

SERFF Tracking Number: NTNL-125629837 State: Arkansas
Filing Company: National Interstate Insurance Company State Tracking Number: #? \$50
Company Tracking Number: AR-WC-0408-01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: AR Workers Compensation
Project Name/Number: Arkansas Work Comp Loss Cost Adoption/AR-WC-0408-01

Filing at a Glance

Company: National Interstate Insurance Company

Product Name: AR Workers Compensation SERFF Tr Num: NTNL-125629837 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #? \$50
Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: AR-WC-0408-01 State Status: Fees verified
Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Author: Kathy Juhasz Disposition Date: 05/01/2008
Date Submitted: 04/30/2008 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: Arkansas Work Comp Loss Cost Adoption Status of Filing in Domicile: Not Filed
Project Number: AR-WC-0408-01 Domicile Status Comments: N/A
Reference Organization: NCCI Reference Number: AR-2008-02
Reference Title: Voluntary Advisory Loss Costs Advisory Org. Circular: AR-2008-06
Filing Status Changed: 05/01/2008
State Status Changed: 05/01/2008 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

National Interstate Insurance Company filed for its initial workers compensation program on or about November 14, 2002, our filing number AR-WC-1102-01, NCCI filing number AR-02-02. The Department of Insurance approved our program on December 2, 2002.

National Interstate Insurance Company hereby adopts the latest NCCI Loss Costs as outlined in NCCI Item AR-2008-02, which are effective July 1, 2008. We are not proposing any change to our approved company loss cost multiplier of 1.495. Attached please find a copy of our RF-WC form and final printed rate pages.

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Company and Contact

Filing Contact Information

Kathy Juhasz, Regulatory Compliance kathy.juhasz@natl.com
 Specialist
 3250 Interstate Drive (330) 659-8900 [Phone]
 Richfield, OH 44286 (330) 659-8901[FAX]

Filing Company Information

National Interstate Insurance Company	CoCode: 32620	State of Domicile: Ohio
3250 Interstate Drive	Group Code: 84	Company Type: P&C
Richfield, OH 44286	Group Name:	State ID Number:
(330) 659-8900 ext. [Phone]	FEIN Number: 34-1607395	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Interstate Insurance Company	\$0.00	04/30/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
8129764	\$50.00	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/01/2008	05/01/2008

SERFF Tracking Number: *NTNL-125629837* State: *Arkansas*
 Filing Company: *National Interstate Insurance Company* State Tracking Number: *#? \$50*
 Company Tracking Number: *AR-WC-0408-01*
 TOI: *16.0 Workers Compensation* Sub-TOI: *16.0000 WC Sub-TOI Combinations*
 Product Name: *AR Workers Compensation*
 Project Name/Number: *Arkansas Work Comp Loss Cost Adoption/AR-WC-0408-01*

Disposition

Disposition Date: 05/01/2008
 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:
National Interstate Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

SERFF Tracking Number: NTNL-125629837 State: Arkansas
 Filing Company: National Interstate Insurance Company State Tracking Number: #? \$50
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 Product Name: AR Workers Compensation
 Project Name/Number: Arkansas Work Comp Loss Cost Adoption/AR-WC-0408-01

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	Rage Pages	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes

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Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 2.700%
Effective Date of Last Rate Revision: 01/01/2008
Filing Method of Last Filing: Prior Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
National Interstate Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 05/01/2008

Comments:

Uniform Transmittal Document attached.

Attachment:

AR PCtransDoc WC 0408-01.pdf

Satisfied -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 05/01/2008

Comments:

Loss Cost Filing Document attached.

Attachment:

AR FORM RF-WC 0408-01.pdf

Bypassed -Name: NAIC loss cost data entry document
Bypass Reason: Please see PC RRFS-1. **Review Status:** Approved 05/01/2008

Comments:

Satisfied -Name: Rate Pages **Review Status:** Approved 05/01/2008

Comments:

Rate Pages attached.

Attachment:

AR 070108 Rate Pages.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 05/01/2008

Comments:

Cover letter attached.

