

SERFF Tracking Number: REGU-125649800 State: Arkansas
Filing Company: Arch Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: ARCH-08-118
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Adoption of NCCI 7/1/2008 Loss Costs/ARCH-08-118

Filing at a Glance

Company: Arch Insurance Company
Product Name: Workers Compensation SERFF Tr Num: REGU-125649800 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 16.0004 Standard WC Co Tr Num: ARCH-08-118 State Status: Fees verified and received
Filing Type: Rate/Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Author: John Battles Disposition Date: 05/16/2008
Date Submitted: 05/16/2008 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: Adoption of NCCI 7/1/2008 Loss Costs Status of Filing in Domicile: Not Filed
Project Number: ARCH-08-118 Domicile Status Comments:
Reference Organization: National Council On Compensation Insurance Reference Number: AR-2008-02
(NCCI)
Reference Title: Arkansas—Approved Voluntary Advisory Loss Costs and Rating Values and Assigned Risk Rates and Rating Values to Be Effective July 1, 2008 Advisory Org. Circular: AR-2008-06
Filing Status Changed: 05/16/2008
State Status Changed: 05/16/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Arch Insurance Company (AIC), a member of the National Council on Compensation Insurance (NCCI) respectfully submits this filing to adopt the NCCI July 1, 2008 loss costs (NCCI Circular Number AR-2008-06)

AIC is filing only to adopt these July 1, 2008 NCCI loss costs. The Loss Cost Multiplier (LCM) that will be used with these loss costs will be the currently approved AIC LCM in Arkansas. All other rules and rating plans filed by AIC will

SERFF Tracking Number: REGU-125649800 State: Arkansas
Filing Company: Arch Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: ARCH-08-118
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Adoption of NCCI 7/1/2008 Loss Costs/ARCH-08-118

remain unchanged.

The overall rate level effect of this revision is – 12.8%.

Enclosed for your review are the following:

1. State Required Filing Forms
 - Property & Casualty Transmittal Form
 - Rate/Rule Transmittal Form
2. Supporting Information
 - Final Rate Pages – RATES-Arkansas Pages 1-4

An EFT in the amount of \$50.00 has been initiated within SERFF to cover the required filing fee.

Company and Contact

Filing Contact Information

(This filing was made by a third party - insuranceregulatoryconsultantsllc)

John Battles, President johnbattles@ircllc.com
50 Broad Street (941) 926-0144 [Phone]
New York, NY 10004

Filing Company Information

Arch Insurance Company CoCode: 11150 State of Domicile: Missouri
One Liberty Plaza Group Code: 1279 Company Type: P&C
53rd Floor
New York, NY 10006 Group Name: Arch Capital State ID Number:
(212) 651-9863 ext. [Phone] FEIN Number: 43-0990710

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00

SERFF Tracking Number: REGU-125649800 *State:* Arkansas
Filing Company: Arch Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: ARCH-08-118
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Adoption of NCCI 7/1/2008 Loss Costs/ARCH-08-118

Retaliatory? No
Fee Explanation: \$50 for adoption of NCCI WC Loss Costs
Per Company: No

SERFF Tracking Number: REGU-125649800 State: Arkansas
Filing Company: Arch Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: ARCH-08-118
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Adoption of NCCI 7/1/2008 Loss Costs/ARCH-08-118

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arch Insurance Company	\$50.00	05/16/2008	20368486

SERFF Tracking Number: REGU-125649800 State: Arkansas
Filing Company: Arch Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: ARCH-08-118
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Adoption of NCCI 7/1/2008 Loss Costs/ARCH-08-118

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/16/2008	05/16/2008

SERFF Tracking Number: REGU-125649800 State: Arkansas
 Filing Company: Arch Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: ARCH-08-118
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: Adoption of NCCI 7/1/2008 Loss Costs/ARCH-08-118

Disposition

Disposition Date: 05/16/2008
 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:
Arch Insurance Company	-12.800%	\$-38,360	37	\$299,691	25.000%	-41.900%	-12.800%

SERFF Tracking Number: REGU-125649800 State: Arkansas
 Filing Company: Arch Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: ARCH-08-118
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: Adoption of NCCI 7/1/2008 Loss Costs/ARCH-08-118

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	Filing Letter & 3rd Party Filing Authorization Letter	Approved	Yes
Rate	Arch Workers Compensation Final Rate Pages	Approved	Yes

SERFF Tracking Number: REGU-125649800 State: Arkansas
 Filing Company: Arch Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: ARCH-08-118
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: Adoption of NCCI 7/1/2008 Loss Costs/ARCH-08-118

Rate Information

Rate data applies to filing.

