

SERFF Tracking Number: LMBR-125656188 State: Arkansas  
Filing Company: Lumbermen's Underwriting Alliance State Tracking Number: EFT \$100  
Company Tracking Number: 2008-82-WC-R  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: Workers Compensation Rates and Rating Values  
Project Name/Number: Revised Rates and Rating Values/2008-82-WC-R

## Filing at a Glance

Company: Lumbermen's Underwriting Alliance

Product Name: Workers Compensation Rates and Rating Values SERFF Tr Num: LMBR-125656188 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 16.0000 WC Sub-TOI Combinations

Co Tr Num: 2008-82-WC-R

State Status: Fees received

Filing Type: Rate/Rule

Co Status: Pending

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

Author: Donna Bauman

Disposition Date: 05/20/2008

Date Submitted: 05/20/2008

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: Revised Rates and Rating Values

Status of Filing in Domicile: Not Filed

Project Number: 2008-82-WC-R

Domicile Status Comments:

Reference Organization: NCCI, Inc.

Reference Number: AR-2008-02

Reference Title: Approved Voluntary Advisory Loss Costs and Rating Values effective July 1, 2008

Advisory Org. Circular: AR-2008-06

Filing Status Changed: 05/20/2008

State Status Changed: 05/20/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Lumbermen's Underwriting Alliance is a subscriber of the National Council on Compensation Insurance, Inc. and we follow NCCI for advisory loss costs, rules, classifications, rating plans, policy forms/ endorsements, and statistical reporting.

This letter and the attached supporting documentation constitute the filing in caption for Lumbermen's Underwriting Alliance. We propose to adopt a revised loss cost multiplier of 1.407 to be applied to the advisory loss costs set forth in

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NCCI Filing AR-2008-02. In addition, we are filing to adopt the retrospective rating plan values as set forth in this same circular. We request an effective date of July 1, 2008, applicable to new and renewal business only.

Your consideration is greatly appreciated.

## Company and Contact

### Filing Contact Information

Donna Bauman, Donna.Bauman@ins-lua.com  
 1905 N.W. Corporate Blvd. (561) 994-1900 [Phone]  
 Boca Raton, FL 33431-7303 (561) 988-8297[FAX]

### Filing Company Information

Lumbermen's Underwriting Alliance CoCode: 23108 State of Domicile: Missouri  
 1905 N.W. Corporate Blvd. Group Code: Company Type: Commercial  
 Property and Casualty  
 Boca Raton, FL 33431-7303 Group Name: State ID Number:  
 (561) 994-1900 ext. [Phone] FEIN Number: 43-0799570  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lumbermen's Underwriting Alliance	\$100.00	05/20/2008	20407504

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/20/2008	05/20/2008

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## Disposition

Disposition Date: 05/20/2008  
 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:
Lumbermen's Underwriting Alliance	-15.500%	\$-3,324	15	\$21,445	-43.300%	0.800%	-15.500%

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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
Rate	Rates and Legend	Approved	Yes
Rate	Miscellaneous Values	Approved	Yes
Rate	Table of Specific Diseases Loadings	Approved	Yes
Rate	Retrospective Rating Plan Manual State Special Rating Values	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>LMBR-125656188</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Lumbermen's Underwriting Alliance</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>2008-82-WC-R</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
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<i>Project Name/Number:</i>	<i>Revised Rates and Rating Values/2008-82-WC-R</i>		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	Prior Approval
<b>Rate Change Type:</b>	Decrease
<b>Overall Percentage of Last Rate Revision:</b>	5.100%
<b>Effective Date of Last Rate Revision:</b>	01/01/2008
<b>Filing Method of Last Filing:</b>	Prior Approval

## Company Rate Information

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>
Lumbermen's Underwriting Alliance	-15.500%	-15.500%	\$-3,324	15	\$21,445	-43.300%	0.800%

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Filing Attachments
Approved	Rates and Legend	Pages 1-12	Replacement	LMBR-125304732	Rates and Legend.pdf
Approved	Miscellaneous Values	Pages 13-15	Replacement	LMBR-125304732	Misc Values pages 13-15.pdf
Approved	Table of Specific Diseases Loadings	Page 16	Replacement	LMBR-125304732	Table of Specific Disease Loadings Page 16.pdf
Approved	Retrospective Rating Plan Manual State Special Rating Values	Pages 1-5	Replacement	LMBR-125304732	RETRO pages 1-5.pdf

The rates listed below are the NCCI Loss Costs of  
July 1, 2008, multiplied by 1.407.

See Legend.

ARKANSAS  
WORKERS COMPENSATION AND EMPLOYERS LIABILITY  
RATES AND RATING VALUES EFFECTIVE JULY 1, 2008

CLASS CODE	RATE INCL DISEASE	MIN PREM	CLASS CODE	RATE INCL DISEASE	MIN PREM	CLASS CODE	RATE INCL DISEASE	MIN PREM
0005	\$5.46	\$950	0401	\$9.37	\$950	1710E	\$5.21	\$950
0008	2.22	633	0771N	0.25	-	1741E	1.58	508
0016	4.78	950	0917	3.33	849	1745X	2.55	697
0034	3.67	916	1005*	9.38	950	1747	2.22	633
0035	2.19	627	1016&	35.02	950	1748	6.35	950
0036	3.49	881	1164E	6.06	950	1803D	4.56	950
0037	3.94	950	1165E	4.00	950	1852D	2.11	611
0042	5.43	950	1320	2.49	686	1853	1.97	584
0050	4.42	950	1322	13.37	950	1860	1.66	524
0059D	0.25	-	1430	3.69	920	1924	3.60	902
0065D	0.04	-	1438	2.07	604	1925	2.49	686
0066D	0.04	-	1452	1.44	481	2001	2.03	596
0067D	0.04	-	1463	9.91	950	2002	2.55	697
0079	3.60	902	1472	3.45	873	2003	2.87	760
0083	8.30	950	1624E	6.46	950	2014	5.40	950
0106	9.71	950	1642	3.48	879	2016	1.69	530
0113	4.87	950	1654	5.33	950	2021	2.83	752
0170	2.10	610	1655	4.21	950	2039	3.78	937
0251	4.29	950	1699	1.70	532	2041	3.63	908
0400	6.87	950	1701	2.63	713	2065	1.36	465