Attachment:

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AR 0408 LTR.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
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3. Group Name	Group NAIC #

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

5. Company Tracking Number	
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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—

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 #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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 #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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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)

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

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		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	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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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	

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	AR-WC-0408-01
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A

() **Loss Cost Reference Filing** AR-2008-02 () **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) 1.000

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	19.82%
B.	General Expense	2.93%
C.	Taxes, Licenses & Fee	4.97%
D.	Underwriting profit & contingencies*	5.38%
E.	Other (explain)	N/A%
F.	Total	33.10%
	* Explain how investment income is taken into account	Included in Underwriting profit & contingencies

5.	A.	Expected Loss Ratio: ELR = 100% - 4F =	66.90
	B.	ELR in Decimal Form =	.6690

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS’ COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	N/A
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)	N/A
8.	Company Formula Loss Cost Multiplier [3B / ((7 – 4F) X 6)]	1.495
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.495

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| | Yes No |
| <p>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.</p> | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| <p>11. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level changes.</p> | <input type="checkbox"/> <input checked="" type="checkbox"/> |

NATIONAL INTERSTATE INSURANCE COMPANY
ARKANSAS WORKERS COMPENSATION RATES EFFECTIVE 07/01/2008

Class	Rate
0005	5.80
0008	2.36
0016	5.08
0034	3.90
0035	2.33
0036	3.71
0037	4.19
0042	5.77
0050	4.69
0059D	0.27
0065D	0.04
0066D	0.04
0067D	0.04
79	3.83
83	8.82
106	10.32
113	5.17
170	2.23
251	4.56
400	7.30
401	9.96
0771N	0.27
0908P	128.57
909	
912	
0913P	316.94
917	3.54
1005*	9.97
1016X*	37.21
1164E	6.44
1165E	4.25
1320	2.65
1322	14.20
1430	3.92
1438	2.20
1452	1.52
1463	10.52
1472	3.66
1624E	6.86
1642	3.69
1654	5.67
1655	4.47
1699	1.81
1701	2.80
1710E	5.53
1741E	1.67
1745X	2.71
1747	2.36
1748	6.74
1803D	4.84
1852D	2.24
1853	2.09

Class	Rate
1860	1.76
1924	3.83
1925	2.65
2001	2.15
2002	2.71
2003	3.05
2014	5.74
2016	1.79
2021	3.00
2039	4.02
2041	3.86
2065	1.45
2070	4.93
2081	3.48
2089	2.29
2095	2.47
2105	2.20
2110	1.93
2111	2.27
2112	2.45
2114	2.42
2121	2.02
2130	2.53
2131	1.70
2143	1.97
2150	
2156	
2157	3.66
2172	1.42
2174	2.65
2211	4.95
2220	1.76
2286	1.29
2288	3.65
2300	1.93
2302	1.54
2305	1.93
2361	1.09
2362	1.58
2380	4.08
2386	1.02
2388	1.73
2402	1.94
2413	1.52
2416	1.51
2417	1.42
2501	1.23
2503	1.21
2534	1.94
2570	4.47
2576	
2578	

Class	Rate
2585	2.80
2586	1.20
2587	2.62
2589	1.30
2600	5.77
2623	2.54
2651	2.38
2660	1.32
2670	2.08
2683	1.78
2688	2.75
2701	6.68
2702X	27.25
2710	7.94
2714	3.77
2719X	10.00
2731	3.35
2735	2.35
2759	7.64
2790	1.41
2802	4.75
2812	3.33
2835	1.45
2836	2.03
2841	3.36
2881	2.27
2883	3.69
2913	3.69
2915	3.84
2916	2.11
2923	2.17
2942	2.12
2960	2.92
3004	2.48
3018	2.32
3022	2.87
3027	2.42
3028	2.09
3030	3.63
3040	3.36
3041	3.00
3042	2.87
3064	4.16
3066	
3069	7.13
3076	2.68
3081D	2.60
3082D	3.51
3085D	2.93
3110	2.57
3111	2.69
3113	2.12

Class	Rate
3114	2.36
3118	1.09
3119	0.99
3122	1.36
3126	1.55
3131	0.94
3132	2.23
3145	2.15
3146	2.48
3169	2.21
3175D	2.57
3179	2.17
3180	1.61
3188	1.38
3220	1.70
3223	2.71
3224	2.21
3227	1.64
3240	2.74
3241	2.54
3255	2.11
3257	3.08
3270	2.92
3300	4.04
3303	3.45
3307	3.03
3315	2.38
3334	1.93
3336	1.99
3365	9.24
3372	2.57
3373	2.62
3383	0.97
3385	0.79
3400	2.45
3507	2.80
3515	1.97
3548	1.23
3559	2.35
3574	1.02
3581	1.30
3612	1.99
3620	5.25
3629	1.76
3632	3.62
3634	1.54
3635	1.87
3638	1.33
3642	0.76
3643	2.68
3647	3.03
3648	1.94