Filing Method: File & Use
Rate Change Type: Decrease
Overall Percentage of Last Rate Revision: 2.700%
Effective Date of Last Rate Revision: 01/01/2008
Filing Method of Last Filing: File & Use

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):
Arch Insurance Company	-12.800%	-12.800%	-\$38,360	37	\$299,691	25.000%	-41.900%

SERFF Tracking Number: REGU-125649800 State: Arkansas
 Filing Company: Arch Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: ARCH-08-118
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: Adoption of NCCI 7/1/2008 Loss Costs/ARCH-08-118

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Arch Workers Compensation Final Rate Pages	RATES - Arkansas Pages 1-4	Replacement	REGU-125596412 AR Final Rate Pages 7-1-08.pdf

ARCH INSURANCE COMPANY

RATES

Original Printing				Effective July 1, 2008				Arkansas				Page 1
CLASS CODE	FOOT-NOTE	RATES	MINIMUM PREMIUM	CLASS CODE	FOOT-NOTE	RATES	MINIMUM PREMIUM	CLASS CODE	FOOT-NOTE	RATES	MINIMUM PREMIUM	
0005		6.48	\$750	2001		2.40	\$484	2651		2.66	\$519	
0008		2.64	\$516	2002		3.02	\$568	2660		1.47	\$358	
0016		5.68	\$750	2003		3.41	\$620	2670		2.32	\$473	
0034		4.36	\$749	2014		6.41	\$750	2683		1.99	\$429	
0035		2.61	\$512	2016		2.00	\$430	2688		3.07	\$574	
0036		4.14	\$719	2021		3.36	\$614	2701		7.46	\$750	
0037		4.68	\$750	2039		4.49	\$750	2702	X	30.44	\$750	
0042		6.45	\$750	2041		4.31	\$742	2710		8.87	\$750	
0050		5.24	\$750	2065		1.62	\$379	2714		4.21	\$728	
0059	D	0.30	\$201	2070		5.51	\$750	2719	X	11.17	\$750	
0065	D	0.05	\$167	2081		3.89	\$685	2731		3.74	\$665	
0066	D	0.05	\$167	2089		2.56	\$506	2735		2.62	\$514	
0067	D	0.05	\$167	2095		2.76	\$533	2759		8.53	\$750	
0079		4.28	\$738	2105		2.45	\$491	2790		1.57	\$372	
0083		9.85	\$750	2110		2.15	\$450	2802		5.31	\$750	
0106		11.52	\$750	2111		2.54	\$503	2812		3.72	\$662	
0113		5.78	\$750	2112		2.74	\$530	2835		1.62	\$379	
0170		2.49	\$496	2114		2.71	\$526	2836		2.27	\$466	
