

SERFF Tracking Number: LDRE-125659739 State: Arkansas
Filing Company: Great West Casualty Company State Tracking Number: EFT \$100
Company Tracking Number: G0108M
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: LCM Filing/G0108F

Filing at a Glance

Company: Great West Casualty Company

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rate

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

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

State Filing Description:

SERFF Tr Num: LDRE-125659739 State: Arkansas

SERFF Status: Closed

Co Tr Num: G0108M

Co Status:

Author: Cindy Searls

Date Submitted: 05/28/2008

State Tr Num: EFT \$100

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Carol Stiffler

Disposition Date: 05/28/2008

Disposition Status: Approved

Effective Date (New): 07/01/2008

Effective Date (Renewal):

General Information

Project Name: LCM Filing

Project Number: G0108F

Reference Organization: NCCI

Reference Title: N/A

Filing Status Changed: 05/28/2008

State Status Changed: 05/28/2008

Corresponding Filing Tracking Number: N/A

Filing Description:

Great West would like to place on file with your Department a loss cost multiplier for workers compensation of 1.215. This multiplier will be used effective July 1, 2008 and applied to all July 1, 2008 NCCI loss costs. We are also submitting for your approval effective July 1, 2008, Arkansas pages for:

Rate Pages

Miscellaneous Values Page

Retrospective Rating State Special Rating Values Page

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number: NCCI Item AR-2008-02

Advisory Org. Circular: AR-2008-06

Deemer Date:

SERFF Tracking Number: LDRE-125659739 State: Arkansas
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In addition we are adding the Table of Expense Ratios Loaded for ALAE Option, and the Expected Loss & Allocated Expense Ratio, both on the Retrospective Rating page to be effective July 1, 2008.

Included in this filing are the NAIC loss cost filing adoption forms, our Exhibits, and the above referenced materials.

Our filing fee in the amount of \$100.00 is included as an EFT transaction to this SERFF filing.

If you have any questions or concerns, please call me at 1-800-228-8602 Ext. 7239, or e-mail me at j.hohenstein@gwccnet.com.

Sincerely,
GREAT WEST CASUALTY COMPANY

Janice L. Hohenstein, CPCU
Actuarial Analyst

JLH/clis

Company and Contact

Filing Contact Information

Cindy Searls, Compliance Technician
1100 W. 29th Street
South Sioux City,, NE 68776

c.searls@gwccnet.com
(800) 228-8602 [Phone]
(402) 494-7480[FAX]

Filing Company Information

Great West Casualty Company
1100 W. 29th Street
So. Sioux City, NE 68776
(402) 494-2411 ext. [Phone]

CoCode: 11371
Group Code: 150
Group Name:
FEIN Number: 47-6024508

State of Domicile: Nebraska
Company Type: P & C
State ID Number:

SERFF Tracking Number: LDRE-125659739 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: Arkansas filing fee of \$100.00 to adopt advisory organization loss costs with a change to company loss cost multiplier.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great West Casualty Company	\$100.00	05/28/2008	20543769

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/28/2008	05/28/2008

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Disposition

Disposition Date: 05/28/2008
 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:
Great West Casualty Company	-20.100%	\$-90,986	37	\$452,669	0.000%	-24.000%	-17.100%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Exhibits	Approved	Yes
Rate	Rate Pages	Approved	Yes
Rate	Miscellaneous Values	Approved	Yes
Rate	Retrospective Rating State Special Rating Values	Approved	Yes

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State: Arkansas
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 Sub-TOI: 16.0004 Standard WC

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Decrease
Overall Percentage of Last Rate Revision: 4.100%
Effective Date of Last Rate Revision: 01/01/2008
Filing Method of Last Filing: Prior Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Great West Casualty Company	-17.100%	-20.100%	\$-90,986	37	\$452,669	0.000%	-24.000%

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Filing Attachments
Approved	Rate Pages	Pages 1 through 4	Replacement	AR-PC-07-026139	Rate Pages.pdf
Approved	Miscellaneous Values	Pages 1 through 2	Replacement	AR-PC-07-026139	Miscellaneous Values.pdf
Approved	Retrospective Rating State Special Rating Values	RR1	Replacement	AR-PC-07-026139	Retrospective Rating State Special Rating Values.pdf