LUMBERMEN'S UNDERWRITING ALLIANCE

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CLASS CODE	RATE INCL DISEASE	MIN PREM	CLASS CODE	RATE INCL DISEASE	MIN PREM	CLASS CODE	RATE INCL DISEASE	MIN PREM
2070	\$4.64	\$950	2300	\$1.82	\$555	2600	\$5.43	\$950
2081	3.28	840	2302	1.45	483	2623	2.39	666
2089	2.15	619	2305	1.82	555	2651	2.24	637
2095	2.32	652	2361	1.03	401	2660	1.24	442
2105	2.07	604	2362	1.49	491	2670	1.96	582
2110	1.82	555	2380	3.84	949	2683	1.67	526
2111	2.14	617	2386	0.96	387	2688	2.59	705
2112	2.31	650	2388	1.63	518	2701	6.29	950
2114	2.28	645	2402	1.83	557	2702X	25.65	950
2121	1.90	571	2413	1.44	481	2710	7.47	950
2130	2.38	664	2416	1.42	477	2714	3.55	892
2131	1.60	512	2417	1.34	461	2719X	9.41	950
2143	1.86	563	2501	1.15	424	2731	3.15	814
2157	3.45	873	2503	1.14	422	2735	2.21	631
2172	1.34	461	2534	1.83	557	2759	7.19	950
2174	2.49	686	2570	4.21	950	2790	1.32	457
2211	4.66	950	2585	2.63	713	2802	4.47	950
2220	1.66	524	2586	1.13	420	2812	3.14	812
2286	1.21	436	2587	2.46	680	2835	1.36	465
2288	3.43	869	2589	1.22	438	2836	1.91	572

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CLASS CODE	RATE INCL DISEASE	MIN PREM	CLASS CODE	RATE INCL DISEASE	MIN PREM	CLASS CODE	RATE INCL DISEASE	MIN PREM
2841	\$3.17	\$818	3076	\$2.52	\$691	3188	\$1.29	\$452
2881	2.14	617	3081D	2.45	678	3220	1.60	512
2883	3.48	879	3082D	3.31	845	3223	2.55	697
2913	3.48	879	3085D	2.76	738	3224	2.08	606
2915	3.62	906	3110	2.42	672	3227	1.55	502
2916	1.98	586	3111	2.53	693	3240	2.57	701
2923	2.04	598	3113	2.00	590	3241	2.39	666
2942	2.00	590	3114	2.22	633	3255	1.98	586
2960	2.74	734	3118	1.03	401	3257	2.90	766
3004	2.34	656	3119	0.93	381	3270	2.74	734
3018	2.18	625	3122	1.28	450	3300	3.80	941
3022	2.70	727	3126	1.46	485	3303	3.25	834
3027	2.28	645	3131	0.89	374	3307	2.86	758
3028	1.97	584	3132	2.10	610	3315	2.24	637
3030	3.42	867	3145	2.03	596	3334	1.82	555
3040	3.17	818	3146	2.34	656	3336	1.87	565
3041	2.83	752	3169	2.08	606	3365	8.70	950
3042	2.70	727	3175D	2.42	672	3372	2.42	672
3064	3.91	950	3179	2.04	598	3373	2.46	680
3069	6.71	950	3180	1.52	496	3383	0.91	377

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CLASS CODE	RATE INCL DISEASE	MIN PREM	CLASS CODE	RATE INCL DISEASE	MIN PREM	CLASS CODE	RATE INCL DISEASE	MIN PREM
3385	\$0.75	\$346	3685	\$1.52	\$496	4036	\$2.14	\$617
3400	2.31	650	3719	2.22	633	4038	1.84	559
3507	2.63	713	3724	5.78	950	4053	2.93	771
3515	1.86	563	3726	2.57	701	4061	3.60	902
3548	1.15	424	3803	1.62	516	4062	1.96	582
3559	2.21	631	3807	1.79	549	4101	1.70	532
3574	0.96	387	3808	2.34	656	4111	2.60	707
3581	1.22	438	3821	3.52	886	4112	0.80	356
3612	1.87	565	3822	3.08	801	4113	1.13	420
3620	4.94	950	3824	4.12	950	4114	1.89	569
3629	1.66	524	3826	0.75	346	4130	3.87	950
3632	3.40	863	3827	1.34	461	4131	2.07	604
3634	1.45	483	3830	0.96	387	4133	2.04	598
3635	1.76	543	3851	2.25	639	4150	1.42	477
3638	1.25	444	3865	1.08	411	4206	3.12	808
3642	0.72	340	3881	3.00	785	4207	0.86	368
3643	2.52	691	4000	6.15	950	4239	1.08	411
3647	2.86	758	4021	5.04	950	4240	2.10	610
3648	1.83	557	4024E	1.89	569	4243	1.42	477
3681	1.32	457	4034	5.91	950	4244	2.52	691