0251		5.09	\$750	2121		2.25	\$464	2841		3.76	\$668	
0400		8.15	\$750	2130		2.82	\$541	2881		2.54	\$503	
0401		11.12	\$750	2131		1.90	\$417	2883		4.12	\$716	
0771	N	0.30	\$201	2143		2.20	\$457	2913		4.12	\$716	
0908	P	143.62	\$304	2150		—	—	2915		4.29	\$739	
0909		—	—	2156		—	—	2916		2.35	\$477	
0912		—	—	2157		4.09	\$712	2923		2.42	\$487	
0913	P	354.04	\$514	2172		1.59	\$375	2942		2.37	\$480	
0917		3.96	\$695	2174		2.96	\$560	2960		3.26	\$600	
1005	*	11.14	\$750	2211		5.53	\$750	3004		2.77	\$534	
1016	X*	41.57	\$750	2220		1.97	\$426	3018		2.59	\$510	
1164	E	7.20	\$750	2286		1.44	\$354	3022		3.21	\$593	
1165	E	4.74	\$750	2288		4.07	\$709	3027		2.71	\$526	
1320		2.96	\$560	2300		2.15	\$450	3028		2.34	\$476	
1322		15.87	\$750	2302		1.72	\$392	3030		4.06	\$708	
1430		4.38	\$750	2305		2.15	\$450	3040		3.76	\$668	
1438		2.45	\$491	2361		1.22	\$325	3041		3.36	\$614	
1452		1.70	\$390	2362		1.77	\$399	3042		3.21	\$593	
1463		11.76	\$750	2380		4.56	\$750	3064		4.64	\$750	
1472		4.09	\$712	2386		1.14	\$314	3066		—	—	
1624	E	7.67	\$750	2388		1.94	\$422	3069		7.97	\$750	
1642		4.12	\$716	2402		2.17	\$453	3076		2.99	\$564	
1654		6.33	\$750	2413		1.70	\$390	3081	D	2.91	\$553	
1655		4.99	\$750	2416		1.69	\$388	3082	D	3.92	\$689	
1699		2.02	\$433	2417		1.59	\$375	3085	D	3.27	\$601	
1701		3.12	\$581	2501		1.37	\$345	3110		2.87	\$547	
1710	E	6.18	\$750	2503		1.35	\$342	3111		3.01	\$566	
1741	E	1.87	\$412	2534		2.17	\$453	3113		2.37	\$480	
1745	X	3.02	\$568	2570		4.99	\$750	3114		2.64	\$516	
1747		2.64	\$516	2576		—	—	3118		1.22	\$325	
1748		7.53	\$750	2578		—	—	3119		1.10	\$309	
1803	D	5.41	\$750	2585		3.12	\$581	3122		1.52	\$365	
1852	D	2.51	\$499	2586		1.34	\$341	3126		1.74	\$395	
1853		2.34	\$476	2587		2.92	\$554	3131		1.05	\$302	
1860		1.97	\$426	2589		1.45	\$356	3132		2.49	\$496	
1924		4.28	\$738	2600		6.45	\$750	3145		2.40	\$484	
1925		2.96	\$560	2623		2.84	\$543	3146		2.77	\$534	

