>	RATE PAGE		Yes

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 05/01/2008

Submitted Date 05/01/2008

Respond By Date

Dear Shelly George,

If you are adopting the NCCI loss costs, you must state the Item Filing number you are adopting. You must state the Item Filing number shown in the circular and not the Circular number.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 05/05/2008

Submitted Date 05/05/2008

Dear Carol Stiffler,

### Comments:

### Response 1

Comments: Dear Carol,

We are adopting NCCI's loss costs per Item Filing # AR-2008-02.

Thank you.

Shelly

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

*SERFF Tracking Number:*      *FDRE-125625460*                      *State:*                      *Arkansas*  
*Filing Company:*              *Federated Rural Electric Insurance Exchange*      *State Tracking Number:*      *#? \$50*  
*Company Tracking Number:*      *03 WC 07/08*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*                      *Workers Compensation*  
*Project Name/Number:*              *Loss Cost Adoption/03 WC 07/08*

**No Rate/Rule Schedule items changed.**

Sincerely,  
Annette Alexander, Shelly George

<i>SERFF Tracking Number:</i>	<i>FDRE-125625460</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Federated Rural Electric Insurance Exchange</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>03 WC 07/08</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Loss Cost Adoption/03 WC 07/08</i>		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	File and Use
<b>Rate Change Type:</b>	Decrease
<b>Overall Percentage of Last Rate Revision:</b>	2.400%
<b>Effective Date of Last Rate Revision:</b>	01/01/2008
<b>Filing Method of Last Filing:</b>	File and Use

## Company Rate Information

<b>Company Name:</b>	<b>Overall % Indicated Change:</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>
Federated Rural Electric Insurance Exchange	-36.500%	-36.500%	\$-1,357	2	\$3,718	%	%

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
	RATE PAGE	RATE PAGE	Replacement	03 WC 01/01/2008 AR WC Rate Pg 7-1-08.pdf

**Federated Rural Electric Insurance Exchange**  
**11875 West 85<sup>th</sup> Street**  
**Lenexa, Kansas 66214**

Arkansas  
 State Code 03  
 Effective 7/1/2008

**Workers' Compensation and Employer's Liability**

**Manual Page**

<b>Job Classification</b>	<b>Code</b>	<b>Rate</b>
	7421	1.74
	7520	1.48
	7540	1.86
	7600	1.71
	8350	3.72
	8742	0.31
	8810	0.16
	8901	0.17

**Miscellaneous Values**

**Premium Discount Percentages.** The following discounts are applicable to Standard Premiums:

First	\$	10,000	.....	- - - - -
Over		10,000	.....	5 %

**Terrorism Risk Insurance Act – Certified Losses (Advisory Loss Costs) \$0.02**

United States Longshoremen's and Harbor Workers' Compensation Coverage Percentage applicable only in connection with Rule XII-D-3 "U.S. Longshoremen's and Harbor Workers' Compensation Act" of the Basic Manual ..... 104 %

(Multiply a Non—"F" Classification Rate by a Factor of 2.04)

No Minimum Premium required.

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## Supporting Document Schedules

### Review Status:

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

#### Comments:

#### Attachment:

AR Transmittal Document 7-1-08.pdf

### Review Status:

**Satisfied -Name:** NAIC Loss Cost Filing Document for Workers' Compensation 04/28/2008

#### Comments:

Loss Cost Expense Constant Supplement is n/a.