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CLASS CODE	RATE INCL DISEASE	MIN PREM	CLASS CODE	RATE INCL DISEASE	MIN PREM	CLASS CODE	RATE INCL DISEASE	MIN PREM
4250	\$1.27	\$448	4452	\$2.77	\$740	4693	\$0.79	\$354
4251	1.51	494	4459	1.59	510	4703	2.05	600
4263	1.87	565	4470	2.03	596	4717	1.52	496
4273	1.63	518	4484	1.77	545	4720	4.45	950
4279	1.53	498	4493	2.15	619	4740	1.31	455
4282	1.80	551	4511	0.63	323	4741	1.49	491
4283	1.67	526	4557	1.45	483	4751	1.27	448
4299	1.49	491	4558	1.41	475	4771N	1.45	483
4304	2.35	658	4561	1.69	530	4777	1.48	489
4307	1.87	565	4568	2.21	631	4825	0.76	348
4351	0.97	389	4581	1.48	489	4828	1.42	477
4352	0.86	368	4583	4.52	950	4829	1.03	401
4360	0.77	350	4611	0.82	360	4902	1.14	422
4361	1.13	420	4635	4.21	950	4923	0.94	383
4362	0.98	391	4653	1.10	415	5020	6.26	950
4410	2.73	732	4665	5.70	950	5022	4.50	950
4420	3.29	842	4670	3.26	836	5037	17.66	950
4431	1.27	448	4683	4.16	950	5040	23.68	950
4432	1.36	465	4686	1.08	411	5057	16.94	950
4439	1.44	481	4692	0.41	280	5059	20.12	950

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RATES AND RATING VALUES EFFECTIVE JULY 1, 2008

CLASS CODE	RATE INCL DISEASE	MIN PREM	CLASS CODE	RATE INCL DISEASE	MIN PREM	CLASS CODE	RATE INCL DISEASE	MIN PREM
5069	\$25.41	\$950	5462	\$4.85	\$950	5951	\$0.37	\$272
5102	3.73	927	5472	4.42	950	6003	9.09	950
5146	4.56	950	5473	6.05	950	6005	6.91	950
5160	3.22	828	5474	6.64	950	6017	3.55	892
5183	3.19	822	5478	4.04	950	6018	1.93	576
5188	4.08	950	5479	7.15	950	6045	2.24	637
5190	2.93	771	5480	7.23	950	6204	9.05	950
5191X	1.69	530	5491	1.87	565	6206	5.74	950
5192	3.64	910	5506	3.38	859	6213	7.56	950
5213	6.43	950	5507	5.08	950	6214	2.55	697
5215	3.84	949	5508D	8.57	950	6216	5.88	950
5221	4.73	950	5535	6.71	950	6217	4.60	950
5222	10.92	950	5537	4.43	950	6229	4.56	950
5223	4.81	950	5551	12.89	950	6233	4.97	950
5348	3.73	927	5606	1.53	498	6235	13.21	950
5402	4.14	950	5610	5.02	950	6236	10.88	950
5403	8.55	950	5645	10.26	950	6237	2.79	744
5437	4.05	950	5651	7.61	950	6251D	7.25	950
5443	3.67	916	5703	82.96	950	6252D	5.42	950
5445	4.60	950	5705	4.85	950	6260D	4.78	950

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6306	\$5.15	\$950	7380X	\$3.12	\$808	7600	\$2.41	\$670
6319	5.02	950	7382	2.57	701	7601	10.85	950
6325	4.19	950	7390	3.33	849	7605	3.03	791
6400	6.29	950	7403	2.67	721	7610	0.49	296
6504	2.17	623	7405N	1.06	407	7611	4.85	950
6811	4.67	950	7420X%	23.16	950	7612	10.82	950
6834	3.31	845	7421	2.45	678	7613	4.32	950
6836	5.39	950	7422	2.07	604	7705	2.38	664
6854	4.67	950	7425	3.83	947	7710	5.33	950
6882	4.67	950	7431N	1.56	504	7711	5.33	950
6884	10.55	950	7445N	0.56	-	7720X	2.38	664
7133	3.17	818	7453N	0.84	-	7855	5.74	950
7222	8.86	950	7502	2.29	647	8001	2.05	600
7228X	6.29	950	7515	0.98	391	8002	3.00	785
7229X	6.60	950	7520	2.08	-	8006	1.79	549
7230	3.71	923	7538	9.33	-	8008	1.13	420
7231	4.92	950	7539	4.00	950	8010	1.74	539
7232	11.62	950	7540	2.62	711	8013	0.45	288
7360	6.42	950	7580	1.73	537	8015	0.59	315
7370	4.53	950	7590	4.78	950	8017	1.08	411

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY  
RATES AND RATING VALUES EFFECTIVE JULY 1, 2008

