

SERFF Tracking Number: SEPX-125671188 State: Arkansas
Filing Company: Sentry Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: WC AR0825689R01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: 2008 Workers Comp/WC AR0825689R01

Filing at a Glance

Company: Sentry Casualty Company
Product Name: Workers Compensation
TOI: 16.0 Workers Compensation
Sub-TOI: 16.0004 Standard WC
Filing Type: Rate

SERFF Tr Num: SEPX-125671188 State: Arkansas
SERFF Status: Closed State Tr Num: EFT \$50
Co Tr Num: WC AR0825689R01 State Status: Fees verified and received
Co Status: Reviewer(s): Betty Montesi, Carol Stiffler
Author: SPI SentryInsurancePC Disposition Date: 05/29/2008
Date Submitted: 05/29/2008 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: 2008 Workers Comp
Project Number: WC AR0825689R01
Reference Organization:
Reference Title:
Filing Status Changed: 05/29/2008
State Status Changed: 05/29/2008
Corresponding Filing Tracking Number:
Filing Description:
WE ARE FILING TO ADOPT THE 7-1-2008 NCCI LOSS COSTS (ITEM # AR-2008-02), OUR LOSS COST MULTIPLIER WILL REMAIN UNCHANGED AT 1.264.

Status of Filing in Domicile:
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:
Deemer Date:

I HAVE INCLUDED FORM RF-WC FROM PREVIOUS FILING.

NOTE THAT UNDER SERF FILING SEPX-125302610, INSURANCE DEPARTMENT FILE NUMBER AR-PC-07-026200, APPROVED 9-25-2007, WE FILED AMENDED COMPANY EXCEPTION PAGES S1-LCM AND RR1-LCM.

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THESE PAGES WERE FILED IN LEAU OF ACTUAL RATE PAGES. AS OUR LCM IS NOT CHANGING THERE IS NO IMPACT TO THESE PREVIOUSLY FILED EXCEPTION PAGES AND NO RATE PAGES WILL BE INCLUDED WITH THIS FILING.

IF ANY PROBLEMS WITH THE WAY I AM TRYING TO HANDLE THIS PLEASE LET ME KNOW.

DENNIS HOMANN
COMPLIANCE/DEVELOPMENT ANALYST
dennis.homann@sentry.com
(715) 346-8166.

Company and Contact

Filing Contact Information

Dennis Homann, Compliance/Development Sr. Dennis.Homann@sentry.com
Analyst
1800 North Point Drive (715) 346-8166 [Phone]
Stevens Point, WI 54481 (715) 346-6044[FAX]

Filing Company Information

Sentry Casualty Company CoCode: 28460 State of Domicile: Wisconsin
1800 North Point Drive Group Code: 169 Company Type:
Stevens Point, WI 54481 Group Name: Sentry Insurance State ID Number:
Group
(715) 346-6000 ext. [Phone] FEIN Number: 88-0119246

Filing Fees

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

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sentry Casualty Company	\$50.00	05/29/2008	20558214

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/29/2008	05/29/2008

SERFF Tracking Number: *SEPX-125671188* State: *Arkansas*
 Filing Company: *Sentry Casualty Company* State Tracking Number: *EFT \$50*
 Company Tracking Number: *WC AR0825689R01*
 TOI: *16.0 Workers Compensation* Sub-TOI: *16.0004 Standard WC*
 Product Name: *Workers Compensation*
 Project Name/Number: *2008 Workers Comp/WC AR0825689R01*

Disposition

Disposition Date: 05/29/2008
 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:
Sentry Casualty Company	%	\$		\$	%	%	%

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Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type:
Overall Percentage of Last Rate Revision:
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

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):
Sentry Casualty Company	%	%				%	%

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 05/29/2008

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 05/29/2008

Bypass Reason: Not needed as we are filing to adopt AR-2008-02

Comments:

Satisfied -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 05/29/2008

Comments:

Attachment:

LOSS COST REFERENCE FILING FDOPTION FORM RF-WC.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: <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					

3. Group Name	Group NAIC #
Sentry Insurance Group	169

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Sentry Casualty Company	WI	28460	88-0119246	

5. Company Tracking Number	WC AR0825689R01
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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
	Dennis Homann 1800 North Point Drive Stevens Point WI 54481	Compliance/Development Sr. Analyst	715-346-8166	715-346-6044	Dennis.Homann@sentry.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Dennis Homann

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	Workers Compensation
13. Filing Type	<input checked="" 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: 07/01/2008 Renewal: 07/01/2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	AR-2008-02
18. Company's Date of Filing	5-29-2008
19. Status of filing in domicile	<input checked="" 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 #	WC AR0825689R01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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WE ARE FILING TO ADOPT THE 7-1-2008 NCCI LOSS COSTS (ITEM # AR-2008-02), OUR LOSS COST MULTIPLIER WILL REMAIN UNCHANGED AT 1.264.

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IF ANY PROBLEMS WITH THE WAY I AM TRYING TO HANDLE THIS PLEASE LET ME KNOW.

DENNIS HOMANN
 COMPLIANCE/DEVELOPMENT ANALYST
 dennis.homann@sentry.com
 (715) 346-8166.

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]				
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Check #:</td> <td>EFT</td> </tr> <tr> <td>Amount:</td> <td>\$50.00</td> </tr> </table> <p style="text-align: center; margin-top: 20px;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>		Check #:	EFT	Amount:	\$50.00
Check #:	EFT				
Amount:	\$50.00				

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	WC AR0748089R01
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

- Loss Cost Reference Filing** NCCI AR-2007-10 **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:

<input checked="" type="checkbox"/>	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.
<input type="checkbox"/>	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 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	11.2	%
B.	General Expense	5.3	%
C.	Taxes, Licenses & Fee	5.8	%
D.	Underwriting profit & Contingencies*	-1.5	%
E.	Other (explain)		%
F.	Total	20.9	%
	* Explain how investment income is taken into account		

5.	A.	Expected Loss Ratio: ELR = 100% - 4F =	79.1%
	B.	ELR in Decimal Form =	0.791

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)	1.000
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)	1.000
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.264
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any difference between 6 and 7)	1.264

- | | 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level changes. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |