

SERFF Tracking Number: FEMC-125663757 State: Arkansas
First Filing Company: Federated Service Insurance Company, ... State Tracking Number: EFT \$100
Company Tracking Number: WC-AR-08-6
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: WC-AR-08-6/WC-AR-08-6

Filing at a Glance

Companies: Federated Service Insurance Company, Federated Mutual Insurance Company

Product Name: Workers Compensation SERFF Tr Num: FEMC-125663757 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$100
Sub-TOI: 16.0004 Standard WC Co Tr Num: WC-AR-08-6 State Status: Fees verified and received
Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Author: Carolyn Stursa Disposition Date: 05/27/2008
Date Submitted: 05/22/2008 Disposition Status: Approved
Effective Date Requested (New): 07/01/2008 Effective Date (New): 07/01/2008
Effective Date Requested (Renewal): 07/01/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: WC-AR-08-6 Status of Filing in Domicile:
Project Number: WC-AR-08-6 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 05/27/2008
State Status Changed: 05/27/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

We wish to implement this filing for all new business and renewals effective on and after July 1, 2008.

Company and Contact

Filing Contact Information

Carolyn Stursa, Property & Casualty Product cmstursa@fedins.com

SERFF Tracking Number: FEMC-125663757 State: Arkansas
First Filing Company: Federated Service Insurance Company, ... State Tracking Number: EFT \$100
Company Tracking Number: WC-AR-08-6
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: WC-AR-08-6/WC-AR-08-6

Specialist

121 E Park Square (800) 533-0472 [Phone]
Owatonna, MN 55060 (507) 444-6691[FAX]

Filing Company Information

Federated Service Insurance Company CoCode: 28304 State of Domicile: Minnesota
121 East Park Square Group Code: 7 Company Type:
PO Box 328
Owatonna, MN 55060 Group Name: State ID Number:
(800) 533-0472 ext. [Phone] FEIN Number: 41-0984698

Federated Mutual Insurance Company CoCode: 13935 State of Domicile: Minnesota
121 East Park Square Group Code: 7 Company Type:
PO Box 328
Owatonna, MN 55060 Group Name: State ID Number:
(800) 533-0472 ext. [Phone] FEIN Number: 41-0417460

SERFF Tracking Number: FEMC-125663757 State: Arkansas
First Filing Company: Federated Service Insurance Company, ... State Tracking Number: EFT \$100
Company Tracking Number: WC-AR-08-6
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: WC-AR-08-6/WC-AR-08-6

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federated Service Insurance Company	\$0.00	05/22/2008	
Federated Mutual Insurance Company	\$100.00	05/22/2008	20469555

SERFF Tracking Number: FEMC-125663757 State: Arkansas
First Filing Company: Federated Service Insurance Company, ... State Tracking Number: EFT \$100
Company Tracking Number: WC-AR-08-6
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: WC-AR-08-6/WC-AR-08-6

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/27/2008	05/27/2008

SERFF Tracking Number: FEMC-125663757 State: Arkansas
 First Filing Company: Federated Service Insurance Company, ... State Tracking Number: EFT \$100
 Company Tracking Number: WC-AR-08-6
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: WC-AR-08-6/WC-AR-08-6

Disposition

Disposition Date: 05/27/2008
 Effective Date (New): 07/01/2008
 Effective Date (Renewal):
 Status: Approved
 Comment:

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 Service Insurance Company	-6.900%	\$-238,150	432	\$3,451,456	%	%	0.000%
Federated Mutual Insurance Company	-10.000%	\$-13,151	9	\$131,511	%	%	0.000%

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	-7.000%
Effect of Rate Filing-Written Premium Change For This Program	\$-251,301
Effect of Rate Filing - Number of Policyholders Affected	441

SERFF Tracking Number: FEMC-125663757 State: Arkansas
 First Filing Company: Federated Service Insurance Company, ... State Tracking Number: EFT \$100
 Company Tracking Number: WC-AR-08-6
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: WC-AR-08-6/WC-AR-08-6

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Withdrawn	No
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Cover Letter & Explanatory Memorandum	Approved	Yes
Supporting Document	Rate Indication Exhibit	Approved	Yes
Rate	Mutual Workers Compensation & Employers Liability Rates, Misc Values & Retro Rating Plan, State Special Rating Values Manual Pages	Approved	Yes
Rate	Service Workers Compensation & Employers Liability Rates, Misc Values & Retro Rating Plan, State Special Rating Values Manual Pages	Approved	Yes

SERFF Tracking Number:	FEMC-125663757	State:	Arkansas
First Filing Company:	Federated Service Insurance Company, ...	State Tracking Number:	EFT \$100
Company Tracking Number:	WC-AR-08-6		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	WC-AR-08-6/WC-AR-08-6		

Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	Decrease
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	07/01/2008
Filing Method of Last Filing:	Prior Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Federated Service Insurance Company	0.000%	-6.900%	-\$238,150	432	\$3,451,456	%	%
Federated Mutual Insurance Company	0.000%	-10.000%	-\$13,151	9	\$131,511	%	%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:	0.000%
Overall Percentage Rate Impact For This Filing:	-7.000%
Effect of Rate Filing - Written Premium Change For This Program:	-\$251,301

<i>SERFF Tracking Number:</i>	<i>FEMC-125663757</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Federated Service Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>WC-AR-08-6</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>WC-AR-08-6/WC-AR-08-6</i>		

Effect of Rate Filing - Number of Policyholders Affected: 441

SERFF Tracking Number: FEMC-125663757 State: Arkansas
 First Filing Company: Federated Service Insurance Company, ... State Tracking Number: EFT \$100
 Company Tracking Number: WC-AR-08-6
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: WC-AR-08-6/WC-AR-08-6

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Mutual Workers Compensation & Employers Liability Rates, Misc Values & Retro Rating Plan, State Special Rating Values Manual Pages	F1-F8 (7-1-08) RR1-RR2 (7-1-08)	Replacement	Mutual rates, misc values, retro.pdf
Approved	Service Workers Compensation & Employers Liability Rates, Misc Values & Retro Rating Plan, State Special Rating Values Manual Pages	F1-F8 (7-1-08) RR1-RR2 (7-1-08)	Replacement	Service rates, misc values, retro.pdf

LEGEND

C Classification is a chemical code.

E Classification involving specific disease loading. Refer to Home Office for amount.

D Special Disease Rule for this classification - see Rule IV of Manual Supplement - Treatment of Disease Coverage.

P Per Capita

X Refer to special classification phraseology in these pages which is applicable in this state.

Class Code	Manual Rate	Min. Prem.	Class Code	Manual Rate	Min. Prem.	Class Code	Manual Rate	Min. Prem.
0005	6.10	750	1322	14.93	750	2041	4.06	748
0008	2.48	535	1430	4.12	750	2065	1.52	405
0016	5.34	750	1438	2.31	512	2070	5.19	750
0034	4.10	750	1452	1.60	416	2081	3.66	694
0035	2.45	531	1463	11.07	750	2089	2.41	525
0036	3.90	727	1472	3.85	720	2095	2.59	550
0037	4.40	750	1624 E	7.22	750	2105	2.31	512
0042	6.07	750	1642	3.88	724	2110	2.03	474
0050	4.94	750	1654	5.96	750	2111	2.39	523
0059 D	0.28		1655	4.70	750	2112	2.58	548
0065 D	0.05		1699	1.90	457	2114	2.55	544
0066 D	0.05		1701	2.94	597	2121	2.12	486
0067 D	0.05		1710 E	5.82	750	2130	2.66	559
0079	4.02	743	1741 E	1.76	438	2131	1.79	442
0083	9.27	750	1745 X	2.85	585	2143	2.08	481
0106	10.85	750	1747	2.48	535	2157	3.85	720
0113	5.44	750	1748	7.09	750	2172	1.49	401
0170	2.34	516	1803 D	5.09	750	2174	2.78	575
0251	4.79	750	1852 D	2.36	519	2211	5.20	750
0400	7.67	750	1853	2.20	497	2220	1.85	450
0401	10.47	750	1860	1.85	450	2286	1.35	382
0771 N	0.28		1924	4.02	743	2288	3.84	718
0908 P	135.00	335	1925	2.78	575	2300	2.03	474
0913 P	333.26	750	2001	2.26	505	2302	1.62	419
0917	3.73	704	2002	2.85	585	2305	2.03	474
1005 *	10.49	750	2003	3.21	633	2361	1.15	355
1016 X*	39.13	750	2014	6.04	750	2362	1.67	425
1164 E	6.78	750	2016	1.89	455	2380	4.29	750
1165 E	4.46	750	2021	3.16	627	2386	1.07	344
1320	2.78	575	2039	4.23	750	2388	1.82	446

* **1005** - Includes a non-ratable disease element of \$5.12. (For coverage written separately for federal benefits only, \$3.37. For coverage written separately for state benefits only, \$1.74.) See Exception Rules.

* **1016** - Includes a non-ratable disease element of \$20.46. (For coverage written separately for federal benefits only, \$13.48. For coverage written separately for state benefits only, \$6.97), and a catastrophe load of \$0.12.