CLASS CODE	RATE INCL DISEASE	MIN PREM	CLASS CODE	RATE INCL DISEASE	MIN PREM	CLASS CODE	RATE INCL DISEASE	MIN PREM
8018X^	\$2.32	\$652	8204	\$4.40	\$950	8385	\$2.22	\$633
8021	1.72	535	8209	2.76	738	8392	2.77	740
8031	3.57	896	8215	5.29	950	8393	1.58	508
8032	1.46	485	8227	2.88	762	8500	5.85	950
8033	1.74	539	8232	5.81	950	8601	0.76	348
8039	1.27	448	8233	4.73	950	8606	2.57	701
8044	2.55	697	8235	3.81	943	8719	1.73	537
8045	0.38	274	8263	8.61	950	8720	1.25	444
8046	2.46	680	8264	3.11	806	8721	0.37	272
8047	0.98	391	8265	8.57	950	8742X	0.44	286
8058	2.53	693	8279	8.23	950	8745	4.22	950
8072	0.75	346	8288	5.54	950	8748	0.38	274
8102	2.34	656	8291	1.93	576	8755	0.24	247
8103	3.45	873	8292	2.74	734	8799	0.89	374
8105	4.46	950	8293	6.32	950	8800	0.89	374
8106	3.53	888	8295X	6.91	950	8803	0.07	214
8107	3.01	787	8304	6.36	950	8810	0.23	245
8111	3.48	879	8350	5.23	950	8820	0.20	239
8116	3.87	950	8380	3.28	840	8824	2.28	645
8203	5.08	950	8381	1.38	469	8825	1.94	578

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY  
RATES AND RATING VALUES EFFECTIVE JULY 1, 2008

CLASS CODE	RATE INCL DISEASE	MIN PREM	CLASS CODE	RATE INCL DISEASE	MIN PREM	CLASS CODE	RATE INCL DISEASE	MIN PREM
8826	\$2.05	\$600	9058	\$1.65	\$522	9220	\$3.14	\$812
8829	2.48	684	9059	2.55	697	9402	3.97	950
8831	2.42	672	9060	1.67	526	9403	5.28	950
8832	0.25	249	9061	1.28	450	9410	1.62	516
8833X#	0.83	362	9063	0.91	377	9501	4.05	950
8835	1.82	555	9082	1.48	489	9505	3.52	886
8842	1.35	463	9083	1.49	491	9516	3.00	785
8864	1.35	463	9084	1.73	537	9519	1.69	530
8868	0.35	268	9089	1.06	407	9521	4.88	950
8869	0.68	333	9093	1.29	452	9522	1.45	483
8871	0.21	241	9101	2.79	744	9534	6.44	950
8901	0.24	247	9102	2.69	725	9554	6.84	950
9012	1.79	549	9154	1.79	549	9586	0.61	319
9014	2.56	699	9156	1.21	436	9600	1.51	494
9015X	2.22	633	9170	2.56	699	9620	1.22	438
9016	5.74	950	9178	24.17	950	9740~	0.03	-
9019	2.73	732	9179	33.16	950	9741=	0.01	-
9033	1.82	555	9180	3.42	867			
9040#	3.25	834	9182	2.49	686			
9052	1.44	481	9186	49.12	950			

LUMBERMEN'S UNDERWRITING ALLIANCE

The rates listed below are the NCCI Loss Costs of  
July 1, 2008, multiplied by 1.407.

ARKANSAS  
WORKERS COMPENSATION AND EMPLOYERS LIABILITY  
RATES AND RATING VALUES EFFECTIVE JULY 1, 2008

CLASS CODE	RATE INCL DISEASE	MIN PREM	CLASS CODE	RATE INCL DISEASE	MIN PREM	CLASS CODE	RATE INCL DISEASE	MIN PREM
PER CAPITA			MARITIME AND FEDERAL CLASSIFICATIONS (CONT.)			F CLASSIFICATIONS		
0908	\$121.00	\$321	7098	\$25.58	\$950	6801F	\$10.64	\$950
0913	298.28	498	7099	41.21	950	6824F	30.63	950
MARITIME AND FEDERAL CLASSIFICATIONS			7151	3.84	949	6826F	11.75	950
			7152	6.88	950	6843F	13.68	950
			7153	4.28	950	6845F	20.75	950
			6702<	\$6.98	\$950	7333	4.98	950
6703>	12.48	950	7335	5.53	950	6874F	36.47	950
6704+	7.75	950	7337	8.91	950	7309F	20.74	950
7016	4.15	950	7394	10.10	950	7313F	5.88	950
7024	4.61	950	7395	11.23	950	7317F	9.30	950
7038	5.23	950	7398	18.09	950	7327F	27.45	950
7046	23.02	950	8734	0.59	315	7350F	17.90	950
7047	7.43	950	8737	0.53	303	8709F	7.37	950
7050	9.36	950	8738	0.94	383	8726F	8.46	950
7090	5.81	950	8805	0.31	260	9077F	3.91	950
			8814	0.27	253			
			8815	0.49	296			

LUMBERMEN'S UNDERWRITING ALLIANCE

WORKERS COMPENSATION AND EMPLOYERS LIABILITY  
RATES AND RATING VALUES

## LEGEND

Effective July 1, 2008

N A separate statistical code number is assigned for the non-ratable element for this basic classification code. As these codes are associated, the rate corresponding to the statistical code must be applied to the basic classification rate when determining premium. The non-ratable element is not subject to experience rating and applies to the full payroll of the associated basic classification.

<u>Class Code</u>	<u>Non-Ratable Element Code</u>
4771	0771
7405	7445
7431	7453

- D Rate for classification already includes the specific disease loading shown in the table. See Basic Manual Rule 3-A-7.
- F Rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Rate contains a provision for federal assessment.
- E Classification includes specific disease loading. Refer to Governmental Affairs if removal of loading is necessary.
- X Refer to special classification phraseology in these pages which is applicable in this state.
- \* 1005 – Rate includes a non-ratable disease element of \$4.59. (For coverage written separately for federal benefits only, \$3.03. For coverage written separately for state benefits only, \$1.56.)
- & 1016 – Rate includes a non-ratable disease element of \$18.32. (For coverage written separately for federal benefits only, \$12.07. For coverage written separately for state benefits only, \$6.25), and a catastrophe load of \$0.11. Refer to the Manual of Underground Coal Mine Rules, Classifications, and Rates for the rules applicable to the use of this classification code.
- < 6702 – Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection code rate and elr each x 1.215.