GREAT WEST CASUALTY COMPANY
WORKERS COMPENSATION AND EMPLOYERS LIABILITY
APPLICABLE TO VOLUNTARY POLICIES ONLY

Effective July 1, 2008

Class Code	Rate Incl. Dis.	Rate Min. Prem.	Class Code	Rate Incl. Dis.	Rate Min. Prem.	Class Code	Rate Incl. Dis.	Rate Min. Prem.	Class Code	Rate Incl. Dis.	Rate Min. Prem.	Class Code	Rate Incl. Dis.	Rate Min. Prem.
0005	4.71	950	1860	1.43	668	2587	2.13	897	3118	0.89	491	3648	1.58	717
0008	1.92	828	1924	3.11	950	2589	1.06	547	3119	0.80	462	3681	1.14	573
0016	4.13	950	1925	2.15	903	2600	4.69	950	3122	1.11	563	3685	1.31	628
0034	3.17	950	2001	1.75	772	2623	2.07	877	3126	1.26	612	3719	1.92	828
0035	1.90	821	2002	2.20	920	2651	1.93	831	3131	0.77	452	3724	4.99	950
0036	3.01	950	2003	2.48	950	2660	1.07	550	3132	1.81	792	3726	2.22	926
0037	3.40	950	2014	4.67	950	2670	1.69	753	3145	1.75	772	3803	1.40	658
0042	4.69	950	2016	1.46	678	2683	1.45	674	3146	2.02	861	3807	1.54	704
0050	3.82	950	2021	2.44	950	2688	2.24	933	3169	1.80	789	3808	2.02	861
0059D	0.22	272	2039	3.27	950	2701	5.43	950	3175D	2.09	884	3821	3.04	950
0065D	0.04	213	2041	3.13	950	2702X	22.15	950	3179	1.76	776	3822	2.66	950
0066D	0.04	213	2065	1.18	586	2710	6.45	950	3180	1.31	628	3824	3.56	950
0067D	0.04	213	2070	4.01	950	2714	3.06	950	3188	1.12	566	3826	0.64	409
0079	3.11	950	2081	2.83	950	2719X	8.13	950	3220	1.39	655	3827	1.15	576
0083	7.17	950	2089	1.86	808	2731	2.72	950	3223	2.20	920	3830	0.83	471
0106	8.38	950	2095	2.00	854	2735	1.91	825	3224	1.80	789	3851	1.94	835
0113	4.20	950	2105	1.79	785	2759	6.21	950	3227	1.34	638	3865	0.94	507
0170	1.81	792	2110	1.57	714	2790	1.14	573	3240	2.22	926	3881	2.59	950
0251	3.71	950	2111	1.85	805	2802	3.86	950	3241	2.07	877	4000	5.31	950
0400	5.93	950	2112	1.99	851	2812	2.71	950	3255	1.71	759	4021	4.35	950
0401	8.09	950	2114	1.97	844	2835	1.18	586	3257	2.50	950	4024E	1.63	733
0771N	0.22	272	2121	1.64	736	2836	1.65	740	3270	2.37	950	4034	5.10	950
0908P	104.49	304	2130	2.05	871	2841	2.73	950	3300	3.28	950	4036	1.85	805
0913P	257.58	458	2131	1.39	655	2881	1.85	805	3303	2.81	950	4038	1.59	720
0917	2.88	950	2143	1.60	723	2883	3.00	950	3307	2.47	950	4053	2.53	950
1005*	8.10	950	2157	2.98	950	2913	3.00	950	3315	1.93	831	4061	3.11	950
1016X*	30.24	950	2172	1.15	576	2915	3.12	950	3334	1.57	714	4062	1.69	753
1164E	5.24	950	2174	2.15	903	2916	1.71	759	3336	1.62	730	4101	1.47	681
1165E	3.45	950	2211	4.02	950	2923	1.76	776	3365	7.51	950	4111	2.25	936
1320	2.15	903	2220	1.43	668	2942	1.73	766	3372	2.09	884	4112	0.69	426
1322	11.54	950	2286	1.04	540	2960	2.37	950	3373	2.13	897	4113	0.97	517
1430	3.18	950	2288	2.96	950	3004	2.02	861	3383	0.79	458	4114	1.63	733
1438	1.79	785	2300	1.57	714	3018	1.88	815	3385	0.64	409	4130	3.34	950
1452	1.24	606	2302	1.25	609	3022	2.33	950	3400	1.99	851	4131	1.79	785
1463	8.55	950	2305	1.57	714	3027	1.97	844	3507	2.27	942	4133	1.76	776
1472	2.98	950	2361	0.89	491	3028	1.70	756	3515	1.60	723	4150	1.23	602
1624E	5.58	950	2362	1.29	622	3030	2.95	950	3548	1.00	527	4206	2.70	950
1642	3.00	950	2380	3.32	950	3040	2.73	950	3559	1.91	825	4207	0.74	442
1654	4.60	950	2386	0.83	471	3041	2.44	950	3574	0.83	471	4239	0.94	507
1655	3.63	950	2388	1.41	661	3042	2.33	950	3581	1.06	547	4240	1.81	792
1699	1.47	681	2402	1.58	717	3064	3.38	950	3612	1.62	730	4243	1.23	602
1701	2.27	942	2413	1.24	606	3069	5.80	950	3620	4.26	950	4244	2.17	910
1710E	4.50	950	2416	1.23	602	3076	2.17	910	3629	1.43	668	4250	1.09	557
1741E	1.36	645	2417	1.15	576	3081D	2.11	890	3632	2.94	950	4251	1.30	625
1745X	2.20	920	2501	1.00	527	3082D	2.86	950	3634	1.25	609	4263	1.62	730
1747	1.92	828	2503	0.98	521	3085D	2.38	950	3635	1.52	697	4273	1.41	661
1748	5.48	950	2534	1.58	717	3110	2.09	884	3638	1.08	553	4279	1.32	632
1803D	3.94	950	2570	3.63	950	3111	2.19	916	3642	0.62	403	4282	1.56	710
1852D	1.82	795	2585	2.27	942	3113	1.73	766	3643	2.17	910	4283	1.45	674
1853	1.70	756	2586	0.97	517	3114	1.92	828	3647	2.47	950	4299	1.29	622