Non-Ratable Code and Rate to be used with:

b 4771

<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>	<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>	<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>
2402	2.04	475	2960	3.07	614	3257	3.24	637
2413	1.60	416	3004	2.61	552	3270	3.07	614
2416	1.59	415	3018	2.44	529	3300	4.24	750
2417	1.49	401	3022	3.02	608	3303	3.63	690
2501	1.29	374	3027	2.55	544	3307	3.19	631
2503	1.27	371	3028	2.20	497	3315	2.50	538
2534	2.04	475	3030	3.82	716	3334	2.03	474
2570	4.70	750	3040	3.54	678	3336	2.09	482
2585	2.94	597	3041	3.16	627	3365	9.71	750
2586	1.26	370	3042	3.02	608	3372	2.70	565
2587	2.75	571	3064	4.37	750	3373	2.75	571
2589	1.37	385	3069	6.37	750	3383	1.02	338
2600	6.07	750	3076	2.81	579	3385	0.83	312
2623	2.67	560	3081 D	2.74	570	3400	2.58	548
2651	2.50	538	3082 D	3.69	698	3507	2.94	597
2660	1.38	386	3085 D	3.08	616	3515	2.08	481
2670	2.19	496	3110	2.70	565	3548	1.29	374
2683	1.87	452	3111	2.83	582	3559	2.47	533
2688	2.89	590	3113	2.23	501	3574	1.07	344
2701	7.03	750	3114	2.48	535	3581	1.37	385
2702 X	28.66	750	3118	1.15	355	3612	2.09	482
2710	8.35	750	3119	1.04	340	3620	5.52	750
2714	3.96	735	3122	1.43	393	3629	1.58	413
2719 X	10.52	750	3126	1.63	420	3632	3.23	636
2731	3.52	675	3131	0.99	334	3634	1.62	419
2735	2.47	533	3132	2.34	516	3635	1.97	466
2759	8.03	750	3145	2.26	505	3638	1.40	389
2790	1.48	400	3146	2.61	552	3642	0.80	308
2802	5.00	750	3169	2.33	515	3643	2.81	579
2812	3.51	674	3175 D	2.70	565	3647	3.19	631
2835	1.52	405	3179	2.28	508	3648	2.04	475
2836	2.14	489	3180	1.70	430	3681	1.48	400
2841	3.54	678	3188	1.45	396	3685	1.70	430
2881	2.39	523	3220	1.79	442	3719	2.48	535
2883	3.88	724	3223	2.85	585	3724	5.49	750
2913	3.88	724	3224	2.33	515	3726	2.88	589
2915	4.04	745	3227	1.73	434	3803	1.81	444
2916	2.22	500	3240	2.88	589	3807	2.00	470
2923	2.28	508	3241	2.67	560	3808	2.61	552
2942	2.23	501	3255	2.22	500	3821	3.93	731

Class Code	Manual Rate	Min. Prem.	Class Code	Manual Rate	Min. Prem.	Class Code	Manual Rate	Min. Prem.
3822	3.44	664	4304	2.63	555	4777	1.65	423
3824	4.61	750	4307	2.09	482	4825	0.85	315
3826	0.83	312	4351	1.08	346	4828	1.59	415
3827	1.49	401	4352	0.96	330	4829	1.15	355
3830	1.07	344	4360	0.86	316	4902	1.27	371
3851	2.52	540	4361	1.26	370	4923	1.05	342
3865	1.21	363	4362	1.10	349	5020	7.00	750
3881	3.35	652	4410	3.05	612	5022	5.03	750
4000	6.87	750	4420	3.68	697	5037	19.73	750
4021	5.63	750	4431	1.41	390	5040	26.46	750
4024 E	2.11	485	4432	1.52	405	5057	18.93	750
4034	6.60	750	4439	1.60	416	5059	22.48	750
4036	2.39	523	4452	3.10	619	5069	28.39	750
4038	2.06	478	4459	1.78	440	5102	4.17	750
4053	3.27	641	4470	2.26	505	5146	5.09	750
4061	4.02	743	4484	1.98	467	5160	3.60	686
4062	2.19	496	4493	2.41	525	5183	3.03	609
4101	1.90	457	4511	0.71	296	5188	4.56	750
4111	2.91	593	4557	1.62	419	5190	2.78	575
4112	0.90	322	4558	1.57	412	5191 X	1.89	455
4113	1.26	370	4561	1.89	455	5192	4.07	749
4114	2.11	485	4568	2.47	533	5213	7.18	750
4130	4.32	750	4581	1.65	423	5215	4.29	750
4131	2.31	512	4583	5.05	750	5221	5.28	750
4133	2.28	508	4611	0.91	323	5222	12.20	750
4150	1.59	415	4635	4.70	750	5223	5.38	750
4206	3.49	671	4653	1.23	366	5348	4.17	750
4207	0.96	330	4665	6.37	750	5402	4.62	750
4239	1.21	363	4670	3.65	693	5403	9.56	750
4240	2.34	516	4683	4.65	750	5437	4.53	750
4243	1.59	415	4686	1.21	363	5443	4.10	750
4244	2.81	579	4692	0.46	262	5445	5.14	750
4250	1.41	390	4693	0.88	319	5462	5.42	750
4251	1.68	427	4703	2.30	511	5472	4.94	750
4263	2.09	482	4717	1.70	430	5473	6.76	750
4273	1.82	446	4720	4.97	750	5474	7.42	750
4279	1.71	431	4740	1.46	397	5478	4.51	750
4282	2.01	471	4741	1.67	425	5479	7.99	750
4283	1.87	452	4751	1.41	390	5480	8.08	750
4299	1.42	392	4771 N	1.62	419	5491	2.09	482

For Non-Ratable portion of Rate, refer to:
b 0771

Class Code	Manual Rate	Min. Prem.	Class Code	Manual Rate	Min. Prem.	Class Code	Manual Rate	Min. Prem.
5506	3.77	709	6854	5.22	750	7710	5.96	750
5507	5.67	750	6882	5.22	750	7711	5.96	750
5508 D	9.57	750	6884	11.79	750	7720 X	2.66	559
5535	6.37	750	7133	3.54	678	7855	6.41	750
5537	4.75	750	7222	9.90	750	8001	2.30	511
5551	14.40	750	7228 X	7.03	750	8002	3.35	652
5606	1.46	397	7229 X	7.37	750	8006	2.00	470
5610	5.61	750	7230	4.15	750	8008	1.26	370
5645	11.46	750	7231	5.50	750	8010	1.95	463
5651	8.50	750	7232	12.98	750	8013	0.43	258
5703	92.69	750	7360	7.17	750	8015	0.66	289
5705	5.42	750	7370	5.06	750	8017	1.21	363
5951	0.41	255	7380 X	3.49	671	8018 X*	2.59	550
6003	10.16	750	7382	2.88	589	8021	1.92	459
6005	7.72	750	7390	3.73	704	8031	3.99	739
6017	3.96	735	7403	2.99	604	8032	1.63	420
6018	2.15	490	7405 N	1.18	359	8033	1.95	463
6045	2.50	538	7420 X*	25.88	750	8039	1.41	390
6204	10.11	750	7421	2.74	570	8044	2.85	585
6206	6.41	750	7422	2.31	512	8045	0.42	257
6213	8.44	750	7425	4.28	750	8046	2.75	571
6214	2.85	585	7431 N	1.74	435	8047	1.10	349
6216	6.57	750	7445 N	0.63	285	8058	2.40	524
6217	5.14	750	7453 N	0.94	327	8072	0.83	312
6229	5.09	750	7502	2.56	546	8102	2.61	552
6233	5.55	750	7515	1.10	349	8103	3.85	720
6235	14.76	750	7520	2.33	515	8105	4.98	750
6236	12.15	750	7538	10.42	750	8106	3.95	733
6237	3.11	620	7539	4.46	750	8107	3.36	654
6251 D	8.10	750	7540	2.92	594	8111	3.88	724
6252 D	6.05	750	7580	1.93	461	8116	3.89	725
6260 D	5.34	750	7590 D	5.34	750	8203	5.67	750
6306	5.75	750	7600	2.69	563	8204	4.92	750
6319	5.61	750	7601	12.12	750	8209	3.08	616
6325	4.68	750	7605	3.38	656	8215	5.91	750
6400	7.03	750	7610	0.55	274	8227	3.22	635
6504	2.42	527	7611	5.42	750	8232	5.52	750
6811	5.22	750	7612	12.09	750	8233	5.28	750
6834	3.69	698	7613	4.83	750	8235	4.26	750
6836	6.02	750	7705	2.66	559	8263	9.62	750

* 7409 Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005.

* 7420 Payroll is subject to a maximum of \$600 per week per employee effective July 1, 2006.

* 8018 See Arkansas Special Classification for Warehousing-groceries exclusively.

Non-Ratable Code and Rate to be used with:

d 7405 e 7431

For Non-Ratable portion of Rate, refer to:

b 7445 c 7453

Class Code	Manual Rate	Min. Prem.	Class Code	Manual Rate	Min. Prem.	Class Code	Manual Rate	Min. Prem.
8264	3.47	668	8868	0.39	253	9521	5.45	750
8265	9.57	750	8869	0.75	301	9522	1.62	419
8279	9.20	750	8871	0.24	232	9534	7.20	750
8288	6.19	750	8901	0.27	236	9554	7.64	750
8291	2.15	490	9012	2.00	470	9586	0.68	292
8292	3.07	614	9014	2.86	586	9600	1.68	427
8293	7.06	750	9015 X	2.48	535	9620	1.16	357
8295 X	7.72	750	9016	6.41	750	9620	1.11	350
8304	7.11	750	9019	3.05	612			
8350	5.26	750	9033	2.03	474			
8380	3.11	620	9040 *	3.63	690			
8381	1.54	408	9052	1.60	416			
8385	2.48	535	9058	1.84	448			
8392	3.10	619	9059	2.85	585			
8393	1.76	438	9060	1.87	452			
8500	6.54	750	9061	1.43	393			
8601	0.85	315	9063	1.02	338			
8606	2.88	589	9082	1.65	423			
8719	1.93	461	9083	1.67	425			
8720	1.40	389	9084	1.93	461			
8721	0.41	255	9089	1.18	359			
8742 X	0.49	266	9093	1.45	396			
8745	4.72	750	9101	3.11	620			
8748	0.42	257	9102	3.00	605			
8755	0.27	236	9154	2.00	470			
8799	0.99	334	9156	1.35	382			
8800	0.99	334	9170	2.86	586			
8803	0.08	211	9178	27.01	750			
8810	0.25	234	9179	37.05	750			
8820	0.22	230	9180	3.82	716			
8824	2.55	544	9182	2.78	575			
8825	2.17	493	9186	54.88	750			
8826	2.30	511	9220	3.51	674			
8829	2.77	574	9402	4.43	750			
8831	2.70	565	9403	5.90	750			
8832	0.28	238	9410	1.81	444			
8833 X*	0.93	326	9501	4.53	750			
8835	2.03	474	9505	3.93	731			
8842	1.51	404	9516	3.35	652			
8864	1.51	404	9519	1.89	455			

* **8833 & 9040** A charge of \$0.15 is to added to this class' rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

MISCELLANEOUS VALUES

Basis of Premium applicable in accordance with the footnote instructions for Code 7370 - "Taxicab Co. - Drivers" and "Limousine Co. - Drivers":

Employee Operated Vehicles	\$48,893.00
Leased or Rented Vehicles	\$32,595.00

Expense Constant applicable in accordance with Basic Manual Rule 3-A-11 \$200.00

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

			Premium Discount
First \$	5,000	-	-
Next	95,000	"a"	10.9%
Next	400,000	"b"	12.6%
Over	500,000	"c"	14.4%

Maximum Payroll applicable in accordance with Basic Manual Rule 2-E-1 --

"Executive Officers" and the 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

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

Per Passenger Seat Surcharge - In accordance with the footnote instructions for Classification Code 7421, the surcharge is \$100 per passenger seat
\$1,000 maximum surcharge per aircraft

Premium Determination for Partners and Sole Proprietors applicable in accordance with Basic Manual Rule 2-E-3 \$31,900.00

Terrorism Risk Insurance Act of 2002 - Losses subject to the Act
Terrorism premium charge per \$100 of total policy payroll \$0.03

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents
Terrorism premium charge per \$100 of total policy payroll \$0.01

Per Claim Deductible Credits : The following are applicable by hazard group:

Deductible Credit	Hazard Group						
	A	B	C	D	E	F	G
500	7.6%	6.1%	5.2%	4.3%	3.6%	2.5%	1.9%
1,000	10.1%	8.1%	6.9%	5.7%	4.8%	3.3%	2.5%
1,500	12.4%	9.9%	8.5%	7.1%	6.1%	4.2%	3.2%
2,000	14.1%	11.4%	9.8%	8.3%	7.1%	5.0%	3.8%
2,500	15.6%	12.7%	11.0%	9.4%	7.9%	5.7%	4.4%
3,000	16.9%	13.8%	12.0%	10.3%	8.8%	6.4%	4.8%
3,500	18.2%	14.8%	12.9%	11.1%	9.5%	7.0%	5.3%
4,000	19.3%	15.8%	13.8%	12.0%	10.2%	7.5%	5.7%
4,500	20.4%	16.7%	14.6%	12.7%	10.9%	8.1%	6.1%
5,000	21.3%	17.6%	15.4%	13.4%	11.5%	8.6%	6.5%

MISCELLANEOUS VALUES

Indemnity Only Deductible Credits : The following are applicable by hazard group:

Deductible Credit	Hazard Group						
	A	B	C	D	E	F	G
500	1.6%	1.2%	1.1%	1.0%	0.9%	0.8%	0.6%
1,000	2.1%	1.6%	1.5%	1.4%	1.2%	1.0%	0.8%
1,500	2.9%	2.3%	2.1%	1.9%	1.7%	1.5%	1.1%
2,000	3.6%	2.9%	2.6%	2.5%	2.2%	1.8%	1.4%
2,500	4.2%	3.4%	3.1%	3.0%	2.6%	2.2%	1.6%
3,000	4.8%	3.9%	3.6%	3.3%	3.0%	2.5%	1.9%
3,500	5.4%	4.4%	4.0%	3.7%	3.3%	2.8%	2.1%
4,000	5.8%	4.8%	4.4%	4.1%	3.7%	3.1%	2.3%
4,500	6.3%	5.2%	4.8%	4.4%	4.0%	3.3%	2.6%
5,000	6.8%	5.6%	5.1%	4.8%	4.3%	3.6%	2.8%

Medical Only Deductible Credits : The following are applicable by hazard group:

Deductible Credit	Hazard Group						
	A	B	C	D	E	F	G
500	7.3%	5.9%	5.0%	4.1%	3.5%	2.4%	1.7%
1,000	9.8%	7.8%	6.7%	5.5%	4.7%	3.2%	2.3%
1,500	11.8%	9.5%	8.1%	6.8%	5.7%	4.0%	3.0%
2,000	13.3%	10.7%	9.2%	7.8%	6.6%	4.6%	3.5%
2,500	14.5%	11.8%	10.2%	8.6%	7.3%	5.2%	3.9%
3,000	15.6%	12.7%	11.0%	9.4%	7.9%	5.7%	4.3%
3,500	16.5%	13.6%	11.7%	10.0%	8.5%	6.1%	4.7%
4,000	17.5%	14.3%	12.4%	10.6%	9.1%	6.6%	5.0%
4,500	18.3%	15.0%	13.1%	11.3%	9.6%	7.0%	5.3%
5,000	19.0%	15.6%	13.6%	11.7%	10.0%	7.4%	5.6%

United States Longshore and Harbor Workers' Compensation Coverage Percentage

applicable only in connection with Rule 3-A-4 "U.S. Longshore and Harbor Workers' Compensation Act" of the Basic Manual

86%

(Multiply a Non-F classification rate by a factor of 1.86)

EXPERIENCE RATING ELIGIBILITY

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or 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.

1. Hazard Group Differentials

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

2. Tax Multiplier

1.020

4. Table of Expense RatiosStock
XXIII-A3. Expected Loss Ratio

70.6%

5. 2008 - Table of Expected Loss Ranges

Effective January 1, 2008

6. Excess Loss FactorsPer Accident
Limitation

Hazard Groups

	A	B	C	D	D	D	D
25,000	0.280	0.321	0.346	0.369	0.396	0.434	0.470
30,000	0.258	0.299	0.325	0.349	0.377	0.417	0.456 *
35,000	0.241	0.281	0.308	0.331	0.360	0.402	0.443 *
40,000	0.225	0.265	0.292	0.316	0.345	0.388	0.431 *
50,000	0.200	0.238	0.265	0.289	0.319	0.363	0.409 *
75,000	0.159	0.192	0.218	0.241	0.271	0.316	0.367 *
100,000	0.133	0.162	0.188	0.208	0.239	0.282	0.336 *
125,000	0.116	0.141	0.166	0.185	0.214	0.257	0.311
150,000	0.103	0.126	0.150	0.168	0.196	0.237	0.292
175,000	0.093	0.114	0.137	0.154	0.180	0.220	0.275
200,000	0.085	0.105	0.126	0.142	0.167	0.206	0.261
250,000	0.074	0.091	0.111	0.125	0.148	0.184	0.239
300,000	0.066	0.080	0.100	0.112	0.133	0.167	0.220
500,000	0.047	0.058	0.073	0.082	0.098	0.126	0.174
1,000,000	0.031	0.038	0.049	0.054	0.065	0.085	0.124
2,000,000	0.018	0.024	0.031	0.035	0.042	0.056	0.084
5,000,000	0.008	0.011	0.015	0.017	0.020	0.028	0.045

7.

Retrospective Development Factors

With Loss Limit

Without Loss Limit

<u>1st</u> <u>Adj.</u>	<u>2nd</u> <u>Adj.</u>	<u>3rd</u> <u>Adj.</u>	<u>1st</u> <u>Adj.</u>	<u>2nd</u> <u>Adj.</u>	<u>3rd</u> <u>Adj.</u>	<u>4th & Subsequent</u> <u>Adjustment</u>
0.05	0.05	0.04	0.11	0.11	0.08	0

(Reserved for Future Use)

LEGEND

C Classification is a chemical code.

E Classification involving specific disease loading. Refer to Home Office for amount.

D Special Disease Rule for this classification - see Rule IV of Manual Supplement - Treatment of Disease Coverage.