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(05-16-08)

WORKERS COMPENSATION AND EMPLOYERS LIABILITY  
RATES AND RATING VALUESLEGEND (Continued)  
Effective July 1, 2008

- > 6703 – Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection code rate x 2.175 and elr each x 2.032.
- + 6704 – Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection code rate and elr each x 1.35.
- 7409 – The ELR on the rate page is based on payroll subject to a maximum of \$750 per week per employee. Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005. An ELR of 7.71 should be applied to policies with effective dates on or after January 1, 2005 (\$600 payroll limitation). An ELR of 15.43 should be applied to policies with effective dates prior to January 1, 2005 (\$300 payroll limitation).
- % 7420 - Payroll is subject to a maximum of \$750 per week per employee effective July 1, 2008. The ELR on the rate page should be applied to policies with effective dates on or after July 1, 2008 (\$750 payroll limitation). An ELR of 7.71 should be applied to policies with effective dates prior to July 1, 2008 and on or after July 1, 2006 (\$600 payroll limitation). An ELR of 5.65 should be applied to policies with effective dates prior to July 1, 2006 (uncapped payroll).
- ^ 8018 – See Arkansas Special Classification for Warehousing - groceries exclusively.
- # 8833 – The ex-medical rate for this classification is \$0.42. A charge of \$0.10 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to NCCI, Inc. for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- @ 9040 – The ex-medical rate for this classification is \$1.56. A charge of \$0.10 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to NCCI, Inc. for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- ~ 9740 – Foreign Terrorism (The statistical code 9740 has been established for the reporting of premium associated with this terrorism rate.)
- = 9741 – Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents (The statistical code 9741 has been established for the reporting of premium associated with this rate.)
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**WORKERS COMPENSATION AND EMPLOYERS LIABILITY  
RATES AND RATING VALUES**

**MISCELLANEOUS VALUES**

Effective July 1, 2008

**Basis of Premium** applicable in accordance with the Basic Manual footnote instructions for Code: 7370 – 7370 Taxicab Co.:

Employee operated vehicle.....	\$48,893
Leased or rented vehicle.....	\$32,595

7420 Aviation-Aerial Application, Seeding, Herding, or Scintillometer Surveying-Flying Crew Maximum payroll per week per employee.....	\$750
---	-------

**Expense Constant** applicable in accordance with Basic Manual Rule 3-A-11 ..... \$200

**Maximum Remuneration** applicable in accordance with Basic Manual Rule 2-E-1 - Executive Officers and the Basic Manual footnote instructions for Code 9178 - Athletic Sports or Park: Non-Contact Sports, Code 9179 - Athletic Sports or Park: Contact Sports, and Code 9186 - Carnival – Traveling..... \$2,500

**Minimum Remuneration** applicable in accordance with Basic Manual Rule 2-E-1 - Executive Officers ..... \$300

**Per Passenger Seat Surcharge** - In accordance with the Basic Manual footnote instructions for classification Code 7421, the surcharge per passenger seat is..... \$100  
Maximum Surcharge per aircraft ..... \$1,000

**Premium Determination for Partners and Sole Proprietors and Members of Limited Liability Companies** in accordance with Basic Manual Rule 2-E-3..... \$31,900

**Foreign Terrorism (Rate)**.....\$0.03

**Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents (Rate)**.....\$0.01

**United States Longshore and Harbor Workers’ Compensation Coverage Percentage** applicable only in connection with Basic Manual ..... 86%

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

**Minimum Premiums** (by Class) = [(195 x Class Rate) + Expense Constant]  
Subject to a maximum of ..... \$950

**For Per Capita** classes, Minimum Premiums = Class Rate + Expense Constant  
Subject to a maximum of ..... \$950

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY  
RATES AND RATING VALUES**

**MISCELLANEOUS VALUES (Continued)**  
Effective July 1, 2008

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

	<u>Type B Company</u>	
First	\$10,000	0.0%
Next	190,000	5.1%
Next	1,550,000	6.5%
Over	1,750,000	7.5%

**BENEFITS DEDUCTIBLE COVERAGE**

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

<u>Deductible Amount</u>	<u>Total Losses Hazard Groups</u>						
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>
\$1,000	7.4%	5.9%	5.0%	4.2%	3.5%	2.4%	1.8%
1,500	9.0%	7.2%	6.2%	5.2%	4.4%	3.1%	2.3%
2,000	10.2%	8.3%	7.1%	6.1%	5.1%	3.7%	2.8%
2,500	11.4%	9.2%	8.0%	6.8%	5.8%	4.2%	3.2%
3,000	12.3%	10.1%	8.7%	7.5%	6.4%	4.6%	3.5%
3,500	13.2%	10.8%	9.4%	8.1%	6.9%	5.1%	3.8%
4,000	14.0%	11.5%	10.1%	8.7%	7.4%	5.5%	4.2%
4,500	14.8%	12.2%	10.6%	9.2%	7.9%	5.9%	4.5%
5,000	15.5%	12.8%	11.2%	9.8%	8.4%	6.3%	4.8%