*Refer to the Footnotes Page for additional information on this class code.

ARCH INSURANCE COMPANY

RATES

Original Printing				Effective July 1, 2008				Arkansas				Page 2
CLASS CODE	FOOT-NOTE	RATES	MINIMUM PREMIUM	CLASS CODE	FOOT-NOTE	RATES	MINIMUM PREMIUM	CLASS CODE	FOOT-NOTE	RATES	MINIMUM PREMIUM	
3169		2.47	\$493	3827		1.59	\$375	4511		0.75	\$261	
3175	D	2.87	\$547	3830		1.14	\$314	4557		1.72	\$392	
3179		2.42	\$487	3851		2.67	\$520	4558		1.67	\$385	
3180		1.80	\$403	3865		1.29	\$334	4561		2.00	\$430	
3188		1.54	\$368	3881		3.56	\$641	4568		2.62	\$514	
3220		1.90	\$417	4000		7.30	\$750	4581		1.75	\$396	
3223		3.02	\$568	4021		5.98	\$750	4583		5.36	\$750	
3224		2.47	\$493	4024	E	2.24	\$462	4611		0.97	\$291	
3227		1.84	\$408	4034		7.01	\$750	4635		4.99	\$750	
3240		3.06	\$573	4036		2.54	\$503	4653		1.30	\$336	
3241		2.84	\$543	4038		2.19	\$456	4665		6.76	\$750	
3255		2.35	\$477	4053		3.47	\$628	4670		3.87	\$682	
3257		3.44	\$624	4061		4.28	\$738	4683		4.94	\$750	
3270		3.26	\$600	4062		2.32	\$473	4686		1.29	\$334	
3300		4.51	\$750	4101		2.02	\$433	4692		0.48	\$225	
3303		3.86	\$681	4111		3.09	\$577	4693		0.94	\$287	
3307		3.39	\$618	4112		0.95	\$288	4703		2.44	\$489	
3315		2.66	\$519	4113		1.34	\$341	4717		1.80	\$403	
3334		2.15	\$450	4114		2.24	\$462	4720		5.28	\$750	
3336		2.22	\$460	4130		4.59	\$750	4740		1.55	\$369	
3365		10.32	\$750	4131		2.45	\$491	4741		1.77	\$399	
3372		2.87	\$547	4133		2.42	\$487	4751		1.50	\$363	
3373		2.92	\$554	4150		1.69	\$388	4771	N	1.72	\$392	
3383		1.09	\$307	4206		3.71	\$661	4777		1.75	\$396	
3385		0.89	\$280	4207		1.02	\$298	4825		0.90	\$282	
3400		2.74	\$530	4239		1.29	\$334	4828		1.69	\$388	
3507		3.12	\$581	4240		2.49	\$496	4829		1.22	\$325	
3515		2.20	\$457	4243		1.69	\$388	4902		1.35	\$342	
3548		1.37	\$345	4244		2.99	\$564	4923		1.12	\$311	
3559		2.62	\$514	4250		1.50	\$363	5020		7.43	\$750	
3574		1.14	\$314	4251		1.79	\$402	5022		5.34	\$750	
3581		1.45	\$356	4263		2.22	\$460	5037		20.96	\$750	
3612		2.22	\$460	4273		1.94	\$422	5040		28.11	\$750	
3620		5.86	\$750	4279		1.82	\$406	5057		20.11	\$750	
3629		1.97	\$426	4282		2.14	\$449	5059		23.88	\$750	
3632		4.04	\$705	4283		1.99	\$429	5069		30.16	\$750	
3634		1.72	\$392	4299		1.77	\$399	5102		4.43	\$750	
3635		2.09	\$442	4304		2.79	\$537	5146		5.41	\$750	
3638		1.49	\$361	4307		2.22	\$460	5160		3.82	\$676	
3642		0.85	\$275	4308		—	—	5183		3.79	\$672	
3643		2.99	\$564	4351		1.15	\$315	5188		4.84	\$750	
3647		3.39	\$618	4352		1.02	\$298	5190		3.47	\$628	
3648		2.17	\$453	4360		0.92	\$284	5191	X	2.00	\$430	
3681		1.57	\$372	4361		1.34	\$341	5192		4.33	\$745	
3685		1.80	\$403	4362		1.17	\$318	5213		7.63	\$750	
3719		2.64	\$516	4410		3.24	\$597	5215		4.56	\$750	
3724		6.86	\$750	4420		3.91	\$688	5221		5.61	\$750	
3726		3.06	\$573	4431		1.50	\$363	5222		12.96	\$750	
3803		1.92	\$419	4432		1.62	\$379	5223		5.71	\$750	
3807		2.12	\$446	4439		1.70	\$390	5348		4.43	\$750	
3808		2.77	\$534	4452		3.29	\$604	5402		4.91	\$750	
3821		4.18	\$724	4459		1.89	\$415	5403		10.15	\$750	
3822		3.66	\$654	4470		2.40	\$484	5437		4.81	\$750	
3824		4.89	\$750	4484		2.10	\$444	5443		4.36	\$749	
3826		0.89	\$280	4493		2.56	\$506	5445		5.46	\$750	

*Refer to the Footnotes Page for additional information on this class code.