GREAT WEST CASUALTY COMPANY
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Effective July 1, 2008

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4304	2.03	864	5057	14.63	950	6213	6.52	950	7231	4.25	950	8008	0.97	517
4307	1.62	730	5059	17.37	950	6214	2.20	920	7232	10.04	950	8010	1.51	694
4351	0.84	475	5069	21.94	950	6216	5.08	950	7309F	17.91	950	8013	0.39	328
4352	0.74	442	5102	3.22	950	6217	3.97	950	7313F	5.08	950	8015	0.51	367
4360	0.67	419	5146	3.94	950	6229	3.94	950	7317F	8.03	950	8017	0.94	507
4361	0.97	517	5160	2.78	950	6233	4.29	950	7327F	23.70	950	8018X*	2.00	854
4362	0.85	478	5183	2.76	950	6235	11.41	950	7333M	4.30	950	8021	1.48	684
4410	2.36	950	5188	3.52	950	6236	9.39	950	7335M	4.77	950	8031	3.09	950
4420	2.84	950	5190	2.53	950	6237	2.41	950	7337M	7.69	950	8032	1.26	612
4431	1.09	557	5191X	1.46	678	6251D	6.26	950	7350F	15.45	950	8033	1.51	694
4432	1.18	586	5192	3.15	950	6252D	4.68	950	7360	5.54	950	8039	1.09	557
4439	1.24	606	5213	5.55	950	6260D	4.13	950	7370	3.91	950	8044	2.20	920
4452	2.39	950	5215	3.32	950	6306	4.45	950	7380X	2.70	950	8045	0.33	308
4459	1.37	648	5221	4.08	950	6319	4.34	950	7382	2.22	926	8046	2.13	897
4470	1.75	772	5222	9.43	950	6325	3.62	950	7390	2.88	950	8047	0.85	478
4484	1.53	700	5223	4.16	950	6400	5.43	950	7394M	8.72	950	8058	2.19	916
4493	1.86	808	5348	3.22	950	6504	1.87	812	7395M	9.70	950	8072	0.64	409
4511	0.55	380	5402	3.57	950	6702M*	6.03	950	7398M	15.62	950	8102	2.02	861
4557	1.25	609	5403	7.39	950	6703M*	10.78	950	7403	2.31	950	8103	2.98	950
4558	1.22	599	5437	3.50	950	6704M*	6.69	950	7405N	0.91	498	8105	3.85	950
4561	1.46	678	5443	3.17	950	6801F	9.19	950	7420X*	20.00	950	8106	3.05	950
4568	1.91	825	5445	3.97	950	6811	4.03	950	7421	2.11	890	8107	2.60	950
4581	1.28	619	5462	4.19	950	6824F	26.45	950	7422	1.79	785	8111	3.00	950
4583	3.90	950	5472	3.82	950	6826F	10.15	950	7425	3.30	950	8116	3.34	950
4611	0.70	429	5473	5.22	950	6834	2.86	950	7431N	1.35	642	8203	4.39	950
4635	3.63	950	5474	5.73	950	6836	4.65	950	7445N	0.49	360	8204	3.80	950
4653	0.95	511	5478	3.49	950	6843F	11.81	950	7453N	0.73	439	8209	2.38	950
4665	4.92	950	5479	6.17	950	6845F	17.92	950	7502	1.98	848	8215	4.57	950
4670	2.82	950	5480	6.25	950	6854	4.03	950	7515	0.85	478	8227	2.49	950
4683	3.60	950	5491	1.62	730	6872F	15.39	950	7520	1.80	789	8232	5.02	950
4686	0.94	507	5506	2.92	950	6874F	31.49	950	7538	8.06	950	8233	4.08	950
4692	0.35	314	5507	4.39	950	6882	4.03	950	7539	3.45	950	8235	3.29	950
4693	0.68	422	5508D	7.40	950	6884	9.11	950	7540	2.26	939	8263	7.44	950
4703	1.77	779	5535	5.80	950	7016M	3.58	950	7580	1.49	687	8264	2.69	950
4717	1.31	628	5537	3.83	950	7024M	3.99	950	7590	4.13	950	8265	7.40	950
4720	3.84	950	5551	11.13	950	7038M	4.52	950	7600	2.08	880	8279	7.11	950
4740	1.13	570	5606	1.32	632	7046M	19.88	950	7601	9.37	950	8288	4.79	950
4741	1.29	622	5610	4.34	950	7047M	6.42	950	7605	2.61	950	8291	1.66	743
4751	1.09	557	5645	8.86	950	7050M	8.08	950	7610	0.43	341	8292	2.37	950
4771N	1.25	609	5651	6.57	950	7090M	5.02	950	7611	4.19	950	8293	5.46	950
4777	1.82	795	5703	71.64	950	7098M	22.09	950	7612	9.34	950	8295X	5.97	950
4825	0.66	416	5705	4.19	950	7099M	35.59	950	7613	3.73	950	8304	5.49	950
4828	1.23	602	5951	0.32	305	7133	2.73	950	7705	2.05	871	8350	4.52	950
4829	0.89	491	6003	7.85	950	7151M	3.32	950	7710	4.60	950	8380	2.83	950
4902	0.98	521	6005	5.97	950	7152M	5.94	950	7711	4.60	950	8381	1.19	589
4923	0.81	465	6017	3.06	950	7153M	3.69	950	7720X	2.05	871	8385	1.92	828
5020	5.41	950	6018	1.66	743	7222	7.65	950	7855	4.96	950	8392	2.39	950
5022	3.89	950	6045	1.93	831	7228X	5.43	950	8001	1.77	779	8393	1.36	645
5037	15.25	950	6204	7.81	950	7229X	5.70	950	8002	2.59	950	8500	5.05	950
5040	20.45	950	6206	4.96	950	7230	3.21	950	8006	1.54	704	8601	0.66	416

GREAT WEST CASUALTY COMPANY
Supplemental Page to
WORKERS COMPENSATION AND EMPLOYERS LIABILITY

Effective July 1, 2008

Original Printing

Premium Reduction Factors - The following premium reduction percentages are applicable by hazard group for employers electing deductibles as designated below:

Total Losses Deductible Amount	Hazard Groups			
	1	2	3	4
\$1,000	9.0%	6.9%	4.3%	2.6%
\$1,500	11.0%	8.6%	5.4%	3.4%
\$2,000	12.6%	9.9%	6.3%	4.0%
\$2,500	14.0%	11.0%	7.2%	4.6%
\$3,000	15.3%	12.1%	8.0%	5.1%
\$3,500	16.5%	13.1%	8.7%	5.6%
\$4,000	17.5%	14.0%	9.4%	6.1%
\$4,500	18.5%	14.8%	10.0%	6.5%
\$5,000	19.5%	15.7%	10.6%	6.9%

Indemnity Deductible Amount	Hazard Groups			
	1	2	3	4
\$1,000	1.8%	1.6%	1.2%	0.8%
\$1,500	2.6%	2.1%	1.6%	1.2%
\$2,000	3.2%	2.7%	2.1%	1.5%
\$2,500	3.8%	3.2%	2.5%	1.7%
\$3,000	4.4%	3.7%	2.9%	2.0%
\$3,500	4.9%	4.2%	3.2%	2.2%
\$4,000	5.3%	4.6%	3.5%	2.5%
\$4,500	5.8%	4.9%	3.9%	2.7%
\$5,000	6.2%	5.4%	4.1%	3.0%

