

SERFF Tracking Number: MDWT-125641567 State: Arkansas
Filing Company: Midwest Employers Casualty Company State Tracking Number: EFT \$100
Company Tracking Number: AR07012008
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: AR 7/1/08 Loss Costs/AR07012008

Filing at a Glance

Company: Midwest Employers 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: MDWT-125641567 State: Arkansas

SERFF Status: Closed

Co Tr Num: AR07012008

Co Status:

Authors: Steve Hedley, Sargent
Katie, Jennifer Hanfelder O'Brien

Date Submitted: 05/23/2008

State Tr Num: EFT \$100

State Status: Fees verified and
received

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

Disposition Date: 05/28/2008

Disposition Status: Approved

Effective Date (New): 07/01/2008

Effective Date (Renewal):

General Information

Project Name: AR 7/1/08 Loss Costs

Project Number: AR07012008

Reference Organization: NCCI

Reference Title: AR 7/1/08 Loss Costs.

Filing Status Changed: 05/28/2008

State Status Changed: 05/27/2008

Corresponding Filing Tracking Number:

Filing Description:

Adopting NCCI approved loss costs for AR effective 7/1/08

Status of Filing in Domicile: Not Filed

Domicile Status Comments: not filing in DE

Reference Number: AR-2008-06

Advisory Org. Circular: AR-2008-06

Deemer Date:

Company and Contact

Filing Contact Information

Katie Sargent, Actuarial Analyst

ksargent@mwecc.com

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Project Name/Number: AR 7/1/08 Loss Costs/AR07012008

14755 North Outer Forty Drive, Suite 300 (636) 449-7000 [Phone]
Chesterfield, MO 63017 (636) 449-7199[FAX]

Filing Company Information

Midwest Employers Casualty Company CoCode: 23612 State of Domicile: Delaware
14755 North Outer 40 Drive Group Code: 98 Company Type:
Suite 300
Chesterfield, MO 63017 Group Name: State ID Number:
(636) 449-7013 ext. [Phone] FEIN Number: 311169435

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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: Filing fee required for adopting advisory loss costs and changing loss cost multiplier from what is currently on file.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Midwest Employers Casualty Company	\$100.00	05/23/2008	20494402

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Correspondence Summary

Dispositions

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

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	05/27/2008	05/27/2008	Jennifer Hanfelder O'Brien	05/28/2008	05/28/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
objection response	Note To Reviewer	Jennifer Hanfelder O'Brien	05/28/2008	05/28/2008

SERFF Tracking Number: MDWT-125641567 State: Arkansas
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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:
Midwest Employers Casualty Company	-16.470%	\$-22,615	19	\$225,126	-4.220%	-34.940%	-16.470%

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 Project Name/Number: AR 7/1/08 Loss Costs/AR07012008

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	State and Countrywide Experience	Approved	Yes
Supporting Document	Loss Cost Data Entry	Approved	Yes
Rate	Manual Rate Pages & Miscellaneous Values	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/27/2008
Submitted Date 05/27/2008

Respond By Date

Dear Katie Sargent,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: In the General Information tab you show the NCCI Reference Number is AR-2008-06.

Objection 2

- NAIC loss cost data entry document (Supporting Document)

Comment:

This filing adopts Reference Number AR-2008-06. We have not approved any NCCI Item Filing with that number. It is possible that the number given in the filing is a circular number which is often different than the Item Filing number. The Item Filing number is the unique number that identifies the filing. We do not see the circulars. Several circulars may refer to the same Item Filing. One circular may refer to many item filings. The Item Filing number can be found in the body of the circular. The Item Filing number for the 7/1/08 loss costs is AR-2008-02. Please confirm that is the Item Filing you are adopting.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/28/2008
Submitted Date 05/28/2008

Dear Carol Stiffler,

Comments:

SERFF Tracking Number: MDWT-125641567 State: Arkansas
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Product Name: Workers' Compensation
Project Name/Number: AR 7/1/08 Loss Costs/AR07012008

I was unable to update the General Information tab (as is erroneously noted below in the comments section) but I have updated the loss cost data entry documents.