ARCH INSURANCE COMPANY

RATES

Original Printing				Effective July 1, 2008				Arkansas				Page 3
CLASS CODE	FOOT-NOTE	RATES	MINIMUM PREMIUM	CLASS CODE	FOOT-NOTE	RATES	MINIMUM PREMIUM	CLASS CODE	FOOT-NOTE	RATES	MINIMUM PREMIUM	
5462		5.76	\$750	6836		6.40	\$750	7515		1.17	\$318	
5472		5.24	\$750	6843	F	16.23	\$750	7520		2.47	\$493	
5473		7.18	\$750	6845	F	24.63	\$750	7538		11.07	\$750	
5474		7.88	\$750	6854		5.54	\$750	7539		4.74	\$750	
5478		4.79	\$750	6872	F	21.16	\$750	7540		3.11	\$580	
5479		8.48	\$750	6874	F	43.29	\$750	7580		2.05	\$437	
5480		8.58	\$750	6882		5.54	\$750	7590		5.68	\$750	
5491		2.22	\$460	6884		12.53	\$750	7600		2.86	\$546	
5506		4.01	\$701	7016	M	4.93	\$750	7601		12.88	\$750	
5507		6.03	\$750	7024	M	5.48	\$750	7605		3.59	\$645	
5508	D	10.17	\$750	7038	M	6.21	\$750	7610		0.58	\$238	
5535		7.97	\$750	7046	M	27.32	\$750	7611		5.76	\$750	
5536		—	—	7047	M	8.82	\$750	7612		12.84	\$750	
5537		5.26	\$750	7050	M	11.11	\$750	7613		5.13	\$750	
5538		—	—	7090	M	6.90	\$750	7704		—	—	
5551		15.30	\$750	7098	M	30.36	\$750	7705		2.82	\$541	
5606		1.82	\$406	7099	M	48.91	\$750	7710		6.33	\$750	
5610		5.96	\$750	7133		3.76	\$668	7711		6.33	\$750	
5645		12.17	\$750	7151	M	4.56	\$750	7720	X	2.82	\$541	
5651		9.03	\$750	7152	M	8.17	\$750	7855		6.81	\$750	
5703		98.46	\$750	7153	M	5.08	\$750	8001		2.44	\$489	
5705		5.76	\$750	7222		10.52	\$750	8002		3.56	\$641	
5951		0.43	\$218	7228	X	7.46	\$750	8006		2.12	\$446	
6003		10.79	\$750	7229	X	7.83	\$750	8008		1.34	\$341	
6005		8.20	\$750	7230		4.41	\$750	8010		2.07	\$439	
6017		4.21	\$728	7231		5.85	\$750	8013		0.53	\$232	
6018		2.29	\$469	7232		13.79	\$750	8015		0.70	\$255	
6045		2.66	\$519	7309	F	24.62	\$750	8017		1.29	\$334	
6204		10.74	\$750	7313	F	6.98	\$750	8018	X*	2.76	\$533	
6206		6.81	\$750	7317	F	11.04	\$750	8021		2.04	\$435	
6213		8.97	\$750	7327	F	32.58	\$750	8031		4.24	\$732	
6214		3.02	\$568	7333	M	5.91	\$750	8032		1.74	\$395	
6216		6.98	\$750	7335	M	6.56	\$750	8033		2.07	\$439	
6217		5.46	\$750	7337	M	10.57	\$750	8039		1.50	\$363	
6229		5.41	\$750	7350	F	21.24	\$750	8044		3.02	\$568	
6233		5.90	\$750	7360		7.62	\$750	8045		0.45	\$221	
6235		15.68	\$750	7370		5.38	\$750	8046		2.92	\$554	
6236		12.91	\$750	7380	X	3.71	\$661	8047		1.17	\$318	
6237		3.31	\$607	7382		3.06	\$573	8050		—	—	
6251	D	8.60	\$750	7390		3.96	\$695	8058		3.01	\$566	
6252	D	6.43	\$750	7394	M	11.99	\$750	8072		0.89	\$280	
6260	D	5.68	\$750	7395	M	13.33	\$750	8102		2.77	\$534	
6306		6.11	\$750	7398	M	21.48	\$750	8103		4.09	\$712	
6319		5.96	\$750	7403		3.17	\$588	8105		5.29	\$750	
6325		4.98	\$750	7405	N	1.25	\$329	8106		4.19	\$726	
6400		7.46	\$750	7409	*	—	—	8107		3.57	\$642	
6504		2.57	\$507	7420	X*	27.49	\$750	8111		4.12	\$716	
6702	M*	8.28	\$750	7421		2.91	\$553	8116		4.59	\$750	
6703	M*	14.81	\$750	7422		2.45	\$491	8203		6.03	\$750	
6704	M*	9.20	\$750	7423		—	—	8204		5.23	\$750	
6801	F	12.63	\$750	7425		4.54	\$750	8209		3.27	\$601	
6811		5.54	\$750	7431	N	1.85	\$410	8215		6.28	\$750	
6824	F	36.36	\$750	7445	N	0.67	\$250	8227		3.42	\$622	
6826	F	13.94	\$750	7453	N	1.00	\$295	8232		6.90	\$750	
6834		3.92	\$689	7502		2.72	\$527	8233		5.61	\$750	

*Refer to the Footnotes Page for additional information on this class code.