#### Attachments:

AR WC loss\_cost\_wc\_coverLC 07-08.pdf

AR WC Calc of Co LCM 07-08.pdf

### Review Status:

**Satisfied -Name:** NAIC loss cost data entry document 04/28/2008

#### Comments:

#### Attachment:

AR NAIC loss cost data entry doc 07-08.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: f. State Filing #: g. SERFF Filing #:
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<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #
Federated Rural Electric Insurance Exchange	KS	11118	39-6058596

<b>5. Company Tracking Number</b>	03 WC 07/08
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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
	Shelly George, 11875 W. 85 <sup>th</sup> , Lenexa, KS 66214	Actuarial Asst.	1-800-356-8360 Ext. 158	913-541-9004	SGeorge@FederatedRural.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Shelly George

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

9.	Type of Insurance (TOI)	Workers' Compensation
10.	Sub-Type of Insurance (Sub-TOI)	
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	16.00
12.	Company Program Title (Marketing title)	Rural Electric Cooperatives
13.	Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New:                      Renewal: <b>July 01, 2008</b>
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	October 16, 2007
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	03 WC 07/08
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<b>21.</b>	<b>Filing Description</b> [This area should be similar to the body of a cover letter and is free-form text]
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Adoption of 07/01/2008 loss costs. No change in current LCM on file.

<b>22.</b>	<b>Filing Fees</b> (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 #:** 091204  
**Amount:** \$50.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

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

## 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	n/a		[ ] Replacement [ ] Withdrawn [ ] Neither		
02			[ ] Replacement [ ] Withdrawn [ ] Neither		
03			[ ] Replacement [ ] Withdrawn [ ] Neither		
04			[ ] Replacement [ ] Withdrawn [ ] Neither		
05			[ ] Replacement [ ] Withdrawn [ ] Neither		
06			[ ] Replacement [ ] Withdrawn [ ] Neither		
07			[ ] Replacement [ ] Withdrawn [ ] Neither		
08			[ ] Replacement [ ] Withdrawn [ ] Neither		
09			[ ] Replacement [ ] Withdrawn [ ] Neither		
10			[ ] Replacement [ ] Withdrawn [ ] Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) **(Do not refer to the body of the filing for the forms listing.)** and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

## 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.)

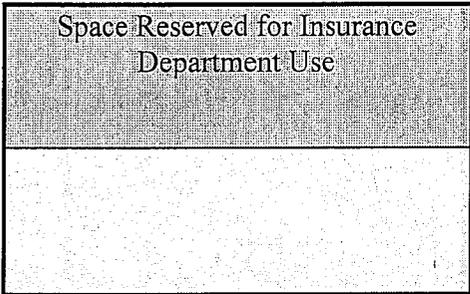
**(Do not refer to the body of the filing for the component/exhibit listing.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	03 WC 07/08		
<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)			
<input type="checkbox"/> Rate Increase                      X Rate Decrease <input type="checkbox"/> Rate Neutral (0%)				
<b>3.</b>	<b>Overall percentage rate impact for this filing</b>	-36.5 %		
<b>4.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>	\$-1,357		
<b>5.</b>	<b>Effect of Rate Filing – Number of policyholders</b>	2		
<b>6.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File and Use		
<b>7.</b>	<b>Rate Change by Company</b>			
<b>Company Name</b>		<b>Percentage Change</b>	<b>Effect of Rate Filing</b>	
			<b># of policyholders for this program</b>	<b>Written premium change for this program</b>
Federated Rural Elec. Ins Exchg.		-36.5%	2	\$-1,357
<b>8.</b>	<b>Overall percentage of last rate revision</b>	2.4%		
<b>9.</b>	<b>Effective Date of last rate revision</b>	01/01/2008		
<b>10.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File and use		
<b>11.</b>	<b>Exhibit Name/Description /Synopsis</b>	<b>Rule # or Page #</b>	<b>Replacement or withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01	DOM – Rate Page	Page 1 (There's only one page)	[X] Replacement [ ] Withdrawn [ ] Neither	03 WC 01-01-08
02			[ ] Replacement [ ] Withdrawn [ ] Neither	
03			[ ] Replacement [ ] Withdrawn [ ] Neither	
04			[ ] Replacement [ ] Withdrawn [ ] Neither	
05			[ ] Replacement [ ] Withdrawn [ ] Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