Response 1

Comments: We are referring to Item Filing AR-2008-02. Our original reference was to the circular number (AR-2008-06). I have updated the General Information and loss cost data entry documents to reflect the Item Filing number.

Related Objection 1

Comment:

In the General Information tab you show the NCCI Reference Number is AR-2008-06.

Related Objection 2

Applies To:

- NAIC loss cost data entry document (Supporting Document)

Comment:

This filing adopts Reference Number AR-2008-06. We have not approved any NCCI Item Filing with that number. It is possible that the number given in the filing is a circular number which is often different than the Item Filing number. The Item Filing number is the unique number that identifies the filing. We do not see the circulars. Several circulars may refer to the same Item Filing. One circular may refer to many item filings. The Item Filing number can be found in the body of the circular. The Item Filing number for the 7/1/08 loss costs is AR-2008-02. Please confirm that is the Item Filing you are adopting.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Loss Cost Data Entry

Comment: This is the NCCI Loss Cost Data Entry Document.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please contact us with any questions. Thanks!

Sincerely,

Jennifer Hanfelder O'Brien, Sargent Katie, Steve Hedley

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Product Name: Workers' Compensation
Project Name/Number: AR 7/1/08 Loss Costs/AR07012008

Note To Reviewer

Created By:

Jennifer Hanfelder O'Brien on 05/28/2008 12:31 PM

Subject:

objection response

Comments:

I apologize; I thought that I could update the General Information tab to change the Reference Number, but I am unable to do so. I DID, however, update the loss cost data entry document. I'm sorry for the inconvenience

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 Project Name/Number: AR 7/1/08 Loss Costs/AR07012008

State: Arkansas
 State Tracking Number: EFT \$100
 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: 0.500%
Effective Date of Last Rate Revision: 10/10/2004
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):
Midwest Employers Casualty Company	-16.470%	-16.470%	\$-22,615	19	\$225,126	-4.220%	-34.940%

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 Project Name/Number: AR 7/1/08 Loss Costs/AR07012008

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Manual Rate Pages & Pages 1-3, Miscellaneous Values Pages 1-2		Replacement	AR Rate pages.pdf