ARCH INSURANCE COMPANY

RATES

Original Printing

Effective July 1, 2008

Arkansas

Page 4

CLASS CODE	FOOT-NOTE	RATES	MINIMUM PREMIUM	CLASS CODE	FOOT-NOTE	RATES	MINIMUM PREMIUM	CLASS CODE	FOOT-NOTE	RATES	MINIMUM PREMIUM
8235		4.53	\$750	9012		2.12	\$446				
8263		10.22	\$750	9014		3.04	\$570				
8264		3.69	\$658	9015	X	2.64	\$516				
8265		10.17	\$750	9016		6.81	\$750				
8279		9.77	\$750	9019		3.24	\$597				
8288		6.58	\$750	9033		2.15	\$450				
8291		2.29	\$469	9040	*	3.86	\$681				
8292		3.26	\$600	9052		1.70	\$390				
8293		7.50	\$750	9058		1.95	\$423				
8295	X	8.20	\$750	9059		3.02	\$568				
8304		7.55	\$750	9060		1.99	\$429				
8350		6.21	\$750	9061		1.52	\$365				
8380		3.89	\$685	9063		1.09	\$307				
8381		1.64	\$381	9077	F	4.64	\$750				
8385		2.64	\$516	9082		1.75	\$396				
8392		3.29	\$604	9083		1.77	\$399				
8393		1.87	\$412	9084		2.05	\$437				
8500		6.95	\$750	9089		1.25	\$329				
8601		0.90	\$282	9093		1.54	\$368				
8606		3.06	\$573	9101		3.31	\$607				
8709	F	8.75	\$750	9102		3.19	\$591				
8719		2.05	\$437	9110		—	—				
8720		1.49	\$361	9154		2.12	\$446				
8721		0.43	\$218	9156		1.44	\$354				
8726	F	10.04	\$750	9170		3.04	\$570				
8734	M	0.70	\$255	9178		28.69	\$750				
8737	M	0.63	\$245	9179		39.36	\$750				
8738	M	1.12	\$311	9180		4.06	\$708				
8742	X	0.52	\$230	9182		2.96	\$560				
8745		5.01	\$750	9186		58.30	\$750				
8748		0.45	\$221	9220		3.72	\$662				
8755		0.28	\$198	9402		4.71	\$750				
8799		1.05	\$302	9403		6.26	\$750				
8800		1.05	\$302	9410		1.92	\$419				
8803		0.08	\$171	9501		4.81	\$750				
8805	M	0.37	\$210	9505		4.18	\$724				
8810		0.27	\$196	9516		3.56	\$641				
8814	M	0.32	\$203	9519		2.00	\$430				
8815	M	0.58	\$238	9521		5.79	\$750				
8820		0.23	\$191	9522		1.72	\$392				
8824		2.71	\$526	9534		7.65	\$750				
8825		2.30	\$471	9554		8.12	\$750				
8826		2.44	\$489	9586		0.72	\$257				
8829		2.94	\$557	9600		1.79	\$402				
8831		2.87	\$547	9620		1.45	\$356				
8832		0.30	\$201								
8833	X*	0.99	\$294								
8835		2.15	\$450								
8842		1.60	\$376								
8861		—	—								
8864		1.60	\$376								
8868		0.42	\$217								
8869		0.80	\$268								
8871		0.25	\$194								
8901		0.28	\$198								

*Refer to the Footnotes Page for additional information on this class code.

SERFF Tracking Number: REGU-125649800 State: Arkansas
Filing Company: Arch Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: ARCH-08-118
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Adoption of NCCI 7/1/2008 Loss Costs/ARCH-08-118

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 05/16/2008

Comments:

Attachment:

AR NAIC Trans & RRS.pdf

Satisfied -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 05/16/2008

Comments:

Attachment:

AR Loss Cost Filing Document WC Adoption 7-1-2008 NCCI LC.pdf

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Approved 05/16/2008

Comments:

Attachment:

AR RF-1 Adoption 7-1-2008 NCCI LC.pdf

Satisfied -Name: Filing Letter & 3rd Party Filing
Authorization Letter **Review Status:** Approved 05/16/2008