Medical Deductible Amount	Hazard Groups			
	1	2	3	4
\$1,000	8.7%	6.7%	4.1%	2.5%
\$1,500	10.6%	8.2%	5.1%	3.1%
\$2,000	12.0%	9.3%	5.9%	3.7%
\$2,500	13.1%	10.3%	6.6%	4.1%
\$3,000	14.1%	11.1%	7.2%	4.5%
\$3,500	15.0%	11.9%	7.7%	4.9%
\$4,000	15.8%	12.6%	8.2%	5.3%
\$4,500	16.6%	13.2%	8.7%	5.6%
\$5,000	17.3%	13.8%	9.1%	5.9%

**GREAT WEST CASUALTY COMPANY
RETROSPECTIVE RATING PLAN MANUAL
STATE SPECIAL RATING VALUES**

Effective July 1, 2008

Original Printing

1. Hazard Group Differentials

1	2	3	4
1.520	1.220	0.880	0.590

2. Tax Multiplier

1.075

3. Expected Loss Ratio

0.689

Expected Loss & Allocated Expense Ratio

0.744

4. Table of Expense Ratios

Table XXVII-E - Type A

Table of Expense Ratios Loaded for ALAE Option

Table XXVII-G - Type A

5. 2008-Table of Expected Loss Ranges

Effective January 1, 2008

6. Excess Loss Factors

(Applicable to New and Renewal Policies)

Excess Loss and Allocated Expense Factors

(Applicable to New and Renewal Policies)

Per Accident Limitation	Hazard Groups			
	1	2	3	4
\$ 10,000	* 0.465	0.505	0.559	0.601
15,000	* 0.421	0.463	0.526	0.576
20,000	* 0.385	0.430	0.498	0.555
25,000	0.356	0.404	0.475	0.537
30,000	0.332	0.380	0.455	0.521
35,000	0.311	0.359	0.436	0.505
40,000	0.293	0.342	0.419	0.492
50,000	0.263	0.311	0.390	0.467
75,000	0.211	0.257	0.336	0.419
100,000	0.178	0.222	0.298	0.384
125,000	0.155	0.196	0.269	0.355
150,000	0.139	0.177	0.247	0.334
175,000	0.126	0.162	0.229	0.314
200,000	0.115	0.150	0.214	0.298
225,000	0.106	0.139	0.201	0.285
250,000	0.100	0.131	0.190	0.272
275,000	0.093	0.124	0.180	0.261
300,000	0.089	0.118	0.172	0.251
325,000	0.084	0.112	0.164	0.243
350,000	0.080	0.107	0.157	0.235
375,000	0.077	0.103	0.152	0.227
400,000	0.073	0.099	0.146	0.221
425,000	0.070	0.095	0.141	0.214
450,000	0.068	0.092	0.136	0.209
475,000	0.065	0.089	0.132	0.204
500,000	0.063	0.086	0.128	0.199
600,000	0.056	0.077	0.115	0.182
700,000	0.051	0.071	0.105	0.168
800,000	0.048	0.066	0.098	0.158
900,000	0.044	0.061	0.091	0.149
1,000,000	0.042	0.058	0.086	0.141
2,000,000	0.026	0.037	0.056	0.096
3,000,000	0.019	0.027	0.043	0.074
4,000,000	0.014	0.021	0.034	0.061
5,000,000	0.011	0.018	0.028	0.052
6,000,000	0.009	0.014	0.023	0.044
7,000,000	0.007	0.012	0.020	0.039
8,000,000	0.006	0.010	0.018	0.034
9,000,000	0.006	0.010	0.015	0.031
10,000,000	0.006	0.008	0.014	0.027

Per Accident Limitation	Hazard Groups			
	1	2	3	4
\$ 10,000	* 0.530	0.570	0.626	0.659
15,000	* 0.483	0.529	0.593	0.637
20,000	* 0.447	0.495	0.565	0.617
25,000	0.416	0.467	0.542	0.600
30,000	0.390	0.442	0.521	0.584
35,000	0.368	0.420	0.501	0.569
40,000	0.347	0.401	0.484	0.555
50,000	0.314	0.368	0.454	0.531
75,000	0.256	0.308	0.396	0.482
100,000	0.218	0.268	0.353	0.445
125,000	0.192	0.239	0.321	0.414
150,000	0.172	0.217	0.297	0.390
175,000	0.156	0.198	0.275	0.369
200,000	0.143	0.184	0.257	0.351
225,000	0.132	0.172	0.242	0.334
250,000	0.124	0.162	0.230	0.322
275,000	0.117	0.153	0.218	0.309
300,000	0.110	0.145	0.208	0.297
325,000	0.105	0.139	0.199	0.288
350,000	0.099	0.132	0.191	0.278
375,000	0.095	0.127	0.184	0.270
400,000	0.091	0.122	0.177	0.262
425,000	0.087	0.118	0.171	0.255
450,000	0.084	0.114	0.165	0.248
475,000	0.081	0.110	0.160	0.242
500,000	0.078	0.106	0.156	0.236
600,000	0.070	0.095	0.140	0.217
700,000	0.063	0.087	0.128	0.202
800,000	0.059	0.081	0.119	0.189
900,000	0.055	0.076	0.111	0.178
1,000,000	0.052	0.071	0.105	0.168
2,000,000	0.032	0.046	0.069	0.115
3,000,000	0.023	0.035	0.052	0.090
4,000,000	0.018	0.027	0.043	0.075
5,000,000	0.015	0.023	0.035	0.064
6,000,000	0.011	0.018	0.030	0.055
7,000,000	0.010	0.015	0.026	0.048
8,000,000	0.009	0.014	0.023	0.043
9,000,000	0.008	0.012	0.019	0.039
10,000,000	0.007	0.010	0.018	0.035