<u>Class</u>	<u>Rate</u>	<u>Min Prem</u>									
5	5.11	950	2070	4.35	950	2841	2.97	779	3385	0.70	337
8	2.08	606	2081	3.07	799	2881	2.00	590	3400	2.16	621
16	4.48	950	2089	2.02	594	2883	3.26	836	3507	2.46	680
34	3.44	871	2095	2.17	623	2913	3.26	836	3515	1.74	539
35	2.06	602	2105	1.94	578	2915	3.39	861	3548	1.08	411
36	3.27	838	2110	1.70	532	2916	1.86	563	3559	2.07	604
37	3.69	920	2111	2.00	590	2923	1.91	572	3574	0.90	376
42	5.09	950	2112	2.16	621	2942	1.87	565	3581	1.15	424
50	4.14	950	2114	2.14	617	2960	2.57	701	3612	1.75	541
59D	0.24	0	2121	1.78	547	3004	2.19	627	3620	4.63	950
65D	0.04	0	2130	2.23	635	3018	2.04	598	3629	1.56	504
66D	0.04	0	2131	1.50	493	3022	2.53	693	3632	3.19	822
67D	0.04	0	2143	1.74	539	3027	2.14	617	3634	1.36	465
79	3.37	857	2157	3.23	830	3028	1.85	561	3635	1.65	522
83	7.78	950	2172	1.25	444	3030	3.20	824	3638	1.17	428
106	9.09	950	2174	2.33	654	3040	2.97	779	3642	0.67	331
113	4.56	950	2211	4.36	950	3041	2.65	717	3643	2.36	660
170	1.96	582	2220	1.56	504	3042	2.53	693	3647	2.68	723
251	4.02	950	2286	1.13	420	3064	3.66	914	3648	1.71	533
400	6.43	950	2288	3.22	828	3069	6.29	950	3681	1.24	442
401	8.78	1	2300	1.70	532	3076	2.36	660	3685	1.42	477
771N	0.24	0	2302	1.36	465	3081D	2.29	647	3719	2.08	606
917	3.12	808	2305	1.70	532	3082D	3.10	805	3724	5.42	950
1005Z	8.79	950	2361	0.96	387	3085D	2.58	703	3726	2.41	670
1016X*	32.81	950	2362	1.40	473	3110	2.27	643	3803	1.52	496
1164E	5.68	950	2380	3.60	902	3111	2.37	662	3807	1.67	526
1165E	3.74	929	2386	0.90	376	3113	1.87	565	3808	2.19	627
1320	2.33	654	2388	1.53	498	3114	2.08	606	3821	3.30	844
1322	12.52	950	2402	1.71	533	3118	0.96	387	3822	2.89	764
1430	3.45	873	2413	1.34	461	3119	0.87	370	3824	3.86	950
1438	1.94	578	2416	1.33	459	3122	1.20	434	3826	0.70	337
1452	1.34	461	2417	1.25	444	3126	1.37	467	3827	1.25	444
1463	9.28	950	2501	1.08	411	3131	0.83	362	3830	0.90	376
1472	3.23	830	2503	1.07	409	3132	1.96	582	3851	2.11	611
1624E	6.05	950	2534	1.71	533	3145	1.90	571	3865	1.01	397
1642	3.26	836	2570	3.94	950	3146	2.19	627	3881	2.81	748
1654	5.00	950	2585	2.46	680	3169	1.95	580	4000	5.76	950
1655	3.94	950	2586	1.05	405	3175D	2.27	643	4021	4.72	950
1699	1.59	510	2587	2.31	650	3179	1.91	572	4024E	1.77	545
1701	2.46	680	2589	1.15	424	3180	1.42	477	4034	5.54	950
1710E	4.88	950	2600	5.09	950	3188	1.21	436	4036	2.00	590
1741E	1.48	489	2623	2.24	637	3220	1.50	493	4038	1.73	537
1745X	2.39	666	2651	2.10	610	3223	2.39	666	4053	2.74	734
1747	2.08	606	2660	1.16	426	3224	1.95	580	4061	3.37	857
1748	5.94	950	2670	1.83	557	3227	1.45	483	4062	1.83	557
1803D	4.27	950	2683	1.57	506	3240	2.41	670	4101	1.59	510
1852D	1.98	586	2688	2.43	674	3241	2.24	637	4111	2.44	676
1853	1.85	561	2701	5.89	950	3255	1.86	563	4112	0.75	346
1860	1.56	504	2702X	24.03	950	3257	2.72	730	4113	1.05	405
1924	3.37	857	2710	7.00	950	3270	2.57	701	4114	1.77	545
1925	2.33	654	2714	3.32	847	3300	3.56	894	4130	3.62	906
2001	1.90	571	2719X	8.82	950	3303	3.04	793	4131	1.94	578
2002	2.39	666	2731	2.95	775	3307	2.68	723	4133	1.91	572
2003	2.69	725	2735	2.07	604	3315	2.10	610	4150	1.33	459
2014	5.06	950	2759	6.73	950	3334	1.70	532	4206	2.93	771
2016	1.58	508	2790	1.24	442	3336	1.75	541	4207	0.80	356
2021	2.65	717	2802	4.19	950	3365	8.15	950	4239	1.01	397
2039	3.55	892	2812	2.94	773	3372	2.27	643	4240	1.96	582
2041	3.40	863	2835	1.28	450	3373	2.31	650	4243	1.33	459
2065	1.28	450	2836	1.79	549	3383	0.86	368	4244	2.36	660