<u>Deductible Amount</u>	<u>Medical Losses Hazard Groups</u>						
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>
\$1,000	7.1%	5.7%	4.9%	4.0%	3.4%	2.3%	1.7%
1,500	8.6%	6.9%	5.9%	5.0%	4.2%	2.9%	2.2%
2,000	9.7%	7.8%	6.7%	5.7%	4.8%	3.3%	2.5%
2,500	10.6%	8.6%	7.4%	6.3%	5.3%	3.8%	2.8%
3,000	11.4%	9.3%	8.0%	6.8%	5.8%	4.1%	3.1%
3,500	12.1%	9.9%	8.5%	7.3%	6.2%	4.5%	3.4%
4,000	12.7%	10.4%	9.1%	7.8%	6.6%	4.8%	3.6%
4,500	13.3%	10.9%	9.5%	8.2%	7.0%	5.1%	3.8%
5,000	13.8%	11.4%	9.9%	8.5%	7.3%	5.4%	4.1%

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY  
RATES AND RATING VALUESMISCELLANEOUS VALUES (Continued)  
Effective July 1, 2008

Deductible Amount	Indemnity Losses Hazard Groups						
	A	B	C	D	E	F	G
\$1,000	1.5%	1.2%	1.1%	1.0%	0.9%	0.7%	0.6%
1,500	2.1%	1.6%	1.5%	1.4%	1.2%	1.1%	0.8%
2,000	2.6%	2.1%	1.9%	1.8%	1.6%	1.3%	1.0%
2,500	3.1%	2.5%	2.3%	2.2%	1.9%	1.6%	1.2%
3,000	3.5%	2.8%	2.6%	2.4%	2.2%	1.8%	1.4%
3,500	3.9%	3.2%	2.9%	2.7%	2.4%	2.0%	1.5%
4,000	4.2%	3.5%	3.2%	3.0%	2.7%	2.3%	1.7%
4,500	4.6%	3.8%	3.5%	3.2%	2.9%	2.4%	1.9%
5,000	4.9%	4.1%	3.7%	3.5%	3.1%	2.6%	2.0%

## 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.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY  
RATES AND RATING VALUESTABLE OF SPECIFIC DISEASE LOADINGS  
Effective July 1, 2008DISEASE SYMBOLS  
Asb = Asbestos      S = Silica

<u>Code Number</u>	<u>Specific Disease Loadings *</u>	<u>Disease Symbol</u>
0059D	.18	S
0065D	.03	S
0066D	.03	S
0067D	.03	S
1164E	.05	S
1165E	.02	S
1624E	.03	S
1710E	.03	S
1741E	.15	S
1803D	.15	S
1852D	.03	Asb
3081D	.03	S
3082D	.03	S
3085D	.03	S
3175D	.02	S
4024E	.01	S
5508D	.02	S
6251D	.04	S
6252D	.02	S
6260D	.02	S

\* Note: The above Specific Disease Loadings are to be multiplied by LUA's Loss Cost Multiplier of 1.407.

**RETROSPECTIVE RATING PLAN MANUAL  
STATE SPECIAL RATING VALUES**

**1. HAZARD GROUP DIFFERENTIALS**

<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>	
1.890	1.420	1.260	1.130	0.980	0.790	0.590	EFF. 01-01-08

**2. TAX MULTIPLIERS**

a. State (non-F classes)	1.051	LUA EFF. 07-01-08
b. Federal classes, or non-F classes where rate is increased by USL&H Act Percentage	1.124	LUA EFF. 07-01-08

**3.a. EXPECTED LOSS RATIO**

.627	LUA EFF. 01-01-08
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**3.b. EXPECTED LOSS AND ALLOCATED EXPENSE RATIO +**

.687	LUA EFF. 01-01-08
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**4.a. TABLE OF EXPENSE RATIOS**

2007-01 (28F) (Type B Company)	LUA EFF. 01-01-08
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**4.b. TABLE OF EXPENSE RATIOS FOR ALAE OPTION +**

2007-01 (28H) (Type B Company)	LUA EFF. 01-01-08
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**5. TABLE OF EXPECTED LOSS RANGES**

2008	EFF. 01-01-08
------	---------------

+ Retrospective Rating Flexibility Values - choice of option a or b available.

RETROSPECTIVE RATING PLAN MANUAL  
STATE SPECIAL RATING VALUES6a. EXCESS LOSS PURE PREMIUM  
FACTORS

EFF. 07-01-08

Per Accident Limitation			<u>Hazard</u>		<u>Groups</u>		
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>
\$10,000 †	.537	.588	.617	.644	.672	.713	.746
\$15,000 †	.478	.533	.566	.595	.628	.675	.715
\$20,000 †	.433	.490	.524	.556	.592	.643	.689
\$25,000	.396	.454	.490	.523	.561	.615	.666
\$30,000	.366	.424	.461	.494	.534	.591	.646
\$35,000	.341	.398	.436	.469	.510	.569	.627
\$40,000	.319	.375	.413	.447	.489	.549	.610
\$50,000	.283	.337	.375	.409	.452	.514	.580
\$75,000	.225	.272	.309	.341	.384	.448	.520
\$100,000	.189	.230	.266	.295	.338	.400	.476
\$125,000	.164	.200	.235	.262	.303	.364	.441
\$150,000	.146	.179	.212	.238	.277	.336	.414
\$175,000	.132	.162	.194	.218	.255	.312	.390
\$200,000	.121	.149	.179	.201	.237	.292	.370
\$225,000	.112	.137	.167	.188	.221	.275	.353
\$250,000	.105	.129	.157	.177	.209	.261	.338
\$275,000	.099	.121	.149	.167	.198	.248	.324
\$300,000	.093	.114	.141	.159	.188	.237	.312
\$325,000	.088	.108	.134	.151	.180	.227	.301
\$350,000	.084	.103	.128	.145	.172	.218	.291
\$375,000	.080	.099	.123	.139	.165	.210	.282
\$400,000	.077	.095	.118	.133	.159	.202	.274
\$425,000	.074	.091	.114	.128	.153	.196	.266
\$450,000	.071	.087	.110	.124	.148	.189	.259
\$475,000	.069	.084	.106	.120	.143	.184	.253
\$500,000	.067	.082	.103	.116	.139	.178	.247
\$600,000	.059	.073	.093	.104	.125	.161	.226
\$700,000	.054	.066	.084	.095	.113	.147	.209
\$800,000	.051	.062	.079	.088	.106	.137	.196