P Per Capita

X Refer to special classification phraseology in these pages which is applicable in this state.

Class Code	Manual Rate	Min. Prem.	Class Code	Manual Rate	Min. Prem.	Class Code	Manual Rate	Min. Prem.
0005	5.49	750	1322	13.44	750	2041	3.65	693
0008	2.24	502	1430	3.71	701	2065	1.37	385
0016	4.81	750	1438	2.08	481	2070	4.67	750
0034	3.69	698	1452	1.44	394	2081	3.30	646
0035	2.21	498	1463	9.96	750	2089	2.16	492
0036	3.51	674	1472	3.47	668	2095	2.33	515
0037	3.96	735	1624 E	6.49	750	2105	2.08	481
0042	5.46	750	1642	3.50	673	2110	1.83	447
0050	4.44	750	1654	5.36	750	2111	2.15	490
0059 D	0.25		1655	4.23	750	2112	2.32	513
0065 D	0.04		1699	1.71	431	2114	2.29	509
0066 D	0.04		1701	2.65	558	2121	1.91	458
0067 D	0.04		1710 E	5.24	750	2130	2.39	523
0079	3.62	689	1741 E	1.58	413	2131	1.61	417
0083	8.35	750	1745 X	2.56	546	2143	1.87	452
0106	9.76	750	1747	2.24	502	2157	3.47	668
0113	4.90	750	1748	6.38	750	2172	1.34	381
0170	2.11	485	1803 D	4.58	750	2174	2.50	538
0251	4.32	750	1852 D	2.12	486	2211	4.68	750
0400	6.91	750	1853	1.98	467	2220	1.67	425
0401	9.42	750	1860	1.67	425	2286	1.22	365
0771 N	0.25		1924	3.62	689	2288	3.45	666
0908 P	122.00	322	1925	2.50	538	2300	1.83	447
0913 P	299.98	750	2001	2.04	475	2302	1.46	397
0917	3.35	652	2002	2.56	546	2305	1.83	447
1005 *	9.44	750	2003	2.89	590	2361	1.03	339
1016 X*	35.22	750	2014	5.43	750	2362	1.50	403
1164 E	6.10	750	2016	1.70	430	2380	3.86	721
1165 E	4.02	743	2021	2.84	583	2386	0.96	330
1320	2.50	538	2039	3.81	714	2388	1.64	421

* **1005** - Includes a non-ratable disease element of \$4.61. (For coverage written separately for federal benefits only, \$3.04. For coverage written separately for state benefits only, \$1.57.) See Exception Rules.

* **1016** - Includes a non-ratable disease element of \$18.42. (For coverage written separately for federal benefits only, \$12.14. For coverage written separately for state benefits only, \$6.28), and a catastrophe load of \$0.11.

Non-Ratable Code and Rate to be used with:

b 4771

<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>	<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>	<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>
2402	1.84	448	2960	2.76	573	3257	2.91	593
2413	1.44	394	3004	2.35	517	3270	2.76	573
2416	1.43	393	3018	2.19	496	3300	3.82	716
2417	1.34	381	3022	2.72	567	3303	3.27	641
2501	1.16	357	3027	2.29	509	3307	2.87	587
2503	1.15	355	3028	1.98	467	3315	2.25	504
2534	1.84	448	3030	3.44	664	3334	1.83	447
2570	4.23	750	3040	3.18	629	3336	1.88	454
2585	2.65	558	3041	2.84	583	3365	8.74	750
2586	1.13	353	3042	2.72	567	3372	2.43	528
2587	2.48	535	3064	3.93	731	3373	2.48	535
2589	1.23	366	3069	5.74	750	3383	0.92	324
2600	5.46	750	3076	2.53	542	3385	0.75	301
2623	2.41	525	3081 D	2.46	532	3400	2.32	513
2651	2.25	504	3082 D	3.33	650	3507	2.65	558
2660	1.25	369	3085 D	2.77	574	3515	1.87	452
2670	1.97	466	3110	2.43	528	3548	1.16	357
2683	1.68	427	3111	2.55	544	3559	2.22	500
2688	2.60	551	3113	2.01	471	3574	0.96	330
2701	6.33	750	3114	2.24	502	3581	1.23	366
2702 X	25.80	750	3118	1.03	339	3612	1.88	454
2710	7.51	750	3119	0.93	326	3620	4.97	750
2714	3.57	682	3122	1.29	374	3629	1.42	392
2719 X	9.47	750	3126	1.47	398	3632	2.91	593
2731	3.17	628	3131	0.89	320	3634	1.46	397
2735	2.22	500	3132	2.11	485	3635	1.77	439
2759	7.23	750	3145	2.04	475	3638	1.26	370
2790	1.33	380	3146	2.35	517	3642	0.72	297
2802	4.50	750	3169	2.09	482	3643	2.53	542
2812	3.16	627	3175 D	2.43	528	3647	2.87	587
2835	1.37	385	3179	2.05	477	3648	1.84	448
2836	1.92	459	3180	1.53	407	3681	1.33	380
2841	3.18	629	3188	1.30	376	3685	1.53	407
2881	2.15	490	3220	1.61	417	3719	2.24	502
2883	3.50	673	3223	2.56	546	3724	4.94	750
2913	3.50	673	3224	2.09	482	3726	2.59	550
2915	3.64	691	3227	1.56	411	3803	1.63	420
2916	2.00	470	3240	2.59	550	3807	1.80	443
2923	2.05	477	3241	2.41	525	3808	2.35	517
2942	2.01	471	3255	2.00	470	3821	3.54	678

<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>	<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>	<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>
3822	3.10	619	4304	2.36	519	4777	1.49	401
3824	4.15	750	4307	1.88	454	4825	0.76	303
3826	0.75	301	4351	0.98	332	4828	1.43	393
3827	1.34	381	4352	0.86	316	4829	1.03	339
3830	0.96	330	4360	0.78	305	4902	1.15	355
3851	2.26	505	4361	1.13	353	4923	0.95	328
3865	1.09	347	4362	0.99	334	5020	6.30	750
3881	3.01	606	4410	2.75	571	5022	4.53	750
4000	6.18	750	4420	3.31	647	5037	17.76	750
4021	5.07	750	4431	1.27	371	5040	23.81	750
4024 E	1.90	457	4432	1.37	385	5057	17.04	750
4034	5.94	750	4439	1.44	394	5059	20.23	750
4036	2.15	490	4452	2.79	577	5069	25.55	750
4038	1.85	450	4459	1.60	416	5102	3.75	706
4053	2.94	597	4470	2.04	475	5146	4.58	750
4061	3.62	689	4484	1.78	440	5160	3.24	637
4062	1.97	466	4493	2.16	492	5183	2.73	569
4101	1.71	431	4511	0.64	286	5188	4.10	750
4111	2.62	554	4557	1.46	397	5190	2.50	538
4112	0.81	309	4558	1.42	392	5191 X	1.70	430
4113	1.13	353	4561	1.70	430	5192	3.66	694
4114	1.90	457	4568	2.22	500	5213	6.47	750
4130	3.89	725	4581	1.49	401	5215	3.86	721
4131	2.08	481	4583	4.54	750	5221	4.75	750
4133	2.05	477	4611	0.82	311	5222	10.98	750
4150	1.43	393	4635	4.23	750	5223	4.84	750
4206	3.14	624	4653	1.10	349	5348	3.75	706
4207	0.86	316	4665	5.73	750	5402	4.16	750
4239	1.09	347	4670	3.28	643	5403	8.60	750
4240	2.11	485	4683	4.19	750	5437	4.08	750
4243	1.43	393	4686	1.09	347	5443	3.69	698
4244	2.53	542	4692	0.41	255	5445	4.63	750
4250	1.27	371	4693	0.79	307	5462	4.88	750
4251	1.51	404	4703	2.07	479	5472	4.44	750
4263	1.88	454	4717	1.53	407	5473	6.08	750
4273	1.64	421	4720	4.47	750	5474	6.68	750
4279	1.54	408	4740	1.32	378	5478	4.06	748
4282	1.81	444	4741	1.50	403	5479	7.19	750
4283	1.68	427	4751	1.27	371	5480	7.27	750
4299	1.28	373	4771 N	1.46	397	5491	1.88	454