<u>Class</u>	<u>Rate</u>	<u>Min Prem</u>									
4250	1.19	432	5069	23.80	950	6306	4.82	950	8018X*	2.17	623
4251	1.41	475	5102	3.49	881	6319	4.71	950	8021	1.61	514
4263	1.75	541	5146	4.27	950	6325	3.93	950	8031	3.35	853
4273	1.53	498	5160	3.02	789	6400	5.89	950	8032	1.37	467
4279	1.44	481	5183	2.99	783	6504	2.03	596	8033	1.63	518
4282	1.69	530	5188	3.82	945	6811	4.38	950	8039	1.19	432
4283	1.57	506	5190	2.74	734	6834	3.10	805	8044	2.39	666
4299	1.40	473	5191X	1.58	508	6836	5.05	950	8045	0.36	270
4304	2.20	629	5192	3.41	865	6854	4.38	950	8046	2.31	650
4307	1.75	541	5213	6.02	950	6882	4.38	950	8047	0.92	379
4351	0.91	377	5215	3.60	902	6884	9.89	950	8058	2.37	662
4352	0.80	356	5221	4.43	950	7133	2.97	779	8072	0.70	337
4360	0.72	340	5222	10.23	950	7222	8.30	950	8102	2.19	627
4361	1.05	405	5223	4.51	950	7228X	5.89	950	8103	3.23	830
4362	0.92	379	5348	3.49	881	7229X	6.18	950	8105	4.18	950
4410	2.56	699	5402	3.87	950	7230	3.48	879	8106	3.31	845
4420	3.08	801	5403	8.01	950	7231	4.61	950	8107	2.82	750
4431	1.19	432	5437	3.80	941	7232	10.89	950	8111	3.26	836
4432	1.28	450	5443	3.44	871	7360	6.01	950	8116	3.62	906
4439	1.34	461	5445	4.31	950	7370	4.24	950	8203	4.76	950
4452	2.60	707	5462	4.55	950	7380X	2.93	771	8204	4.13	950
4459	1.49	491	5472	4.14	950	7382	2.41	670	8209	2.58	703
4470	1.90	571	5473	5.67	950	7390	3.12	808	8215	4.96	950
4484	1.66	524	5474	6.22	950	7403	2.50	688	8227	2.70	727
4493	2.02	594	5478	3.78	937	7405N	0.99	393	8232	5.44	950
4511	0.59	315	5479	6.70	950	7420X*	21.69	950	8233	4.43	950
4557	1.36	465	5480	6.77	950	7421	2.29	647	8235	3.57	896
4558	1.32	457	5491	1.75	541	7422	1.94	578	8263	8.07	950
4561	1.58	508	5506	3.16	816	7425	3.58	898	8264	2.91	767
4568	2.07	604	5507	4.76	950	7431N	1.46	485	8265	8.03	950
4581	1.38	469	5508D	8.03	950	7445N	0.53	0	8279	7.71	950
4583	4.23	950	5535	6.29	950	7453N	0.79	0	8288	5.19	950
4611	0.76	348	5537	4.15	950	7502	2.15	619	8291	1.81	553
4635	3.94	950	5551	12.07	950	7515	0.92	379	8292	2.57	701
4653	1.03	401	5606	1.44	481	7520	1.95	580	8293	5.92	950
4665	5.34	950	5610	4.71	950	7538	8.74	950	8295X	6.47	950
4670	3.06	797	5645	9.61	950	7539	3.74	929	8304	5.96	950
4683	3.90	950	5651	7.13	950	7540	2.45	678	8350	4.90	950
4686	1.01	397	5703	77.71	950	7580	1.62	516	8380	3.07	799
4692	0.38	274	5705	4.55	950	7590	4.48	950	8381	1.29	452
4693	0.74	344	5951	0.34	266	7600	2.25	639	8385	2.08	606
4703	1.92	574	6003	8.51	950	7601	10.16	950	8392	2.60	707
4717	1.42	477	6005	6.47	950	7605	2.83	752	8393	1.48	489
4720	4.16	950	6017	3.32	847	7610	0.46	290	8500	5.48	950
4740	1.23	440	6018	1.81	553	7611	4.55	950	8601	0.71	338
4741	1.40	473	6045	2.10	610	7612	10.14	950	8606	2.41	670
4751	1.19	432	6204	8.47	950	7613	4.05	950	8719	1.62	516
4771N	1.36	465	6206	5.38	950	7705	2.23	635	8720	1.17	428
4777	1.38	469	6213	7.08	950	7710	5.00	950	8721	0.34	266
4825	0.71	338	6214	2.39	666	7711	5.00	950	8742X	0.41	280
4828	1.33	459	6216	5.51	950	7720X	2.23	635	8745	3.95	950
4829	0.96	387	6217	4.31	950	7855	5.38	950	8748	0.36	270
4902	1.07	409	6229	4.27	950	8001	1.92	574	8755	0.22	243
4923	0.88	372	6233	4.65	950	8002	2.81	748	8799	0.83	362
5020	5.87	950	6235	12.38	950	8006	1.67	526	8800	0.83	362
5022	4.22	950	6236	10.19	950	8008	1.05	405	8803	0.07	214
5037	16.54	950	6237	2.61	709	8010	1.63	518	8810	0.21	241
5040	22.18	950	6251D	6.79	950	8013	0.42	282	8820	0.18	235
5057	15.87	950	6252D	5.07	950	8015	0.55	307	8824	2.14	617
5059	18.85	950	6260D	4.48	950	8017	1.01	397	8825	1.82	555