* This loss limit is not applicable for retrospective rating in this state.

7. Retrospective Development Factors

With Loss Limit			Without Loss Limit			4th & Subsequent Adjustment
1st Adj.	2nd Adj.	3rd Adj.	1st Adj.	2nd Adj.	3rd Adj.	
0.06	0.06	0.04	0.13	0.13	0.10	0.00

SERFF Tracking Number: LDRE-125659739 State: Arkansas
Filing Company: Great West Casualty Company State Tracking Number: EFT \$100
Company Tracking Number: G0108M
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: LCM Filing/G0108F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 05/28/2008

Comments:
NAIC Property & Casualty Transmittal Document attached.

Attachment:
PC Transmittal Document.pdf

Satisfied -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 05/28/2008

Comments:
NAIC Loss Cost Filing Documents attached.

Attachments:
Reference Filing Adoption.pdf
Loss Cost Filing Document.pdf
Expense Constant Supplement.pdf

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Approved 05/28/2008

Comments:
NAIC Loss Cost Data Entry Document attached.

Attachment:
Loss Cost Data Entry.pdf

Satisfied -Name: Exhibits **Review Status:** Approved 05/28/2008

Comments:
Company Exhibits attached.

Attachment:
Exhibits.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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---

3. Group Name	Group NAIC #

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

5. Company Tracking Number	
-----------------------------------	--

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail

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

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

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

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
------------	---

Check #:
Amount:

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

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

PC TD-1 pg 2 of 2

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

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

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

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

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
---	--	--	--

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	---	--

7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	---	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

Date: _____

Space Reserved for Insurance Department Use

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

INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION
PROSPECTIVE LOSS COSTS

1. INSURER NAME _____
ADDRESS _____

2. PERSON RESPONSIBLE FOR FILING _____
TITLE _____ TELEPHONE # _____
3. INSURER NAIC # _____
4. ADVISORY ORGANIZATION _____
- 5A. PROPOSED RATE LEVEL CHANGE _____ % EFFECTIVE DATE _____
- 5B. PROPOSED PREMIUM LEVEL CHANGE* _____ % EFFECTIVE DATE _____
- 6A. PRIOR RATE LEVEL CHANGE _____ % EFFECTIVE DATE _____
- 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 #	
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

() **Loss Cost Reference Filing** _____ () **Independent Rate Filing**
(Advisory Org. & Reference filing #)

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:

<input type="checkbox"/>	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.
<input type="checkbox"/>	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		%
B.	General Expense		%
C.	Taxes, Licenses & Fee		%
D.	Underwriting profit & contingencies*		%
E.	Other (explain)		%
F.	Total		%
	* Explain how investment income is taken into account		

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

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)	
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)	
8.		Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	
9.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	

Yes No

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

() ()

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

() ()

NAIC EXPENSE CONSTANT SUPPLEMENT
CALCULATION OF COMPANY LOSS COST MULTIPLIER
WITH EXPENSE CONSTANTS

(EFFECTIVE AUG. 16, 2004)

(This form must be provided ONLY when making a filing that includes an expense constant)

This filing transmittal is part of Company Tracking #	
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

Selected Provisions

4.			Overall	Variable	Fixed	
	A.	Total Production Expense				%
	B.	General Expense				%
	C.	Taxes, License & Fees				%
	D.	Underwriting Profit & Contingencies*				%
	E.	Other (explain)				%
	F.	TOTAL				%
		*Explain how investment income is taken into account.				