For Non-Ratable portion of Rate, refer to:
b 0771

Class Code	Manual Rate	Min. Prem.	Class Code	Manual Rate	Min. Prem.	Class Code	Manual Rate	Min. Prem.
5506	3.40	659	6854	4.70	750	7710	5.36	750
5507	5.11	750	6882	4.70	750	7711	5.36	750
5508 D	8.62	750	6884	10.61	750	7720 X	2.39	523
5535	5.74	750	7133	3.18	629	7855	5.77	750
5537	4.28	750	7222	8.91	750	8001	2.07	479
5551	12.96	750	7228 X	6.33	750	8002	3.01	606
5606	1.31	377	7229 X	6.64	750	8006	1.80	443
5610	5.05	750	7230	3.74	705	8008	1.13	353
5645	10.32	750	7231	4.95	750	8010	1.75	436
5651	7.66	750	7232	11.69	750	8013	0.38	251
5703	83.43	750	7360	6.45	750	8015	0.59	280
5705	4.88	750	7370	4.56	750	8017	1.09	347
5951	0.37	250	7380 X	3.14	624	8018 X*	2.33	515
6003	9.14	750	7382	2.59	550	8021	1.73	434
6005	6.95	750	7390	3.35	652	8031	3.59	685
6017	3.57	682	7403	2.69	563	8032	1.47	398
6018	1.94	462	7405 N	1.06	343	8033	1.75	436
6045	2.25	504	7420 X*	23.29	750	8039	1.27	371
6204	9.10	750	7421	2.46	532	8044	2.56	546
6206	5.77	750	7422	2.08	481	8045	0.38	251
6213	7.60	750	7425	3.85	720	8046	2.48	535
6214	2.56	546	7431 N	1.57	412	8047	0.99	334
6216	5.91	750	7445 N	0.57	277	8058	2.17	493
6217	4.63	750	7453 N	0.85	315	8072	0.75	301
6229	4.58	750	7502	2.31	512	8102	2.35	517
6233	4.99	750	7515	0.99	334	8103	3.47	668
6235	13.29	750	7520	2.09	482	8105	4.49	750
6236	10.94	750	7538	9.38	750	8106	3.55	679
6237	2.80	578	7539	4.02	743	8107	3.03	609
6251 D	7.29	750	7540	2.63	555	8111	3.50	673
6252 D	5.45	750	7580	1.74	435	8116	3.50	673
6260 D	4.81	750	7590	4.81	750	8203	5.11	750
6306	5.18	750	7600	2.42	527	8204	4.43	750
6319	5.05	750	7601	10.91	750	8209	2.77	574
6325	4.22	750	7605	3.04	610	8215	5.32	750
6400	6.33	750	7610	0.50	268	8227	2.90	592
6504	2.18	494	7611	4.88	750	8232	4.97	750
6811	4.70	750	7612	10.88	750	8233	4.75	750
6834	3.33	650	7613	4.34	750	8235	3.83	717
6836	5.42	750	7705	2.39	523	8263	8.66	750

* 7409 Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005.

* 7420 Payroll is subject to a maximum of \$600 per week per employee effective July 1, 2006.

* 8018 See Arkansas Special Classification for Warehousing-groceries exclusively.

Non-Ratable Code and Rate to be used with:

d 7405 e 7431

For Non-Ratable portion of Rate, refer to:

b 7445 c 7453

<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>	<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>	<u>Class Code</u>	<u>Manual Rate</u>	<u>Min. Prem.</u>
8264	3.13	623	8868	0.35	247	9521	4.91	750
8265	8.62	750	8869	0.68	292	9522	1.46	397
8279	8.28	750	8871	0.21	228	9534	6.48	750
8288	5.58	750	8901	0.24	232	9554	6.88	750
8291	1.94	462	9012	1.80	443	9586	0.61	282
8292	2.76	573	9014	2.58	548	9600	1.51	404
8293	6.35	750	9015 X	2.24	502	9620	1.05	342
8295 X	6.95	750	9016 X	5.77	750	9620	1.00	335
8304	6.40	750	9019	2.75	571			
8350	4.74	750	9033	1.83	447			
8380	2.80	578	9040 *	3.27	641			
8381	1.39	388	9052	1.44	394			
8385	2.24	502	9058	1.66	424			
8392	2.79	577	9059	2.56	546			
8393	1.58	413	9060	1.68	427			
8500	5.89	750	9061	1.29	374			
8601	0.76	303	9063	0.92	324			
8606	2.59	550	9082	1.49	401			
8719	1.74	435	9083	1.50	403			
8720	1.26	370	9084	1.74	435			
8721	0.37	250	9089	1.06	343			
8742 X	0.44	259	9093	1.30	376			
8745	4.25	750	9101	2.80	578			
8748	0.38	251	9102	2.70	565			
8755	0.24	232	9154	1.80	443			
8799	0.89	320	9156	1.22	365			
8800	0.89	320	9170	2.58	548			
8803	0.07	209	9178	24.31	750			
8810	0.23	231	9179	33.35	750			
8820	0.20	227	9180	3.44	664			
8824	2.29	509	9182	2.50	538			
8825	1.95	463	9186	49.40	750			
8826	2.07	479	9220	3.16	627			
8829	2.49	536	9402	3.99	739			
8831	2.43	528	9403	5.31	750			
8832	0.25	234	9410	1.63	420			
8833 X*	0.83	312	9501	4.08	750			
8835	1.83	447	9505	3.54	678			
8842	1.36	384	9516	3.01	606			
8864	1.36	384	9519	1.70	430			

* **8833 & 9040** A charge of \$0.14 is to be added to this class' rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

MISCELLANEOUS VALUES

Basis of Premium applicable in accordance with the footnote instructions for Code 7370 - "Taxicab Co. - Drivers" and "Limousine Co. - Drivers":

Employee Operated Vehicles	\$48,893.00
Leased or Rented Vehicles	\$32,595.00

Expense Constant applicable in accordance with Basic Manual Rule 3-A-11 \$200.00

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

			Premium Discount
First \$	5,000	-	-
Next	95,000	"a"	10.9%
Next	400,000	"b"	12.6%
Over	500,000	"c"	14.4%

Maximum Payroll applicable in accordance with Basic Manual Rule 2-E-1 --

"Executive Officers" and the 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

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

Per Passenger Seat Surcharge - In accordance with the footnote instructions for Classification Code 7421, the surcharge is \$100 per passenger seat
\$1,000 maximum surcharge per aircraft

Premium Determination for Partners and Sole Proprietors applicable in accordance with Basic Manual Rule 2-E-3 \$31,900.00

Terrorism Risk Insurance Act of 2002 - Losses subject to the Act
Terrorism premium charge per \$100 of total policy payroll \$0.03

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents
Terrorism premium charge per \$100 of total policy payroll \$0.01

Per Claim Deductible Credits : The following are applicable by hazard group:

Deductible Credit	Hazard Group						
	A	B	C	D	E	F	G
500	7.6%	6.1%	5.2%	4.3%	3.6%	2.5%	1.9%
1,000	10.1%	8.1%	6.9%	5.7%	4.8%	3.3%	2.5%
1,500	12.4%	9.9%	8.5%	7.1%	6.1%	4.2%	3.2%
2,000	14.1%	11.4%	9.8%	8.3%	7.1%	5.0%	3.8%
2,500	15.6%	12.7%	11.0%	9.4%	7.9%	5.7%	4.4%
3,000	16.9%	13.8%	12.0%	10.3%	8.8%	6.4%	4.8%
3,500	18.2%	14.8%	12.9%	11.1%	9.5%	7.0%	5.3%
4,000	19.3%	15.8%	13.8%	12.0%	10.2%	7.5%	5.7%
4,500	20.4%	16.7%	14.6%	12.7%	10.9%	8.1%	6.1%
5,000	21.3%	17.6%	15.4%	13.4%	11.5%	8.6%	6.5%

MISCELLANEOUS VALUES

Indemnity Only Deductible Credits : The following are applicable by hazard group:

Deductible Credit	Hazard Group						
	A	B	C	D	E	F	G
500	1.6%	1.2%	1.1%	1.0%	0.9%	0.8%	0.6%
1,000	2.1%	1.6%	1.5%	1.4%	1.2%	1.0%	0.8%
1,500	2.9%	2.3%	2.1%	1.9%	1.7%	1.5%	1.1%
2,000	3.6%	2.9%	2.6%	2.5%	2.2%	1.8%	1.4%
2,500	4.2%	3.4%	3.1%	3.0%	2.6%	2.2%	1.6%
3,000	4.8%	3.9%	3.6%	3.3%	3.0%	2.5%	1.9%
3,500	5.4%	4.4%	4.0%	3.7%	3.3%	2.8%	2.1%
4,000	5.8%	4.8%	4.4%	4.1%	3.7%	3.1%	2.3%
4,500	6.3%	5.2%	4.8%	4.4%	4.0%	3.3%	2.6%
5,000	6.8%	5.6%	5.1%	4.8%	4.3%	3.6%	2.8%

Medical Only Deductible Credits : The following are applicable by hazard group:

Deductible Credit	Hazard Group						
	A	B	C	D	E	F	G
500	7.3%	5.9%	5.0%	4.1%	3.5%	2.4%	1.7%
1,000	9.8%	7.8%	6.7%	5.5%	4.7%	3.2%	2.3%
1,500	11.8%	9.5%	8.1%	6.8%	5.7%	4.0%	3.0%
2,000	13.3%	10.7%	9.2%	7.8%	6.6%	4.6%	3.5%
2,500	14.5%	11.8%	10.2%	8.6%	7.3%	5.2%	3.9%
3,000	15.6%	12.7%	11.0%	9.4%	7.9%	5.7%	4.3%
3,500	16.5%	13.6%	11.7%	10.0%	8.5%	6.1%	4.7%
4,000	17.5%	14.3%	12.4%	10.6%	9.1%	6.6%	5.0%
4,500	18.3%	15.0%	13.1%	11.3%	9.6%	7.0%	5.3%
5,000	19.0%	15.6%	13.6%	11.7%	10.0%	7.4%	5.6%

United States Longshore and Harbor Workers' Compensation Coverage Percentage

applicable only in connection with Rule 3-A-4 "U.S. Longshore and Harbor Workers' Compensation Act" of the Basic Manual

86%

(Multiply a Non-F classification rate by a factor of 1.86)

EXPERIENCE RATING ELIGIBILITY

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or 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.