<u>Class</u>	<u>Rate</u>	<u>Min Prem</u>									
8826	1.92	574									
8829	2.32	652									
8831	2.27	643									
8832	0.24	247									
8833X*	0.78	352									
8835	1.70	532									
8842	1.27	448									
8864	1.27	448									
8868	0.33	264									
8869	0.63	323									
8871	0.20	239									
8901	0.22	243									
9012	1.67	526									
9014	2.40	668									
9015X	2.08	606									
9016	5.38	950									
9019	2.56	699									
9033	1.70	532									
9040*	3.04	793									
9052	1.34	461									
9058	1.54	500									
9059	2.39	666									
9060	1.57	506									
9061	1.20	434									
9063	0.86	368									
9082	1.38	469									
9083	1.40	473									
9084	1.62	516									
9089	0.99	393									
9093	1.21	436									
9101	2.61	709									
9102	2.52	691									
9154	1.67	526									
9156	1.13	420									
9170	2.40	668									
9178	22.64	950									
9179	31.07	950									
9180	3.20	824									
9182	2.33	654									
9186	46.01	950									
9220	2.94	773									
9402	3.72	925									
9403	4.94	950									
9410	1.52	496									
9501	3.80	941									
9505	3.30	844									
9516	2.81	748									
9519	1.58	508									
9521	4.57	950									
9522	1.36	465									
9534	6.04	950									
9554	6.41	950									
9586	0.57	311									
9600	1.41	475									
9620	1.15	424									

Per capita classes

908	113.35	313
913	279.42	479

Federal and Maritime Classes

6702*	6.54	950
6703*	11.69	950
6704*	7.26	950
7016	3.89	950
7024	4.32	950

F classes

6801F	9.96	950
6824F	28.69	950
6826F	11.01	950
6843F	12.81	950
6845F	19.44	950

7038	4.90	950
7046	21.56	950
7047	6.96	950
7050	8.76	950
7090	5.44	950

6872F	16.70	950
6874F	34.16	950
7309F	19.43	950
7313F	5.51	950
7317F	8.71	950

7098	23.96	950
7099	38.60	950
7151	3.60	902
7152	6.45	950
7153	4.01	950

7327F	25.71	950
7350F	16.76	950
8709F	6.91	950
8726F	7.92	950
9077F	3.66	914

7333	4.67	950
7335	5.18	950
7337	8.34	950
7394	9.46	950
7395	10.52	950

7398	16.95	950
8734	0.55	307
8737	0.50	298
8738	0.88	372
8805	0.29	257

8814	0.25	249
8815	0.46	290

Miscellaneous Values

Expense Constant applicable in accordance with 2001 Basic Manual Rule 3-A-11. **\$200**

Minimum Premium applicable in accordance with 2001 Basic Manual Rule 3-A-16.

Premium Discount Percentages -- (See 2001 Basic Manual Rule 3-A-19.) -- The following premium discounts are applicable to Standard Premium:

First	\$10,000	0.0%
Next	\$200,000	9.1%
Next	\$1,750,000	11.3%
Over	\$9,999,999	12.3%

Per Passenger Seat Surcharge - In accordance with the footnote instructions for classification Code 7421, the surcharge is:

\$1,000 maximum surcharge per aircraft

\$100 per passenger seat

Terrorism Risk Insurance Act-Certified Losses (MECC TRIPRA Rate) **1.00%**

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents (MECC DETECIA Rate) **0.50%**

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 2001 Basic Manual. **86%**

Multiply a Non-"F" classification advisory loss cost by a factor of 1.86 to adjust for differences in state and federal benefits and loss-based assessments. The factor is the product of the adjustment for differences in benefits (1.67) and for differences in loss-based assessments (1.116).