NATIONAL INTERSTATE INSURANCE COMPANY
ARKANSAS WORKERS COMPENSATION RATES EFFECTIVE 07/01/2008

Class	Rate
3681	1.41
3685	1.61
3719	2.36
3724	6.14
3726	2.74
3803	1.72
3807	1.90
3808	2.48
3821	3.74
3822	3.27
3824	4.38
3826	0.79
3827	1.42
3830	1.02
3851	2.39
3865	1.15
3881	3.18
4000	6.53
4021	5.35
4024E	2.00
4034	6.28
4036	2.27
4038	1.96
4053	3.11
4061	3.83
4062	2.08
4101	1.81
4111	2.77
4112	0.85
4113	1.20
4114	2.00
4130	4.11
4131	2.20
4133	2.17
4150	1.51
4206	3.32
4207	0.91
4239	1.15
4240	2.23
4243	1.51
4244	2.68
4250	1.35
4251	1.60
4263	1.99
4273	1.73
4279	1.63
4282	1.91
4283	1.78
4299	1.58
4304	2.50
4307	1.99
4308	

Class	Rate
4351	1.03
4352	0.91
4360	0.82
4361	1.20
4362	1.05
4410	2.90
4420	3.50
4431	1.35
4432	1.45
4439	1.52
4452	2.95
4459	1.69
4470	2.15
4484	1.88
4493	2.29
4511	0.67
4557	1.54
4558	1.50
4561	1.79
4568	2.35
4581	1.57
4583	4.80
4611	0.87
4635	4.47
4653	1.17
4665	6.05
4670	3.47
4683	4.43
4686	1.15
4692	0.43
4693	0.84
4703	2.18
4717	1.61
4720	4.72
4740	1.39
4741	1.58
4751	1.35
4771N	1.54
4777	1.57
4825	0.81
4828	1.51
4829	1.09
4902	1.21
4923	1.00
5020	6.65
5022	4.78
5037	18.76
5040	25.16
5057	18.00
5059	21.38
5069	27.00
5102	3.96

Class	Rate
5146	4.84
5160	3.42
5183	3.39
5188	4.34
5190	3.11
5191X	1.79
5192	3.87
5213	6.83
5215	4.08
5221	5.02
5222	11.60
5223	5.11
5348	3.96
5402	4.40
5403	9.09
5437	4.31
5443	3.90
5445	4.89
5462	5.16
5472	4.69
5473	6.43
5474	7.06
5478	4.29
5479	7.59
5480	7.68
5491	1.99
5506	3.59
5507	5.40
5508D	9.10
5535	7.13
5536	
5537	4.71
5538	
5551	13.69
5606	1.63
5610	5.34
5645	10.90
5651	8.09
5703	88.15
5705	5.16
5951	0.39
6003	9.66
6005	7.34
6017	3.77
6018	2.05
6045	2.38
6204	9.61
6206	6.10
6213	8.03
6214	2.71
6216	6.25
6217	4.89

Class	Rate
6229	4.84
6233	5.28
6235	14.04
6236	11.56
6237	2.96
6251D	7.70
6252D	5.76
6260D	5.08
6306	5.47
6319	5.34
6325	4.46
6400	6.68
6504	2.30
6702M*	7.42
6703M*	13.26
6704M*	8.24
6801F	11.30
6811	4.96
6824F	32.55
6826F	12.48
6834	3.51
6836	5.73
6843F	14.53
6845F	22.05
6854	4.96
6872F	18.94
6874F	38.75
6882	4.96
6884	11.21
7016M	4.41
7024M	4.90
7038M	5.56
7046M	24.46
7047M	7.89
7050M	9.94
7090M	6.17
7098M	27.18
7099M	43.79
7133	3.36
7151M	4.08
7152M	7.31
7153M	4.54
7222	9.42
7228X	6.68
7229X	7.01
7230	3.95
7231	5.23
7232	12.35
7309F	22.04
7313F	6.25
7317F	9.88
7327F	29.17