1. Hazard Group Differentials

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

2. Tax Multiplier

1.020

4. Table of Expense Ratios

Stock
XXIII-A

3. Expected Loss Ratio

70.6%

5. 2008 - Table of Expected Loss Ranges

Effective January 1, 2008

6. Excess Loss Factors

Per Accident Limitation	Hazard Groups						
	A	B	C	D	D	D	D
25,000	0.280	0.321	0.346	0.369	0.396	0.434	0.470
30,000	0.258	0.299	0.325	0.349	0.377	0.417	0.456 *
35,000	0.241	0.281	0.308	0.331	0.360	0.402	0.443 *
40,000	0.225	0.265	0.292	0.316	0.345	0.388	0.431 *
50,000	0.200	0.238	0.265	0.289	0.319	0.363	0.409 *
75,000	0.159	0.192	0.218	0.241	0.271	0.316	0.367 *
100,000	0.133	0.162	0.188	0.208	0.239	0.282	0.336 *
125,000	0.116	0.141	0.166	0.185	0.214	0.257	0.311
150,000	0.103	0.126	0.150	0.168	0.196	0.237	0.292
175,000	0.093	0.114	0.137	0.154	0.180	0.220	0.275
200,000	0.085	0.105	0.126	0.142	0.167	0.206	0.261
250,000	0.074	0.091	0.111	0.125	0.148	0.184	0.239
300,000	0.066	0.080	0.100	0.112	0.133	0.167	0.220
500,000	0.047	0.058	0.073	0.082	0.098	0.126	0.174
1,000,000	0.031	0.038	0.049	0.054	0.065	0.085	0.124
2,000,000	0.018	0.024	0.031	0.035	0.042	0.056	0.084
5,000,000	0.008	0.011	0.015	0.017	0.020	0.028	0.045

7. Retrospective Development Factors

With Loss Limit

Without Loss Limit

<u>1st Adj.</u>	<u>2nd Adj.</u>	<u>3rd Adj.</u>	<u>1st Adj.</u>	<u>2nd Adj.</u>	<u>3rd Adj.</u>	<u>4th & Subsequent Adjustment</u>
0.05	0.05	0.04	0.11	0.11	0.08	0

(Reserved for Future Use)

SERFF Tracking Number: FEMC-125663757 State: Arkansas
 First Filing Company: Federated Service Insurance Company, ... State Tracking Number: EFT \$100
 Company Tracking Number: WC-AR-08-6
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: WC-AR-08-6/WC-AR-08-6

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 05/27/2008

Comments:

Attachment:

2008 P&C Transmittal Document PC TD-1.pdf

Satisfied -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 05/27/2008

Comments:

Attachments:

Arkansas RF WC Page 1 Mutual.pdf
 AR WC Calculation of Company LCM Mutual -4%.pdf
 AR WC Calculation of Company LCM Mutual -10%.pdf
 AR WC Calculation of Company LCM Mutual -15%.pdf
 AR WC Calculation of Company LCM Mutual Base.pdf
 Arkansas RF WC Page 1 Service.pdf
 AR WC Calculation of Company LCM Service -4%.pdf
 AR WC Calculation of Company LCM Service -10%.pdf
 AR WC Calculation of Company LCM Service -15%.pdf
 AR WC Calculation of Company LCM Service Base.pdf

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Approved 05/27/2008

Comments:

Attachments:

Form RF-1 Rev. 4-96 AR Rate Filing Abstract Mutual.pdf
 Form RF-1 Rev. 4-96 AR Rate Filing Abstract Service.pdf

Satisfied -Name: Cover Letter & Explanatory Memorandum **Review Status:** Approved 05/27/2008

SERFF Tracking Number: FEMC-125663757 *State:* Arkansas
First Filing Company: Federated Service Insurance Company, ... *State Tracking Number:* EFT \$100
Company Tracking Number: WC-AR-08-6
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: WC-AR-08-6/WC-AR-08-6

Comments:

Attachments:

AR Cover Letter.pdf

Explanatory Memorandum Arkansas 2008 07 01 Mutual.pdf

Explanatory Memorandum Arkansas 2008 07 01 Service.pdf

SERFF Tracking Number: FEMC-125663757 State: Arkansas
First Filing Company: Federated Service Insurance Company, ... State Tracking Number: EFT \$100
Company Tracking Number: WC-AR-08-6
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: WC-AR-08-6/WC-AR-08-6

Satisfied -Name: Rate Indication Exhibit **Review Status:** Approved 05/27/2008
Comments:
Attachment:
Rate Indication.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 #
Federated Insurance Companies	007

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Federated Mutual Insurance Company	MN	13935	41-0417460	
Federated Service Insurance Company	MN	28304	41-0984698	

5. Company Tracking Number	WC-AR-08-6
-----------------------------------	-------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Carolyn Stursa PO Box 328 Owatonna MN 55060	P & C Product Specialist	800-533-0472 Ext.: 5290	507-444-6691	cmstursa@fedins.com

7. Signature of authorized filer	<i>Carolyn Stursa</i>
8. Please print name of authorized filer	Carolyn Stursa

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

9.	Type of Insurance (TOI)	16.0 Workers Compensation
10.	Sub-Type of Insurance (Sub-TOI)	16.0004 Standard Workers Compensation
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
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 checked="" type="checkbox"/> Other (Revising Loss Cost Multipliers)
14.	Effective Date(s) Requested	New: 7-1-2008 Renewal: 7-1-2008
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI
17.	Reference Organization # & Title	AR-2008-02 Arkansas Voluntary Loss Costs and Rating Values
18.	Company's Date of Filing	5-22-2008
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	WC-AR-08-6
------------	--	-------------------

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

This Arkansas workers' compensation rate submission is applicable to policies effective on and after July 1, 2008. The revised rates and rating values are based upon the NCCI July 1, 2008 advisory pure premiums.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
------------	---

Check #:
Amount:

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

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

ARKANSAS INSURANCE DEPARTMENT
WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE 5-22-2008 Page 1 of 2

1. INSURER NAME Federated Mutual Insurance Company

ADDRESS 121 East Park Square

Owatonna, MN 55060

PERSON RESPONSIBLE FOR FILING Carolyns Stursa

TITLE P&C Product Specialist

TELEPHONE NO. (800) 533-0472 ext. 5290

2. INSURER NAIC NO. 13935

GROUP NO. 007

3. ADVISORY ORGANIZATION NCCI

4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2008-02

5. 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, expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE - 6.9 % EFFECTIVE DATE July 1, 2008

B. PROPOSED PREMIUM LEVEL CHANGE - 6.9 % EFFECTIVE DATE July 1, 2008

7. A. PRIOR RATE LEVEL CHANGE 0.1 % EFFECTIVE DATE January 1, 2008

B. PRIOR PREMIUM LEVEL CHANGE 0.1 % EFFECTIVE DATE January 1, 2008

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
 (Use a separate Summary for each insurer-selected loss cost multiplier.)

9. 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.

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.

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME Federated Mutual Insurance Company DATE 5-22-2008

NAIC NO. 13935 GROUP NO. 007

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
Yes No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.
2. 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.) For class code 5537.
 - B. Loss Cost Modification expressed as a Factor 1.198 (see examples below).
3. 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	10.0%
B. General Expense	8.0%
C. Taxes, Licenses and Fees	2.0%
D. Underwriting Profit and Contingencies*	-4.07%
E. Other (explain) Residual Market Subsidy	0.0%
F. TOTAL	15.93%

* Explain how investment income is taken into account

- | | |
|---|--------|
| 4. A. Expected Loss and Loss Adjustment Expense Ratio:
ELR = 100% - 3F = | 84.07% |
| B. ELR in decimal form = | .8407 |
| 5. Overall Impact of Expense Constant and Minimum Premiums:
(A 2.3% impact would be expressed as 1.023.) | 1.023 |
| 6. Overall impact of Size-of-Risk Discounts plus Expense Graduation
Recognition in Retrospective Rating:
(An 8.67% average discount would be expressed as 0.914.) | .935 |
| 7. Company Formula Loss Cost Multiplier:
(2B / [6 - 3F] x 5) = | 1.509 |
| 8. Company Selected Loss Cost Multiplier =
Explain any differences between 7 and 8: | 1.509 |

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME Federated Mutual Insurance Company DATE 5-22-2008
 NAIC NO. 13935 GROUP NO. 007

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
 Yes No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.
2. 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.) For class codes 8116, 8350 .
 - B. Loss Cost Modification expressed as a Factor 1.123 (see examples below).