Date: 4-30-08



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

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

1. INSURER NAME Federated Rural Electric Ins. Exchange  
ADDRESS P.O. BOX 15147  
Lenexa, KS 66285-5147
  
2. PERSON RESPONSIBLE FOR FILING Shelly George  
TITLE Actuarial Asst. TELEPHONE # 800-356-8360x158
  
3. INSURER NAIC # 11118
  
4. ADVISORY ORGANIZATION NCCI
  
- 5A. PROPOSED RATE LEVEL CHANGE -36.5 % EFFECTIVE DATE 7-1-08  
5B. PROPOSED PREMIUM LEVEL CHANGE\* \_\_\_\_\_ % EFFECTIVE DATE \_\_\_\_\_
  
- 6A. PRIOR RATE LEVEL CHANGE +2.4 % EFFECTIVE DATE 1-1-08  
6B. PRIOR PREMIUM LEVEL CHANGE\* \_\_\_\_\_ % EFFECTIVE DATE \_\_\_\_\_
  
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.

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

**CALCULATION OF COMPANY LOSS COST MULTIPLIER**

(EFFECTIVE AUG. 16, 2004)

This filing transmittal is part of Company Tracking #	03 WC 07/08
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	n/a - rates only.

( ) Loss Cost Reference Filing NCCI ( ) 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?**  **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) \_\_\_\_\_

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	1.85 %
B.	General Expense	8.02 %
C.	Taxes, Licenses & Fee	8.70 %
D.	Underwriting profit & contingencies*	3.74 %
E.	Other (explain)	-0 %
F.	Total	22.31 %
* Explain how investment income is taken into account		Included in P+C

5.	A.	Expected Loss Ratio: ELR = 100% - 4F =	77.69
	B.	ELR in Decimal Form =	.777

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

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.000
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)	0.950
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.41
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.36

- |   | Yes | No                                  |
|---|-----|-------------------------------------|
| 10. <b>Are you amending your minimum premium formula?</b> If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc. | ( ) | <input checked="" type="checkbox"/> |
| 11. <b>Are you changing your premium discount schedules?</b> If yes, attach schedules and support, detailing premium or rate level changes.   | ( ) | <input checked="" type="checkbox"/> |

**NAIC LOSS COST DATA ENTRY DOCUMENT** (EFFECTIVE AUG. 16, 2004)

<b>1.</b>	This filing transmittal is part of Company Tracking #	<b>03 WC 07/08</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	
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	Company Name		Company NAIC Number	
<b>3.</b>	<b>A.</b>	<b>Federated Rural Electric Insurance Exchange</b>	<b>B.</b>	<b>11118</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>B.</b>	

<b>5.</b>	FOR LOSS COSTS ONLY							
	(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(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>WC</b>	<b>-36.5</b>	<b>-36.5</b>			<b>1.36</b>		<b>1.36</b>
	<b>TOTAL OVERALL EFFECT</b>							

<b>6.</b>	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>2008</b>	<b>2</b>	<b>-36.5</b>	<b>7/1/08</b>				
	<b>2008</b>	<b>2</b>	<b>+2.4</b>	<b>1/1/08</b>				
	<b>2007</b>	<b>2</b>	<b>-10.6</b>	<b>7/1/07</b>	<b>3,625</b>	<b>51,575</b>		
	<b>2006</b>	<b>2</b>	<b>+21.7</b>	<b>7/1/06</b>	<b>2,693</b>	<b>-124,760</b>		
	<b>2005</b>	<b>2</b>	<b>+1.5</b>	<b>7/1/05</b>	<b>25,443</b>	<b>10,634</b>		
	<b>2004</b>	<b>2</b>	<b>-8</b>	<b>7/1/04</b>	<b>54,179</b>	<b>280,164</b>		
	<b>2003</b>	<b>2</b>	<b>-15.0</b>	<b>7/1/03</b>	<b>40,851</b>	<b>-10,095</b>		

<b>7.</b>	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.**        Apply Lost Cost Factors to Future filings? (Y or N)
- 9.**   0   Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): \_\_\_\_\_
- 10.** -36.5 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): \_\_\_\_\_