NATIONAL INTERSTATE INSURANCE COMPANY
ARKANSAS WORKERS COMPENSATION RATES EFFECTIVE 07/01/2008

Class	Rate
7333M	5.29
7335M	5.88
7337M	9.46
7350F	19.02
7360	6.82
7370	4.81
7380X	3.32
7382	2.74
7390	3.54
7394M	10.73
7395M	11.93
7398M	19.23
7403	2.84
7405N	1.12
7409*	
7420X*	24.61
7421	2.60
7422	2.20
7423	
7425	4.07
7431N	1.66
7445N	0.60
7453N	0.90
7502	2.44
7515	1.05
7520	2.21
7538	9.91
7539	4.25
7540	2.78
7580	1.84
7590	5.08
7600	2.56
7601	11.53
7605	3.21
7610	0.52
7611	5.16
7612	11.50
7613	4.59
7704	
7705	2.53
7710	5.67
7711	5.67
7720X	2.53
7855	6.10
8001	2.18
8002	3.18
8006	1.90
8008	1.20
8010	1.85
8013	0.48
8015	0.63
8017	1.15

Class	Rate
8018X*	2.47
8021	1.82
8031	3.80
8032	1.55
8033	1.85
8039	1.35
8044	2.71
8045	0.40
8046	2.62
8047	1.05
8050	
8058	2.69
8072	0.79
8102	2.48
8103	3.66
8105	4.74
8106	3.75
8107	3.20
8111	3.69
8116	4.11
8203	5.40
8204	4.68
8209	2.93
8215	5.62
8227	3.06
8232	6.17
8233	5.02
8235	4.05
8263	9.15
8264	3.30
8265	9.10
8279	8.75
8288	5.89
8291	2.05
8292	2.92
8293	6.71
8295X	7.34
8304	6.76
8350	5.56
8380	3.48
8381	1.47
8385	2.36
8392	2.95
8393	1.67
8500	6.22
8601	0.81
8606	2.74
8709F	7.83
8719	1.84
8720	1.33
8721	0.39
8726F	8.98

Class	Rate
8734M	0.63
8737M	0.57
8738M	1.00
8742X	0.46
8745	4.49
8748	0.40
8755	0.25
8799	0.94
8800	0.94
8803	0.07
8805M	0.33
8810	0.24
8814M	0.28
8815M	0.52
8820	0.21
8824	2.42
8825	2.06
8826	2.18
8829	2.63
8831	2.57
8832	0.27
8833X*	0.88
8835	1.93
8842	1.44
8861	
8864	1.44
8868	0.37
8869	0.72
8871	0.22
8901	0.25
9012	1.90
9014	2.72
9015X	2.36
9016	6.10
9019	2.90
9033	1.93
9040*	3.45
9052	1.52
9058	1.75
9059	2.71
9060	1.78
9061	1.36
9063	0.97
9077F	4.16
9082	1.57
9083	1.58
9084	1.84
9089	1.12
9093	1.38
9101	2.96
9102	2.86
9110	

Class	Rate
9154	1.90
9156	1.29
9170	2.72
9178	25.68
9179	35.24
9180	3.63
9182	2.65
9186	52.19
9220	3.33
9402	4.22
9403	5.61
9410	1.72
9501	4.31
9505	3.74
9516	3.18
9519	1.79
9521	5.19
9522	1.54
9534	6.85
9554	7.27
9586	0.64
9600	1.60
9620	1.30



April 30, 2008

Julie Benefield Bowman
Insurance Commissioner
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904

Subject: National Interstate Insurance Company
NAIC #: 084-32620
Workers Compensation
Filing for Loss Cost Multiplier or Adoption of NCCI Rates
Company Filing Number: AR-WC-0408-01
NCCI Reference Filing Number: AR-2008-02
Effective Date: 07/01/2008

Dear Sir or Madam:

National Interstate Insurance Company filed for its initial workers compensation program on or about November 14, 2002, our filing number AR-WC-1102-01, NCCI filing number AR-02-02. The Department of Insurance approved our program on December 2, 2002.

National Interstate Insurance Company hereby adopts the latest NCCI Loss Costs as outlined in NCCI Item AR-2008-02, which are effective July 1, 2008. We are not proposing any change to our approved company loss cost multiplier of 1.495. Attached please find a copy of our RF-WC form and final printed rate pages.

Thank you for your consideration. I can be reached at 1-800-929-1500, extension 1219 with any questions you may have. My e-mail address is kathy.juhasz@natl.com.

Respectfully submitted,
NATIONAL INTERSTATE INSURANCE COMPANY

Kathy Juhasz
Regulatory Compliance Specialist

:kj

Encl.

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