5.	A.	Expected Loss Ratio: ELR = 100% - Overall 4F				%
	B.	ELR in decimal form =				
	C.	Variable Expected Loss Ratio: VELR=100% - Variable 4F				%
	D.	VELR in Decimal Form = B. ELR in Decimal Form =				

6.	A.	Formula Expense Constant: [(1.00 divided by 5B) - (1.00 divided by 5D)]				
	B.	Formula Variable Loss Cost Multiplier (3B divided by 5D)				

7.	A.	Selected Expense Constant =				
	B.	Selected Variable Loss Cost Multiplier =				

8. Explain any differences between 6 and 7:

9.	Rate level change for the coverage(s) to which this page applies				%
----	---	--	--	--	---

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

1.	This filing transmittal is part of Company Tracking #	
-----------	---	--

2.	If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number	
-----------	--	--

Company Name		Company NAIC Number	
3.	A.	B.	

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

(A)			FOR LOSS COSTS ONLY				
(B)	(C)	(D)	(E)	(F)	(G)	(H)	
COVERAGE (See Instructions)	Indicated % Rate Level Change	Requested % Rate Level Change	Expected Loss Ratio	Loss Cost Modification Factor	Selected Loss Cost Multiplier	Expense Constant (If Applicable)	Co. Current Loss Cost Multiplier
TOTAL OVERALL EFFECT							

6. 5 Year History		Rate Change History					
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	
B. General Expense	
C. Taxes, License & Fees	
D. Underwriting Profit & Contingencies	
E. Other (explain)	
F. TOTAL	

- 8.** _____ Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** _____ Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
- 10.** _____ Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

**WORKERS' COMPENSATION
GREAT WEST CASUALTY COMPANY
CALENDAR YEAR EXPERIENCE**

ARKANSAS

<u>Year</u>	<u>Written Premium</u>	<u>Earned Premium</u>	<u>Incurred Losses</u>	<u>Loss Ratio</u>
2003	291,864	242,790	223,537	92.1
2004	556,219	465,983	79,291	17.0
2005	402,881	434,071	316,164	72.8
2006	554,036	539,595	(87,494)	-16.2
2007	452,669	404,432	150,713	37.3
Total	2,257,669	2,086,871	682,211	32.7

COUNTRYWIDE

<u>Year</u>	<u>Written Premium</u>	<u>Earned Premium</u>	<u>Incurred Losses</u>	<u>Loss Ratio</u>
2003	49,123,858	46,946,039	40,596,614	86.5
2004	58,264,464	56,200,871	40,111,232	71.4
2005	62,737,189	62,066,919	45,764,562	73.7
2006	63,741,143	63,449,546	40,973,373	64.6
2007	61,076,110	62,554,118	38,109,262	60.9
Total	294,942,764	291,217,493	205,555,043	70.6

Source of Data: Statutory Page 14 of Annual Statement

**Workers Compensation
Great West Casualty Company**

Expense Provisions

Countrywide
(000's)

<u>Item</u>	<u>2003</u>		<u>2004</u>		<u>2005</u>		<u>2006</u>		<u>2007</u>		<u>3-Year Total</u>	
Direct Written Premium	49,124		58,264		62,737		63,741		61,076		187,554	
Direct Earned Premium	46,946		56,201		62,067		63,450		62,554		188,071	
Commission & Brokerage	3,485	7.1%	4,140	7.1%	4,178	6.7%	3,979	6.2%	3,763	6.2%	11,921	6.4%
Other Acquisition	96	0.2%	122	0.2%	694	1.1%	543	0.9%	533	0.9%	1,770	0.9%
General Expenses	2,897	6.2%	3,401	6.1%	3,165	5.1%	3,617	5.7%	3,497	5.6%	10,279	5.5%
Taxes, Licenses & Fees	2,102	4.3%	2,760	4.7%	3,336	5.3%	3,120	4.9%	3,212	5.3%	9,667	5.2%

Arkansas

<u>Item</u>	<u>2003</u>		<u>2004</u>		<u>2005</u>		<u>2006</u>		<u>2007</u>		<u>3-Year Total</u>		<u>Selected</u>
Direct Written Premium	291,864		556,219		402,881		554,036		452,669		1,409,586		
Direct Earned Premium	242,789		465,983		434,071		539,595		404,432		1,378,098		
Commission & Brokerage	22,840	7.8%	41,376	7.4%	26,398	6.6%	35,814	6.5%	28,125	6.2%	90,337	6.4%	6.4%
Other Acquisition	486	0.2%	932	0.2%	4,775	1.1%	4,856	0.9%	3,640	0.9%	13,271	1.0%	1.0%
General Expenses	15,053	6.2%	28,425	6.1%	22,138	5.1%	30,757	5.7%	22,648	5.6%	75,543	5.5%	5.6%
Taxes, Licenses & Fees	23,661	8.1%	36,703	6.6%	29,419	7.3%	40,711	7.3%	35,204	7.8%	105,334	7.5%	7.0%