Comments:

Filing Letter

3rd Party Filing Authorization Letter

Attachments:

AR 7-1-08 LC Adoption.pdf

AR Filing Authorization Letter NCCI Adoption 7-1-08.pdf

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # ARCH-08-118

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

Arch Insurance Company (AIC), a member of the National Council on Compensation Insurance (NCCI) respectfully submits this filing to adopt the NCCI July 1, 2008 loss costs (NCCI Circular Number AR-2008-02)

AIC is filing only to adopt these July 1, 2008 NCCI loss costs. The Loss Cost Multiplier (LCM) that will be used with these loss costs will be the currently approved AIC LCM in Arkansas. All other rules and rating plans filed by AIC will remain unchanged.

The overall rate level effect of this revision is – 12.8%.

Enclosed for your review are the following:

1. State Required Filing Forms
 - Property & Casualty Transmittal Form
 - Rate/Rule Transmittal Form
2. Supporting Information
 - Final Rate Pages – RATES-Arkansas Pages 1-4

An EFT in the amount of \$50.00 has been initiated within SERFF to cover the required filing fee.

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 #: EFT
Amount: \$50.00

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.)**

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 #	ARCH-08-118
-----------	--	-------------

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

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

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

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)
Arch Insurance Company	-12.8%	-12.8%	-\$38,360	37	\$299,691	25.0%	-41.9%

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 (where required)	Minimum % Change (where required)

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	2.7%
-----------	--	------

7.	Effective Date of last rate revision	1/1/2008
-----------	--------------------------------------	----------

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

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Arch Workers Compensation Final Rate Pages	<input type="checkbox"/> New <input checked="" 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	

ARKANSAS

ARKANSAS INSURANCE DEPARTMENT
WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE May 16, 2008

Page 1 of 2

1. INSURER NAME Arch Insurance Company
ADDRESS 3100 Broadway, Suite 1000
Kansas City, MO 64111-2479

PERSON RESPONSIBLE FOR FILING John Battles, Insurance Regulatory Consultants, LLC

TITLE President TELEPHONE NO. (212) 571-3989

2. INSURER NAIC NO. 11150 GROUP NO. 1279

3. ADVISORY ORGANIZATION National Council on Compensation Insurance

4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2008-02

5. 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.

6. A. PROPOSED RATE LEVEL CHANGE -12.8% EFFECTIVE DATE July 1, 2008

B. PROPOSED PREMIUM LEVEL CHANGE -12.8% EFFECTIVE DATE July 1, 2008

7. A. PRIOR RATE LEVEL CHANGE 2.7% EFFECTIVE DATE January 1, 2008

B. PRIOR PREMIUM LEVEL CHANGE 2.7% EFFECTIVE DATE January 1, 2008

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. 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.

() 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.

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
 ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
 LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM
 CALCULATION OF COMPANY LOSS MULTIPLIER

NO CHANGE FROM LAST CHANGE EFFECTIVE 10/1/2003

INSURER NAME: Arch Insurance Company DATE May 16, 2008
 NAIC NUMBER: 11150 # GROUP NO. 1279

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form? Yes () No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2. 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 rationale for the modification.) _____

B. Loss Cost Modification expressed as a Factor. 1.000 (See Examples Below)

3. 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	16.70%
B. General Expense	7.10%
C. Taxes, Licenses and Fees	5.50%
D. Underwriting Profit and Contingencies*	15.02%
E. Other (explain) (Investment Income Offset - See Exhibit I)	-2.73%
F. TOTAL	41.59%

* Explain how investment income is taken into account.