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RETROSPECTIVE RATING PLAN MANUAL  
STATE SPECIAL RATING VALUES

Per Accident Limitation			Hazard		Groups		
	A	B	C	D	E	F	G
\$900,000	.047	.057	.074	.082	.098	.128	.185
\$1,000,000	.044	.054	.069	.077	.092	.120	.175
\$2,000,000	.026	.034	.044	.050	.060	.079	.119
\$3,000,000	.018	.024	.032	.037	.045	.060	.092
\$4,000,000	.014	.019	.025	.029	.036	.049	.076
\$5,000,000	.011	.015	.021	.024	.029	.040	.064
\$6,000,000	.009	.012	.016	.019	.024	.034	.055
\$7,000,000	.008	.010	.014	.016	.020	.029	.048
\$8,000,000	.007	.009	.012	.014	.018	.025	.042
\$9,000,000	.006	.008	.011	.013	.016	.022	.038
\$10,000,000	.006	.007	.010	.011	.014	.020	.034

6b. **EXCESS LOSS AND ALLOCATED EXPENSE**  
**PURE PREMIUM FACTORS+**

EFF. 07-01-08

Per Accident Limitation			Hazard		Groups		
	A	B	C	D	E	F	G
\$10,000 †	.613	.668	.698	.727	.756	.797	.818
\$15,000 †	.552	.611	.646	.677	.711	.759	.790
\$20,000 †	.505	.566	.603	.637	.674	.727	.765
\$25,000	.466	.529	.568	.602	.643	.699	.744
\$30,000	.434	.497	.537	.573	.615	.674	.724
\$35,000	.406	.469	.510	.546	.590	.651	.706
\$40,000	.382	.444	.486	.522	.568	.631	.689
\$50,000	.343	.403	.445	.482	.529	.594	.659
\$75,000	.276	.330	.371	.407	.455	.524	.598
\$100,000	.234	.282	.322	.356	.403	.472	.552
\$125,000	.204	.247	.286	.318	.364	.431	.514
\$150,000	.183	.222	.260	.290	.334	.400	.484
\$175,000	.165	.201	.238	.266	.308	.373	.458
\$200,000	.151	.185	.220	.246	.287	.350	.435

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RETROSPECTIVE RATING PLAN MANUAL  
STATE SPECIAL RATING VALUES

Per Accident Limitation			Hazard		Groups		G
	A	B	C	D	E	F	
\$225,000	.140	.171	.205	.230	.269	.330	.415
\$250,000	.132	.160	.193	.217	.255	.314	.399
\$275,000	.124	.151	.183	.205	.241	.299	.383
\$300,000	.117	.142	.173	.195	.229	.286	.369
\$325,000	.111	.135	.165	.186	.219	.274	.357
\$350,000	.105	.129	.158	.177	.210	.263	.345
\$375,000	.101	.123	.152	.170	.201	.253	.335
\$400,000	.096	.118	.146	.164	.194	.244	.325
\$425,000	.093	.113	.140	.158	.187	.236	.316
\$450,000	.089	.109	.136	.152	.181	.229	.308
\$475,000	.086	.105	.131	.147	.175	.222	.300
\$500,000	.083	.102	.127	.143	.170	.216	.293
\$600,000	.074	.090	.114	.128	.152	.195	.269
\$700,000	.067	.082	.104	.116	.139	.178	.250
\$800,000	.063	.076	.097	.108	.129	.166	.234
\$900,000	.058	.071	.090	.101	.120	.155	.221
\$1,000,000	.055	.067	.085	.095	.113	.146	.209
\$2,000,000	.033	.042	.055	.062	.074	.096	.143
\$3,000,000	.024	.031	.041	.046	.056	.074	.112
\$4,000,000	.018	.024	.032	.037	.045	.060	.093
\$5,000,000	.015	.019	.026	.030	.037	.051	.079
\$6,000,000	.011	.015	.021	.025	.031	.042	.068
\$7,000,000	.010	.013	.018	.021	.026	.037	.060
\$8,000,000	.009	.011	.016	.018	.023	.032	.053
\$9,000,000	.008	.010	.014	.016	.020	.029	.048
\$10,000,000	.007	.009	.013	.015	.018	.026	.043

+ Retrospective Rating Flexibility Values – choice of option a or b available.

\* Also applicable to Underground Coal Mine classifications.