Employers Liability - Table for Increased Limits With or Without Workers' Compensation - in accordance with Basic Manual Rule VIII.

Limits of Liability	Percentage	Min. Prem. For Increased Limits
\$500/500/500	1.70%	\$100
\$1,000/1,000/1,000	2.80%	\$150
\$2,000/2,000/2,000	4.30%	\$175
\$3,000/3,000/3,000	5.30%	\$200
\$4,000/4,000/4,000	6.10%	\$225
\$5,000/5,000/5,000	6.80%	\$250
\$6,000/6,000/6,000	7.40%	\$260
\$7,000/7,000/7,000	7.90%	\$270
\$8,000/8,000/8,000	8.30%	\$280
\$9,000/9,000/9,000	8.70%	\$290
\$10,000/10,000/10,000	9.00%	\$300

Footnotes:

- D Advisory loss cost for classification already includes the specific disease loading shown in the table below. See 2001 Basic Manual Rule 3-A-7.
- E Advisory loss cost for classification already includes the specific disease loading shown in the table below.

Disease			Disease			Disease		
Code No.	Loading	Symbol	Code No.	Loading	Symbol	Code No.	Loading	Symbol
0059D	0.18	S	1710E	0.03	S	3175D	0.02	S
0065D	0.03	S	1741E	0.15	S	4024E	0.01	S
0066D	0.03	S	1803D	0.15	S	5508D	0.02	S
0067D	0.03	S	1852D	0.03	Asb	6251D	0.04	S
1164E	0.05	S	3081D	0.03	S	6252D	0.02	S
1165E	0.02	S	3082D	0.03	S	6260D	0.02	S
1624E	0.03	S	3085D	0.03	S			

S=Silica, Asb=Asbestos

- F Advisory loss cost provides for coverage under the United States Longshore and Harbor Workers' Compensation Act and its extensions. Loss cost contains a provision for federal assessment.
- N This code is part of a ratable/non-ratable group shown below. The statistical non-ratable code and corresponding advisory loss cost are applied in addition to the basic classification when determining premium.

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

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

Class Codes with Specific Footnotes:

- 1005 Advisory loss cost includes a non-ratable disease element of \$3.26. (For coverage written separately for federal benefits only, \$2.15. For coverage written separately for state benefits only, \$1.11.)
- 1016 Advisory loss cost includes a non-ratable disease element of \$13.02 (For coverage written separately for federal benefits only, \$8.58. For coverage written separately for state benefits only, \$4.44.) Includes a catastrophe load of \$0.08. Refer to the Manual of Underground Coal Mine Rules, Classifications, and Rates for the rules applicable to the use of this classification code.
- 6702 Loss cost and rating values only appropriate for laying or relaying of trachs or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction of erection code loss cost and elr each x 1.215
- 6703 Loss cost and rating values only appropriate for laying or relaying of trachs or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction of erection code loss cost x 2.175 and elr x 2.032
- 6704 Loss cost and rating values only appropriate for laying or relaying of trachs or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction of erection code loss cost 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 loss cost for this classification is \$0.30. A charge of \$0.10 is to be added to this loss cost 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.
- 9040 The ex-medical loss cost for this classification is \$1.11. A charge of \$0.10 is to be added to this loss cost 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.

SERFF Tracking Number: MDWT-125641567 State: Arkansas
Filing Company: Midwest Employers Casualty Company State Tracking Number: EFT \$100
Company Tracking Number: AR07012008
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: AR 7/1/08 Loss Costs/AR07012008

Supporting Document Schedules

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

Comments:

Transmittal Document attached for 7/1/08 rates

Attachment:

industry_rates_PCtransDoc_intelligent[1].pdf

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

Comments:

WC Cover Letter, Filing Document, and Expense Constant Supplement are attached for the 7/1/08 effective rates.

Attachments:

loss_cost_wc_coverLC[1].pdf

loss_cost_filing_document_wc[1].pdf

loss_cost_expense_constant_supplement[1].pdf

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

Comments:

Data entry form attached for the 7/1/08 rates.