Note: Commission & Brokerage and Taxes, Licenses & Fees percentages are relative to Written Premium
Other Acquisition and General Expenses percentages are relative to Earned Premium

**ARKANSAS
WORKERS COMPENSATION**

GREAT WEST CASUALTY COMPANY

**ESTIMATED INVESTMENT EARNINGS ON UNEARNED
PREMIUM RESERVES AND ON LOSS RESERVES**

A. Unearned Premium Reserve		
1. Direct Earned Premium for Calendar Year Ended December 31, 2007		452,669
2. Mean Unearned Premium Reserve	0.206 x (A.1.)	93,250
3. Percentage Deduction for Prepaid Expenses		
a. Commission and Brokerage Expense		6.4%
b. Taxes, Licenses and Fees		7.0%
c. 50% of Other Acquisition Expense		0.5%
d. 50% of Company Operating Expense		2.8%
e. Total [(a) + (b) + (c) + (d)]		16.7%
4. Federal Income Tax Payable on Unearned Premium Reserve		7.0%
5. Dollar Deduction for Prepaid Expenses [(A.2.) x (A.3.e. + A.4.)]		22,100
6. Net Subject to Investment [(A.2.) - (A.5.)]		71,150
B. Delayed Remission of Premium (Agents' Balances)		
1. Direct Earned Premium (A.1.)		452,669
2. Average Agents' Balances		15.2%
3. Delayed Remission [(1.) x (2.)]		68,806
C. Loss Reserve		
1. Direct Earned Premium (A.1.)		452,669
2. Expected Incurred Losses and Loss Adjustment Expense	0.806 x (1.)	364,851
3. Expected Mean Loss Reserves	2.742 x (2.)	1,000,421
D. Net Subject to Investment		
[(A-6) - (B-3) + (C-3)]		1,002,765
E. Average Rate of Return		4.93%
F. Investment Earnings on Net Subject to Investment		
[(D) x (E)]		49,436
G. Average Rate of Return as a Percent of Direct Earned Premium [(F) / (A-1)]		10.9%
H. Average Rate of Return as a Percent of Direct Earned Premium After Federal Income Taxes	0.744 x (G)	8.1%

**ARKANSAS
GREAT WEST CASUALTY COMPANY
WORKERS COMPENSATION**

EXPLANATION OF RETURN ON EQUITY CALCULATION

When determining an appropriate rate level for this filing, Great West Casualty Company incorporated a return on equity calculation into its permissible loss & loss adjustment expense ratio development. We believe that a 15.0% return on equity after federal income taxes is reasonable. This return on equity comes from three sources: investment income on policyholder supplied funds, investment income on capital/surplus, and underwriting profit. Great West selects its underwriting profit provision so that the anticipated total return from these three sources matches its target return of 15.0%.

For this filing, the expected after tax return on equity from policyholder supplied funds is 13.0%. Assuming an historical premium to GAAP equity ratio for Great West of 1.599, the 8.1% investment income on premium is a 13.0% return on equity after federal taxes. The expected after tax return on capital/surplus for this filing is 3.7%. As a result, the necessary after tax return on equity from underwriting is -1.7% (15.0% - 13.0% - 3.7%). In order to incorporate this return into the calculation of our permissible loss & loss adjustment expense ratio, it must first be converted to a return on earned premium, and then adjusted to a pre-tax basis. Using the current federal tax rate of 35.0% and a premium to GAAP equity ratio of 1.599, we arrive at an underwriting profit loading of -1.6% $[(-1.7\% / 1.599) / (1 - 35.0\%)]$. Shown below is a summary of the development of our permissible loss & loss adjustment expense ratio.

<u>Expense Item</u>	<u>Selected Provision</u>
Commission & Brokerage	6.4%
Other Acquisition Expense	1.0%
General Expenses	5.6%
Taxes, Licenses, & Fees	7.0%
Contingency Provision	1.0%
Underwriting Profit Provision	-1.6%
Total Expenses	19.4%
Permissible Loss & Loss Adjustment Expense Ratio	80.6%

* A contingency provision of 1.0% has been included in the development of the permissible loss & loss adjustment expense ratio. This provision has been included to recognize the volatility of this line of business, and the fact that Great West has a limited amount of workers compensation business in the state of Arkansas.