(See Item Actuarial Memorandum and Exhibits I and II)

4. A. Expected Loss and Loss Adjustment Expense Ratio:
 ELR = 1.000 - 3F = 58.41%
 B. ELR in Decimal Form = 0.5841

5. Overall Impact of Expense Constant and Minimum Premiums:
 (A 2.3% impact would be expressed as 1.023) 1.0241

6. Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.67% average discount would be expressed as 0.914.) 1.000

7. Company Formula Loss Cost Multiplier: 2B / [6-3F) x 5] = 1.670

8. Company Selected Loss Cost Multiplier = 1.670
 Explain any differences between 7 and 8:

9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. YES () NO (X)

10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. () (X)

ARKANSAS

ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Insurer Name Arch Insurance Company
 NAIC Number 1279-11150
 Name of Advisory Organization Whose Filing You Are Referencing _____
 Co. Affiliation to Advisory Organization: Member X Subscriber _____
 Reference Filing # AR-2008-02

Contact Person John Battles
 Signature 
 Telephone No. (941) 926-0144
 Service Purchaser _____
 Proposed Effective Date July 1, 2008

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (if Applicable)	(8) Co. Current Loss Cost Multiplier
Workers Compensation (7/1/08 NCCI LC)	-12.8%	-12.8%	0.584	1.000	1.670	\$160	1.670
TOTAL OVERALL EFFECT	-12.8%	-12.8%	0.584	1.000	1.670	\$160	1.670

Y Apply Loss Cost Factors to Future Filings? (Y or N)
25.0% Maximum Rate Increase for any Arkansas Insured (%)
-41.9% Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

5 Year History

Rate Change History								Selection Provisions
Year	Policy Count	%	Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	
2006	37	-0.5%	8/1/2006	300	184	0.613	0.450	A. Total Production Expense
2005	45	-1.5%	7/1/2005	361	134	0.371	0.575	B. General Expense
2004	27	0.50%	9/15/2004	220	66	0.300	0.565	C. Taxes, License & Fees
2003	6	54.40%	10/1/2003	51	21	0.412	0.593	D. Underwriting Profit & Contingencies
2002	4	1.8%	7/1/2003	29	12	0.414	1.008	E. Other (explain)- Investment Income Offset
								F. TOTAL
								16.7%
								7.1%
								5.5%
								15.0%
								-2.7%
								41.6%

filing on behalf of ARCH INSURANCE COMPANY

May 16, 2006

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

Please be advised that Insurance Regulatory Consultants (IRC) has been appointed to submit this filing on behalf of **Arch Insurance Company**. A copy of this authorization is attached to this filing.

**Re: Arch Insurance Company
NAIC Number: 1279-11150
Workers Compensation
Adoption of NCCI Workers Compensation Loss Costs (NCCI Circular AR-2008-02)
Company Filing Designation Number: ARCH-08-118
Effective Date: July 1, 2008
State of Arkansas**

Dear Commissioner Bowman:

Arch Insurance Company (AIC), a member of the National Council on Compensation Insurance (NCCI) respectfully submits this filing to adopt the NCCI July 1, 2008 loss costs (**NCCI Circular Number AR-2008-02**)

AIC is filing only to adopt these July 1, 2008 NCCI loss costs. The Loss Cost Multiplier (LCM) that will be used with these loss costs will be the currently approved AIC LCM in Arkansas. All other rules and rating plans filed by AIC will remain unchanged.

The overall rate level effect of this revision is – **12.8%**.

Enclosed for your review are the following:

- 1. State Required Filing Forms**
 - Property & Casualty Transmittal Form
 - Rate/Rule Transmittal Form
- 2. Supporting Information**
 - Final Rate Pages – RATES-Arkansas Pages 1-4

An EFT in the amount of \$50.00 has been initiated within SERFF to cover the required filing fee.

Sincerely,



John Battles
Insurance Regulatory Consultants, LLC
(212) 571-3989 (phone)
(212) 571-2502 (fax)
johnbattles@ircllc.com (e-mail)
filing on behalf of Arch Insurance Company



www.archinsurance.com

One Liberty Plaza
53rd Floor
New York, NY 10006

212 651 6500 Telephone
212 651 6499 Fax

LETTER OF FILING AUTHORIZATION

This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of Arch Insurance Company. This authorization extends to all correspondence regarding this filing.

Carol Kennedy
Name

May 16, 2008
Date

Vice President
Title

Arch Insurance Company
Company


Signature

(212) 651-9863
Telephone Number

Re: **Arch Insurance Company**
NAIC Number: 1279-11150
Workers Compensation
Adoption of NCCI Workers Compensation Loss Costs (NCCI Circular AR-2008-02)
Company Filing Designation Number: ARCH-08-118
Effective Date: July 1, 2008
State of Arkansas