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

RETROSPECTIVE RATING PLAN MANUAL  
STATE SPECIAL RATING VALUES

7. RETROSPECTIVE PURE PREMIUM DEVELOPMENT FACTORS      **EFF. 07-01-08**

<u>With Loss Limit</u>			<u>Without Loss Limit</u>			<u>4th &amp; Subsequent Adjustment</u>
<u>1st Adj.</u>	<u>2nd Adj.</u>	<u>3rd Adj.</u>	<u>1st Adj.</u>	<u>2nd Adj.</u>	<u>3rd Adj.</u>	
.07	.07	.05	.16	.16	.12	.00

SERFF Tracking Number: LMBR-125656188 State: Arkansas  
Filing Company: Lumbermen's Underwriting Alliance State Tracking Number: EFT \$100  
Company Tracking Number: 2008-82-WC-R  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: Workers Compensation Rates and Rating Values  
Project Name/Number: Revised Rates and Rating Values/2008-82-WC-R

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 05/20/2008

**Comments:**  
Information required is under the rate/rule schedule tab.

**Satisfied -Name:** NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 05/20/2008

**Comments:**  
Filing adoption form and LCM form attached.

**Attachment:**  
NAIC Summary Filing Form.pdf

**Satisfied -Name:** NAIC loss cost data entry document **Review Status:** Approved 05/20/2008

**Comments:**  
Abstract attached.

**Attachment:**  
Abstract.pdf

**NAIC LOSS COST FILING DOCUMENT - FOR WORKERS' COMPENSATION  
CALCULATION OF COMPANY LOSS COST MULTIPLIER**

<b>This filing transmittal is part of Company Tracking #</b>	<u>2008-82-WC-R</u>
<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	N/A

**Loss Cost Reference Filing**  
Advisory Org. & Reference filing #)

NCCI AR-2008-02

**Independent Rate 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 business. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

**1. Check one of the following:**

- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of business. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. **Note: Some states have statutes that prohibit this option for some lines of business.**
- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

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

**3. Loss cost modification:**

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

Without Modification (factor = 1.000)

With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.)

LAE Adjustment & Expense Constant / Minimum Premium Adjustment. See Exhibit 2 - Loss Cost Multiplier

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

1.027

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

Example 2: Loss cost Modification Factor: If you 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 and Fees

\_\_\_\_\_

D. Underwriting profit and contingencies \*

\_\_\_\_\_

E. Other (explain)

\_\_\_\_\_

F. Total

\_\_\_\_\_

\* Explain how investment income is taken into account

**NAIC EXPENSE CONSTANT SUPPLEMENT**

**CALCULATION OF COMPANY LOSS COST MULTIPLIER  
WITH EXPENSE CONSTANTS**

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

<b>This filing transmittal is part of Company Tracking #</b>	<i>2008-82-WC-R</i>
<b>This filing corresponds to form filing number</b> <small>(Company tracking number of form filing, if applicable)</small>	<i>N/A</i>

**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	<i>18.8%</i>	18.7%	0.1%
	B. General Expense	<i>0.7%</i>	0.7%	0.0%
	C. Taxes, Licenses and Fees	<i>5.5%</i>	5.5%	0.0%
	D. Underwriting Profit and Contingencies	<i>-3.9%</i>	-3.9%	0.0%
	E. Other (explain) <i>premium discount &amp; retro expense gradation</i>	<i>6.0%</i>	6.0%	0.0%
	F. TOTAL	27.1%	27.0%	0.1%

5.	A.	Expected Loss Ratio: ELF = 100% - Overall 4F =	72.9%
	B.	ELR in decimal form =	0.729
	C.	Variable Expected Loss Ratio: VELR = 100% - Variable 4F =	73.0%
	D.	VELR in Decimal Form =	0.730

6.	A.	Formula Expense Constant: [(1.00 divided by 5B.) - (1.00 divided by 5D.)]	N/A
	B.	Formula Variable Loss Cost Multiplier: (3B divided by 5D) =	1.407

7.	A.	Selected Expense Constant =	<i>200</i>
	B.	Selected Variable Loss Cost Multiplier =	<i>1.407</i>

8. Explain any differences between 6 and 7:

*6A. LUA had \$21,445 of direct written premium (P.14) in Arkansas in calendar year 2007. A formula expense constant would not be statistically significant. Therefore, we are filing to retain our current expense constant.*

9.	Rate level change for the coverage(s) to which this page applies	<i>-15.5%</i>
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**ARKANSAS INSURANCE DEPARTMENT**

**WORKERS' COMPENSATION ABSTRACT**

INSTRUCTIONS: All questions must be answered. If the answer is "none" or "not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group.

Company Name Lumbermen's Underwriting Alliance  
 NAIC Number 23108 Group Number \_\_\_\_\_  
 Deviation From: not applicable Proposed Effective Date 7/1/2008

1. What type of deviation(s) are you currently utilizing? (Specify whether deviation is a schedule rating plan or an across-the-board deviation.)

TYPE	APPROVED	PERCENTAGE
<u>Schedule Rating</u>	<u>10/1/1996</u>	<u>25% max credit or debit</u>

2. What, if any, restrictions apply to the deviation? All debits and credits shall be based on evidence that is contained in the file at the time the schedule debit or credit is applied.

3. What is the minimum premium requirement for eligibility for the deviation? Experience rated risks.

4. What was the average percentage of credit given on policies eligible under the deviation? 19.3%

5. What was the average percentage of debit given on policies eligible under the deviation? 0.9%

6. State the number of Arkansas policies issued since the approval of your deviation. 395  
 Of these policies, how many received a deviation? 167

7. Do you allow both schedule rating plans and across-the-board deviations on the same risk? No

8. Does your company offer a dividend plan? If so, please describe the type of dividend, including the amount paid in dividends for the preceding calendar year. Dividend plan not offered in Arkansas

9. When promulgating an individual policy premium, at what point is the deviation applied? After application of the experience mod and before the application of premium discount and expense constant.

10. Do plans for the future market provide for:  
 (a) A greater market penetration for this type of business No.  
 (b) A lesser penetration No.  
 (c) Status quo Yes.

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Signature

P&C Filing Analyst  
Title

(800) 327-0630 x291  
Telephone Number