Attachment:

loss_cost_data_entry.pdf

Satisfied -Name: State and Countrywide Experience **Review Status:** Approved 05/28/2008

Comments:

Company Experience Template for AR and Countrywide contain information used to develop LCM for 7/1/08 rates.

Attachment:

CountryWidePrimaryExperience02-07 AR.pdf

SERFF Tracking Number: MDWT-125641567 State: Arkansas
Filing Company: Midwest Employers Casualty Company State Tracking Number: EFT \$100
Company Tracking Number: AR07012008
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: AR 7/1/08 Loss Costs/AR07012008

Satisfied -Name: Loss Cost Data Entry **Review Status:** Approved 05/28/2008

Comments:
This is the NCCI Loss Cost Data Entry Document.

Attachment:
loss_cost_data_entry.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 #
	098

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

5. Company Tracking Number	AR07012008
-----------------------------------	------------

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 #

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

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

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

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

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

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

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

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

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

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: 5/13/2007

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 Midwest Employers Casualty Company
2. Address 14755 N.Outer Forty Dr.Suite 300 Chesterfield, MO 63017

3. PERSON RESPONSIBLE FOR FILING Katie Purk
TITLE Actuarial Analyst TELEPHONE # 636-449-7145
4. INSURER NAIC # 098-23612
5. ADVISORY ORGANIZATION NCCI
- 5A. PROPOSED RATE LEVEL CHANGE -16.47 % 7/1/2008 EFFECTIVE DATE
- 5B. PROPOSED PREMIUM LEVEL CHANGE* -10.05 % 7/1/2008 EFFECTIVE DATE
- 6A. PRIOR RATE LEVEL CHANGE +0.5 % EFFECTIVE DATE 5/1/2007
- 6B. PRIOR PREMIUM LEVEL CHANGE* +0.5 % EFFECTIVE DATE 5/1/2007
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.

CALCULATION OF COMPANY LOSS COST MULTIPLIER

(EFFECTIVE AUG. 16, 2004)

This filing transmittal is part of Company Tracking #	AR07012008
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	AR07012008

() **Loss Cost Reference Filing** NCCI AR-2008-06 () **Independent Rate Filing**
(Advisory Org. & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

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

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

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

- () Without Modification (factor = 1.000)
() With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.00

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.

() ()

SERFF Tracking Number: MDWT-125641567 *State:* Arkansas
Filing Company: Midwest Employers Casualty Company *State Tracking Number:* EFT \$100
Company Tracking Number: AR07012008
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: AR 7/1/08 Loss Costs/AR07012008

Attachment "loss_cost_expense_constant_supplement[1].pdf" is larger than 3MB and cannot be reproduced here.

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

1. This filing transmittal is part of Company Tracking # **AR07012008**

2. If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number **NCCI Circular AR-2008-06**

		Company Name		Company NAIC Number
3.	A.	Midwest Employers Casualty Company	B.	23612

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

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Standard Workers' Compensation	-16.47%	-16.47%	75.90%	1.00	1.318	200	1.376
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
1995	Unavailable	n/a	9/30/95	Unavailable	Unavailable	Unavailable	Unavailable
1996	Unavailable	-8.0%	4/19/96	Unavailable	Unavailable	Unavailable	Unavailable
2004	7	0.5%	10/1/04	67,255	11,926	17.73%	139.02%
2007	19	0.5%	5/1/07	224,122	35,416	15.80%	90.37%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	9.40%
B. General Expense	6.20%
C. Taxes, License & Fees	7.50%
D. Underwriting Profit & Contingencies	1.00%
E. Other (explain)	0.00%
F. TOTAL	24.10%

8. N Apply Lost Cost Factors to Future filings? (Y or N)
 9. -4.22% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. -34.94% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