3. 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	10.0%
B. General Expense	8.0%
C. Taxes, Licenses and Fees	2.0%
D. Underwriting Profit and Contingencies*	-4.07%
E. Other (explain) Residual Market Subsidy	0.0%
F. TOTAL	15.83%

* Explain how investment income is taken into account

- | | |
|---|--------|
| 4. A. Expected Loss and Loss Adjustment Expense Ratio:
ELR = 100% - 3F = | 84.07% |
| B. ELR in decimal form = | .8407 |
| 5. Overall Impact of Expense Constant and Minimum Premiums:
(A 2.3% impact would be expressed as 1.023.) | 1.023 |
| 6. Overall impact of Size-of-Risk Discounts plus Expense Graduation
Recognition in Retrospective Rating:
(An 8.67% average discount would be expressed as 0.914.) | .935 |
| 7. Company Formula Loss Cost Multiplier:
(2B / [6 -3F] x 5) = | 1.415 |
| 8. Company Selected Loss Cost Multiplier =
Explain any differences between 7 and 8: | 1.415 |

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME Federated Mutual Insurance Company DATE 5-22-2008

NAIC NO. 13935 GROUP NO. 007

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
Yes No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2. 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.) For class codes 3069, 3629, 3632, 3724, 4299, 5183, 5190, 5535, 5606, 8013, 8058, 8232, 8380, and 9620 .

B. Loss Cost Modification expressed as a Factor 1.0605 (see examples below).

3. 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	10.0%
B. General Expense	8.0%
C. Taxes, Licenses and Fees	2.0%
D. Underwriting Profit and Contingencies*	-4.07%
E. Other (explain) Residual Market Subsidy	0.0%
F. TOTAL	15.93%

* Explain how investment income is taken into account

4. A. Expected Loss and Loss Adjustment Expense Ratio: ELR = 100% - 3F =	84.07%
B. ELR in decimal form =	.8407
5. Overall Impact of Expense Constant and Minimum Premiums: (A 2.3% impact would be expressed as 1.023.)	1.023
6. Overall impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.67% average discount would be expressed as 0.914.)	.935
7. Company Formula Loss Cost Multiplier: (2B / [6 -3F] x 5) =	1.336
8. Company Selected Loss Cost Multiplier = Explain any differences between 7 and 8:	1.336

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME Federated Mutual Insurance Company DATE 5-22-2008

NAIC NO. 13935 GROUP NO. 007

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
Yes No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2. 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.) For all class codes except 3069, 3629, 3632, 3724, 4299, 5183, 5190, 5535, 5537, 5606, 8013, 8058, 8116, 8232, 8350, 8380, and 9620 – This will allow our overall rate level to increase 0.1%.

B. Loss Cost Modification expressed as a Factor 1.2475 (see examples below).

3. 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	10.0%
B. General Expense	8.0%
C. Taxes, Licenses and Fees	2.0%
D. Underwriting Profit and Contingencies*	-4.07%
E. Other (explain) Residual Market Subsidy	0.0%
F. TOTAL	15.83%

* Explain how investment income is taken into account

4. A. Expected Loss and Loss Adjustment Expense Ratio:
ELR = 100% - 3F = 84.07%

B. ELR in decimal form = .8407

5. Overall Impact of Expense Constant and Minimum Premiums:
(A 2.3% impact would be expressed as 1.023.) 1.023

6. Overall impact of Size-of-Risk Discounts plus Expense Graduation
Recognition in Retrospective Rating:
(An 8.67% average discount would be expressed as 0.914.) .935

7. Company Formula Loss Cost Multiplier:
(2B / [6 - 3F] x 5) = 1.572

8. Company Selected Loss Cost Multiplier = 1.572
Explain any differences between 7 and 8:

9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ARKANSAS INSURANCE DEPARTMENT
WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE 5-22-2008

Page 1 of 2

1. INSURER NAME Federated Service Insurance CompanyADDRESS 121 East Park SquareOwatonna, MN 55060PERSON RESPONSIBLE FOR FILING Carolyns StursaTITLE P&C Product SpecialistTELEPHONE NO. (800) 533-0472 ext. 52902. INSURER NAIC NO. 28304GROUP NO. 0073. ADVISORY ORGANIZATION NCCI4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2008-02

5. 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, expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE - 10.0 % EFFECTIVE DATE July 1, 2008B. PROPOSED PREMIUM LEVEL CHANGE - 10.0 % EFFECTIVE DATE July 1, 20087. A. PRIOR RATE LEVEL CHANGE -0.7 % EFFECTIVE DATE January 1, 2008B. PRIOR PREMIUM LEVEL CHANGE -0.7 % EFFECTIVE DATE January 1, 2008

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
 (Use a separate Summary for each insurer-selected loss cost multiplier.)

9. 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.

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.

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME Federated Service Insurance Company DATE 5-22-2008

NAIC NO. 28304 GROUP NO. 007

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
Yes No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.
2. 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.) For all class code 5537
 - B. Loss Cost Modification expressed as a Factor 1.078 (see examples below).
3. 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	10.0%
B. General Expense	8.0%
C. Taxes, Licenses and Fees	2.0%
D. Underwriting Profit and Contingencies*	-4.07%
E. Other (explain) Residual Market Subsidy	0.0%
F. TOTAL	15.93%

* Explain how investment income is taken into account

4. A. Expected Loss and Loss Adjustment Expense Ratio: ELR = 100% - 3F =	84.07%
B. ELR in decimal form =	.8407
5. Overall Impact of Expense Constant and Minimum Premiums: (A 2.3% impact would be expressed as 1.023.)	1.023
6. Overall impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.67% average discount would be expressed as 0.914.)	.935
7. Company Formula Loss Cost Multiplier: (2B / [6 - 3F] x 5) =	1.358
8. Company Selected Loss Cost Multiplier = Explain any differences between 7 and 8:	1.358

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME Federated Service Insurance Company DATE 5-22-2008
 NAIC NO. 28304 GROUP NO. 007

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
 Yes No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.
2. 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.) For all class code 8116, 8350
 - B. Loss Cost Modification expressed as a Factor 1.011 (see examples below).

3. 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	10.0%
B. General Expense	8.0%
C. Taxes, Licenses and Fees	2.0%
D. Underwriting Profit and Contingencies*	-4.07%
E. Other (explain) Residual Market Subsidy	0.0%
F. TOTAL	15.93%

* Explain how investment income is taken into account

4. A. Expected Loss and Loss Adjustment Expense Ratio: ELR = 100% - 3F =	84.07%
B. ELR in decimal form =	.8407
5. Overall Impact of Expense Constant and Minimum Premiums: (A 2.3% impact would be expressed as 1.023.)	1.023
6. Overall impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.67% average discount would be expressed as 0.914.)	.935
7. Company Formula Loss Cost Multiplier: (2B / [6 - 3F] x 5) =	1.274
8. Company Selected Loss Cost Multiplier = Explain any differences between 7 and 8:	1.274

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME Federated Service Insurance Company DATE 5-22-2008

NAIC NO. 28304 GROUP NO. 007

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
Yes No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2. 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.) For all class codes 3069, 3629, 3632, 3724, 4299, 5183, 5190, 5535, 5606, 8013, 8058, 8232, 8380, and 9620.

B. Loss Cost Modification expressed as a Factor 0.955 (see examples below).

3. 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	10.0%
B. General Expense	8.0%
C. Taxes, Licenses and Fees	2.0%
D. Underwriting Profit and Contingencies*	-4.07%
E. Other (explain) Residual Market Subsidy	0.0%
F. TOTAL	15.93%

* Explain how investment income is taken into account

4. A. Expected Loss and Loss Adjustment Expense Ratio:
ELR = 100% - 3F = 84.07%

B. ELR in decimal form = .8407

5. Overall Impact of Expense Constant and Minimum Premiums:
(A 2.3% impact would be expressed as 1.023.) 1.023

6. Overall impact of Size-of-Risk Discounts plus Expense Graduation
Recognition in Retrospective Rating:
(An 8.67% average discount would be expressed as 0.914.) .935

7. Company Formula Loss Cost Multiplier:
(2B / [6 - 3F] x 5) = 1.203

8. Company Selected Loss Cost Multiplier =
Explain any differences between 7 and 8: 1.203

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

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME Federated Service Insurance Company DATE 5-22-2008

NAIC NO. 28304 GROUP NO. 007

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
Yes No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2. 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.) For all class codes except 3069, 3629, 3632, 3724, 4299, 5183, 5190, 5535, 5537, 5606, 8013, 8058, 8116, 8232, 8350, 8380, and 9620 – This will allow our overall rate level to decrease -0.7%.

