

SERFF Tracking Number: MWIC-125632050 State: Arkansas  
Filing Company: Midwest Insurance Company State Tracking Number: #? \$100  
Company Tracking Number: AR-2008-001  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: July Loss Costs  
Project Name/Number: Workers Compensation/AR-2008-001

## Filing at a Glance

Company: Midwest Insurance Company

Product Name: July Loss Costs

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rate

SERFF Tr Num: MWIC-125632050 State: Arkansas

SERFF Status: Closed

Co Tr Num: AR-2008-001

Co Status:

Author: Larry Hochstetler

Date Submitted: 05/13/2008

State Tr Num: #? \$100

State Status: Fees verified

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

Disposition Date: 05/13/2008

Disposition Status: Approved

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

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

Effective Date (New): 07/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Workers Compensation

Project Number: AR-2008-001

Reference Organization: NCCI

Reference Title:

Filing Status Changed: 05/13/2008

State Status Changed: 05/13/2008

Corresponding Filing Tracking Number:

Filing Description:

Midwest Insurance Company is filing to adopt the revised loss costs as contained in NCCI item # AR-2008-02 effective July 1, 2008. There are no changes for loss cost multipliers. The approved LCM for codes 8380, 5190, 8829, 9082, 5183, 8006, 9083, 8832, 8033, 8017, 8018, 9052, 3507, 8044, 2003, 9060 is 1.18. The approved LCM for all other classes is 1.399.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number: AR-2008-02

Advisory Org. Circular:

Deemer Date:

Midwest Insurance is filing to amend the miscellaneous values section of our manual to reflect decreased fees for waiver of subrogation.

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 Product Name: July Loss Costs  
 Project Name/Number: Workers Compensation/AR-2008-001

## Company and Contact

### Filing Contact Information

Larry Hochstetler, VP lhochstetler@midins.com  
 300 S. Bradfordton Road (217) 862-8935 [Phone]  
 Springfield, IL 72711 (217) 726-6941[FAX]

### Filing Company Information

Midwest Insurance Company CoCode: 10895 State of Domicile: Illinois  
 300 S. Bradfordton Road Group Code: Company Type:  
 Springfield, IL 62711 Group Name: State ID Number:  
 (217) 862-8935 ext. [Phone] FEIN Number: 37-1370035  
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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 #
Midwest Insurance Company	\$0.00	05/13/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
25044	\$100.00	05/13/2008
	\$0.00	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/13/2008	05/13/2008

*SERFF Tracking Number:*      *MWIC-125632050*                      *State:*                      *Arkansas*  
*Filing Company:*              *Midwest Insurance Company*                      *State Tracking Number:*      *#? \$100*  
*Company Tracking Number:*      *AR-2008-001*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*              *July Loss Costs*  
*Project Name/Number:*      *Workers Compensation/AR-2008-001*

## **Disposition**

Disposition Date: 05/13/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MWIC-125632050 State: Arkansas  
 Filing Company: Midwest Insurance Company State Tracking Number: #? \$100  
 Company Tracking Number: AR-2008-001  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: July Loss Costs  
 Project Name/Number: Workers Compensation/AR-2008-001

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Approved	Yes
<b>Supporting Document</b>	Miscellaneous Values	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>MWIC-125632050</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Midwest Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$100</i>
<i>Company Tracking Number:</i>	<i>AR-2008-001</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>July Loss Costs</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation/AR-2008-001</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: MWIC-125632050 State: Arkansas  
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Project Name/Number: Workers Compensation/AR-2008-001

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 05/13/2008

**Comments:**

Transmittal is attached.

**Attachment:**

Arkansas Transmittal-7-1-2008.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document  
for Workers' Compensation **Review Status:** Approved 05/13/2008

**Bypass Reason:** There are no changes in loss cost multipliers.

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document **Review Status:** Approved 05/13/2008

**Bypass Reason:** There are no changes in loss cost multipliers.

**Comments:**

**Satisfied -Name:** Miscellaneous Values **Review Status:** Approved 05/13/2008

**Comments:**

New Arkansas Miscellaneous Values to reflect decreased charges for waiver of subrogation.

**Attachment:**

Arkansas Miscellaneous Values-MIC-7-08-amended.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>

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

<b>5. Company Tracking Number</b>	
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

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

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—

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

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## 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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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)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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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

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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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	

Midwest Insurance Company

Miscellaneous Values

Expense Constant 155.00

Arkansas Alcohol and Drug Free Workplace  
Credit Program 5%

Premium Discount (Table 7)

First \$5,000	0.0%
Next \$95,000	10.9%
Next \$400,000	12.6%
Over \$500,000	14.4%

Increased Limits

Amount	Percent	Minimum Premium
500,000/500,000/500,000	1.7%	100.00
1,000,000/1,000,000/1,000,000	2.8%	150.00

Waiver of Subrogation Fee

Specific Basis

A flat charge per waiver 100.00