PC RLC

U:LossCostDraft/DataEntry.doc

5 Year Experience and Expense Exhibit

Experience for Primary Comp

STATE OF: AR												
	<u>2003</u>		<u>2004</u>		<u>2005</u>		<u>2006</u>		<u>2007</u>		<u>Composite</u>	
		%		%		%		%		%		%
Direct Premium Earned	62,029		67,255		68,709		205,840		224,122		627,955	
Direct Losses Incurred	132,069	212.9	11,926	17.7	(13,231)	(19.3)	164,972	80.1	35,416	15.8	331,152	52.7
Dir. Loss Adj Exp Incurred	5,318	8.6	-	-	(73)	(0.1)	2,818	1.4	(2,809)	(1.3)	5,254	0.8
Total Dir Loss & LAE Incurred	137,387	221.5	11,926	17.7	(13,304)	(19.4)	167,790	81.5	32,607	14.5	336,406	53.6
Direct Premium Written	61,655		51,201		70,984		230,918		225,126		639,884	
Direct Commission & Brokerage	8,461	13.7	15,941	31.1	18,109	25.5	40,767	17.7	34,093	15.1	117,371	18.3
Other Aquis./ Field Super.	-	-	-	-	-	-	-	-	-	-	-	-
Gen Expenses Paid	-	-	-	-	-	-	-	-	-	-	-	-
Taxes, Lic & Fees Paid	1,587	2.6	1,241	2.4	1,990	2.8	7,029	3.0	6,591	2.9	18,438	2.9
Gen Exp Paid	10,048	16.3	17,182	33.6	20,099	28.3	47,796	20.7	40,684	18.1	135,809	21.2
 COUNTRY WIDE DIRECT												
	<u>2003</u>		<u>2004</u>		<u>2005</u>		<u>2006</u>		<u>2007</u>		<u>Composite</u>	
		%		%		%		%		%		%
Direct Premium Earned	3,092,185		3,563,490		8,302,850		11,243,641		13,378,939		39,581,105	
Direct Losses Incurred	5,263,504	170.2	4,953,910	139.0	4,705,702	56.7	2,633,105	23.4	12,090,871	90.4	29,647,092	74.9
Dir. Loss Adj Exp Incurred	297,885	9.6	50,053	1.4	66,739	0.8	175,370	1.6	201,240	1.5	791,287	2.0
Total Dir Loss & LAE Incurred	5,561,389	179.9	5,003,963	140.4	4,772,441	57.5	2,808,475	25.0	12,292,111	91.9	30,438,379	76.9
Direct Premium Written	2,620,528		5,009,383		8,465,673		11,663,278		14,150,853		41,909,715	
Direct Commission & Brokerage	205,650	7.8	608,649	12.2	709,376	8.4	1,124,071	9.6	1,294,545	9.1	3,942,291	9.4
Other Aquis./ Field Super.	-	-	-	-	-	-	-	-	-	-	-	-
Gen Expenses Paid	284,151	10.8	576,694	11.5	383,826	4.5	606,952	5.2	734,733	5.2	2,586,356	6.2
Taxes, Lic & Fees Paid	96,709	3.7	168,720	3.4	350,951	4.1	486,349	4.2	462,853	3.3	1,565,582	3.7
Gen Exp Paid	586,510	22.4	1,354,063	27.0	1,444,153	17.1	2,217,372	19.0	2,492,131	17.6	8,094,229	19.3

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

1. This filing transmittal is part of Company Tracking # **AR07012008**

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

		Company Name		Company NAIC Number
3.	A.	Midwest Employers Casualty Company	B.	23612

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

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Standard Workers' Compensation	-16.47%	-16.47%	75.90%	1.00	1.318	200	1.376
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
1995	Unavailable	n/a	9/30/95	Unavailable	Unavailable	Unavailable	Unavailable
1996	Unavailable	-8.0%	4/19/96	Unavailable	Unavailable	Unavailable	Unavailable
2004	7	0.5%	10/1/04	67,255	11,926	17.73%	139.02%
2007	19	0.5%	5/1/07	224,122	35,416	15.80%	90.37%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	9.40%
B. General Expense	6.20%
C. Taxes, License & Fees	7.50%
D. Underwriting Profit & Contingencies	1.00%
E. Other (explain)	0.00%
F. TOTAL	24.10%

8. N Apply Lost Cost Factors to Future filings? (Y or N)
 9. -4.22% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. -34.94% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

PC RLC

U:LossCostDraft/DataEntry.doc