B. Loss Cost Modification expressed as a Factor 1.1229 (see examples below).

3. 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	10.0%
B. General Expense	8.0%
C. Taxes, Licenses and Fees	2.0%
D. Underwriting Profit and Contingencies*	-4.07%
E. Other (explain) Residual Market Subsidy	0.0%
F. TOTAL	15.93%

* Explain how investment income is taken into account

4. A. Expected Loss and Loss Adjustment Expense Ratio:
ELR = 100% - 3F = 84.07%

B. ELR in decimal form = .8407

5. Overall Impact of Expense Constant and Minimum Premiums:
(A 2.3% impact would be expressed as 1.023.) 1.023

6. Overall impact of Size-of-Risk Discounts plus Expense Graduation
Recognition in Retrospective Rating:
(An 8.67% average discount would be expressed as 0.914.) .935

7. Company Formula Loss Cost Multiplier:
(2B / [6 - 3F] x 5) = 1.415

8. Company Selected Loss Cost Multiplier = 1.415
Explain any differences between 7 and 8:

9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT**

Form RF-1

Rev. 4/96

Insurer Name: Federated Mutual Insurance Company
 NAIC Number: 007-13935
 Name of Advisory Organization Whose Filing You Are Referencing NCCI
 Co. Affiliation to Advisory Organization: Member Subscriber Service Purchaser
 Reference Filing #: AR-2008-02 Proposed Effective Date: July 1, 2008

Contact Person: Carolyn Stursa
 Signature: *Carolyn Stursa*
 Telephone No: (800) 533-0472 ext. 5290

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Workers' Compensation	-6.9%	-6.9%	69.1%	1.2475	1.572	200	1.484
				1.198	1.509		1.425
				1.123	1.415		1.336
				1.0605	1.336		1.261
TOTAL OVERALL EFFECT		-6.9%					

Apply Lost Cost Factors to Future Filings? (Y or N) Yes

21.4% Estimate Maximum Rate Increase for any Arkansas Insured (%)

-26.9% Estimate Maximum Rate Decrease for any Arkansas Insured (%)

5 Year History (Mutual & Service Company Combined)

Corresponds to Question 3 on RF-2 or RF-WC

Selected Provisions

Year	Policy Count	Rate Change %	Rate Change History Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	A. Total Production Expense	10.0
2003	361	4.8	10/01/2003	3,355	1,969	58.7	61.6	B. General Expense	8.0
2004	364	-9.0	07-01-2004	3,340	1,493	44.7	60.4	C. Taxes, License & Fees	2.0
2005	393	-5.0	09/01/2005	3,443	1,542	44.8	59.7	D. Underwriting Profit & Contingencies	-4.07
2006	438	-1.1	12/01/2006	3,418	2,051	60.0	66.8	E. Other (explain)	0.0
2007	441	0.1	07/01/2007	3,472	1,698	48.9	63.8	F. TOTAL	15.93

**ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT**

Form RF-1

Rev. 4/96

Insurer Name: Federated Service Insurance Company
 NAIC Number: 007-28304
 Name of Advisory Organization Whose Filing You Are Referencing NCCI
 Co. Affiliation to Advisory Organization: Member Subscriber Service Purchaser
 Reference Filing #: AR-2008-02 Proposed Effective Date: July 1, 2008

Contact Person: Carolyn Stursa
 Signature: *Carolyn Stursa*
 Telephone No: (800) 533-0472 ext. 5290

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Workers' Compensation	-10.0%	-10.0%	69.1%	1.1229	1.415	200	1.336
				1.0780	1.358		1.283
				1.0110	1.274		1.202
				0.9550	1.203		1.136
TOTAL OVERALL EFFECT		-10.0%					

Apply Lost Cost Factors to Future Filings? (Y or N) Yes

21.4% Estimate Maximum Rate Increase for any Arkansas Insured (%)

-26.9% Estimate Maximum Rate Decrease for any Arkansas Insured (%)

5 Year History (Mutual & Service Company Combined)

Year	Policy Count	Rate Change History % Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio
2003	361	4.8 10/01/2003	3,355	1,969	58.7	61.6
2004	364	-9.0 07/01/2004	3,340	1,493	44.7	60.4
2005	393	-5.0 09/01/2005	3,443	1,542	44.8	59.7
2006	438	-1.1 12/01/2006	3,418	2,051	60.0	66.8
2007	441	0.1 07/01/2007	3,472	1,698	48.9	63.8

Corresponds to Question 3 on RF-2 or RF-WC

Selected Provisions

A. Total Production Expense	10.0
B. General Expense	8.0
C. Taxes, License & Fees	2.0
D. Underwriting Profit & Contingencies	-4.07
E. Other (explain)	0.0
F. TOTAL	15.93

May 22, 2008

ARKANSAS INSURANCE DEPARTMENT

**FEDERATED MUTUAL INSURANCE COMPANY
FEDERATED SERVICE INSURANCE COMPANY**

Workers Compensation & Employers Liability

- Revised Federated Mutual Workers Compensation and Employers Liability Manual pages F1 – F8 July 1, 2008
- Revised Federated Mutual Retrospective Rating Plan Manual pages RR1 and RR2 July 1, 2008
- Revised Federated Service Workers Compensation and Employers Liability Manual pages F1 – F8 July 1, 2008
- Revised Federated Service Retrospective Rating Plan Manual pages RR1 and RR2 July 1, 2008
- Adoption of Item # AR-2008-02—Voluntary Advisory Loss Costs and Rating Values to be effective July 1, 2008
- Revising current multipliers

Federated Filing Number: WC-AR-08-6

We ask for your approval of the above listed filing. Please refer to the Explanatory Memorandum for further details of this filing.

We wish to implement this filing for all new business and renewals effective on and after July 1, 2008.

We trust that our filing meets your requirements and we appreciate your consideration of our filing.

Thank you,



Carolyn Stursa
P & C Product Specialist
Federated Mutual Insurance Company
Federated Service Insurance Company
cmstursa@fedins.com

**FEDERATED MUTUAL INSURANCE COMPANY
ARKANSAS WORKERS' COMPENSATION RATE LEVEL SUBMISSION**

EXPLANATORY MEMORANDUM

This Arkansas workers' compensation rate submission is applicable to policies effective on and after July 1, 2008. The revised rates and rating values are based upon the NCCI July 1, 2008 advisory pure premiums.

The classification rate schedule was produced using a pure premium multiplier of 1.572 developed as shown on the Arkansas loss cost adoption form. Expenses reflect actual Federated expense levels. Investment income from all sources has been contemplated in the calculations as well.

We are proposing to revise our current pure premium multiplier from 1.484 to 1.572, and revising our current deviation as follows:

Classification Code	Current Pure Premium Multiplier	Proposed Pure Premium Multiplier
3069	1.261	1.336
3629	1.261	1.336
3632	1.261	1.336
3724	1.261	1.336
4299	1.261	1.336
5183	1.261	1.336
5190	1.261	1.336
5535	1.261	1.336
5537	1.425	1.509
5606	1.261	1.336
8013	1.261	1.336
8058	1.261	1.336
8116	1.336	1.415
8232	1.261	1.336
8350	1.336	1.415
8380	1.261	1.336
9620	1.261	1.336
All Other Classification Codes	1.484	1.572

The impact of the multiplier change is a 6.9% decrease in our rate level.

Thank you for your consideration of this filing.

**FEDERATED SERVICE INSURANCE COMPANY
ARKANSAS WORKERS' COMPENSATION RATE LEVEL SUBMISSION**

EXPLANATORY MEMORANDUM

This Arkansas workers' compensation rate submission is applicable to policies effective on and after July 1, 2008. The revised rates and rating values are based upon the NCCI July 1, 2008 advisory pure premiums.

The classification rate schedule was produced using a pure premium multiplier of 1.415 developed as shown on the Arkansas loss cost adoption form. Expenses reflect actual Federated expense levels. Investment income from all sources has been contemplated in the calculations as well.

We are proposing to revise our current pure premium multiplier from 1.336 to 1.415, and revising our current deviations as follows:

Classification Code	Current Pure Premium Multiplier	Proposed Pure Premium Multiplier
3069	1.136	1.203
3629	1.136	1.203
3632	1.136	1.203
3724	1.136	1.203
4299	1.136	1.203
5183	1.136	1.203
5190	1.136	1.203
5535	1.136	1.203
5537	1.283	1.358
5606	1.136	1.203
8013	1.136	1.203
8058	1.136	1.203
8116	1.202	1.274
8232	1.136	1.203
8350	1.202	1.274
8380	1.136	1.203
9620	1.136	1.203
All Other Classification Codes	1.336	1.415

The impact of the multiplier change is a -10.0% decrease in our rate level.

Thank you for your consideration of this filing.

**FEDERATED INSURANCE COMPANIES
SUMMARY OF WORKERS COMPENSATION RATE INDICATION
ARKANSAS**

Please keep in mind the point of this exhibit is not to suggest that we file the indicated rate change, but rather, to give a better perspective on our profitability position than simply looking at historical loss ratios.

Accident Year Experience

Year	Earned Premium	Incurred Losses	Loss Ratio
2003	3,355,177	1,970,365	58.7%
2004	3,339,975	1,492,848	44.7%
2005	3,442,759	1,542,670	44.8%
2006	3,418,021	2,049,408	60.0%
2007	3,472,059	1,697,971	48.9%
Totals	17,027,991	8,753,262	51.4%

Adjusted Experience

Year	Premium @ Current	Mgmt Trended Losses	Mgmt Loss Ratio
2003	3,513,568	2,551,144	72.6%
2004	3,241,664	2,039,570	62.9%
2005	3,536,915	2,166,878	61.3%
2006	3,651,462	2,527,582	69.2%
2007	3,775,904	2,121,755	56.2%
Totals	17,719,512	11,406,928	64.4%

Target LR : Mgmt
69.1%

Indication : -6.9%

Rate Changes

Date	Amount
09/01/02	14.1%
05/01/03	1.1%
10/01/03	4.4%
07/01/04	-9.3%
07/01/05	-0.6%
09/01/05	-5.0%
07/01/06	-2.4%
12/01/06	-1.1%
07/01/07	0.1%
01/01/08	0.2%

Other Assumptions

An annual premium trend factor of 1.035 and an annual loss trend of 1.035 was used with an July 1 effective date.

Consideration for the dividend plan (if any) is reflected in the Target LR.