

SERFF Tracking Number: SHNF-125647325 State: Arkansas
First Filing Company: Technology Insurance Company, ... State Tracking Number: EFT \$100
Company Tracking Number: ARTW03
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: /

Filing at a Glance

Companies: Technology Insurance Company, Wesco Insurance Company

Product Name: Workers' Compensation SERFF Tr Num: SHNF-125647325 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$100
Sub-TOI: 16.0004 Standard WC Co Tr Num: ARTW03 State Status: Fees verified and received

Filing Type: Rate/Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Authors: James Shoenfelt, Kyle Babirad, Matt Fuller Disposition Date: 05/16/2008
Date Submitted: 05/15/2008 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: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: NCCI Reference Number: AR-2008-02
Reference Title: Advisory Org. Circular:
Filing Status Changed: 05/16/2008
State Status Changed: 05/15/2008 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

Technology Insurance Company and Wesco Insurance Company propose to adopt NCCI's loss costs found in Item Filing Number AR-2008-02 without making any change to their current Loss Cost Multipliers. I am including total fees of \$100 paid via EFT. I have also attached a letter authorizing me to make filings on behalf of Technology and Wesco. Both companies propose to adopt the loss costs effective 7/1/08.

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Company and Contact

Filing Contact Information

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

Jim Shoenfelt, Actuarial Consultant jim@shoenfeltconsulting.com
 3717 Latimore Road (216) 561-6267 [Phone]
 Shaker Heights, OH 44122

Filing Company Information

Technology Insurance Company	CoCode: 42376	State of Domicile: New Hampshire
20 Trafalgar Square	Group Code: 2538	Company Type:
Nashua, NH 03063	Group Name: Amtrust	State ID Number:
(212) 220-7120 ext. [Phone]	FEIN Number: 02-0449082	

Wesco Insurance Company	CoCode: 25011	State of Domicile: Delaware
874 Walker Road, Suite C	Group Code: 2538	Company Type:
Dover, DE 19904	Group Name: Amtrust	State ID Number:
(212) 220-7120 ext. 7013[Phone]	FEIN Number: 85-0165753	

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: For each company: \$50 for a loss cost adoption filing

Total: \$100

Note: Since only one company can be selected under the EFT Schedule, the total \$100 fees have been included under Technology Insurance Company.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Technology Insurance Company	\$100.00	05/15/2008	20340043
Wesco Insurance Company	\$0.00	05/15/2008	

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Correspondence Summary

Dispositions

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

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	05/15/2008	05/15/2008	Matt Fuller	05/16/2008	05/16/2008
Industry Response						

SERFF Tracking Number: SHNF-125647325 State: Arkansas
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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:
Technology Insurance Company	-12.800%	\$-140,207	368	\$1,095,367	%	%	-12.800%
Wesco Insurance Company	-12.800%	\$-686	1	\$5,357	%	%	-12.800%

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	-12.800%
Overall Percentage Rate Impact For This Filing	-12.800%
Effect of Rate Filing-Written Premium Change For This Program	\$-140,893
Effect of Rate Filing - Number of Policyholders Affected	369

SERFF Tracking Number: SHNF-125647325 State: Arkansas
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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	Authorization Letters	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 05/15/2008

Submitted Date 05/15/2008

Respond By Date

Dear Jim Shoenfelt,

This will acknowledge receipt of the captioned filing. Please state what the loss cost multipliers are for these companies so we can confirm that we have the correct LCMs in our database.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 05/16/2008

Submitted Date 05/16/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: This is in response to your inquiry of the accuracy of the Loss Cost Multiplier's for Arkansas.

Technology Insurance Company has a LCM of 1.33 with a beginning date of 10/01/2006 and was entered on 8/14/2006.

Wesco Insurance company has a LCM of 1.55 with a beginning date of 9/18/2006.

If any more information is needed, let me know.

Matt Fuller

Actuarial Assistant

Shoenfelt Consulting, Inc.

SERFF Tracking Number: *SHNF-125647325* *State:* *Arkansas*
First Filing Company: *Technology Insurance Company, ...* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *ARTW03*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *Workers' Compensation*
Project Name/Number: */*

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
James Shoenfelt, Kyle Babirad, Matt Fuller

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Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Decrease
Overall Percentage of Last Rate Revision: 0.000%
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):
Technology Insurance Company	-12.800%	-12.800%	\$-140,207	368	\$1,095,367	%	%
Wesco Insurance Company	-12.800%	-12.800%	\$-686	1	\$5,357	%	%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated: -12.800%
Overall Percentage Rate Impact For This Filing: -12.800%
Effect of Rate Filing - Written Premium Change For This Program: \$-140,893

<i>SERFF Tracking Number:</i>	<i>SHNF-125647325</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Technology Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>ARTW03</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>Workers' Compensation</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Effect of Rate Filing - Number of Policyholders Affected: 369

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Supporting Document Schedules

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

Comments:

Attachment:

PC Transmittal Signed.pdf

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

Bypass Reason: Not applicable to this filing. The Lost Cost Multiplier is not being changed.

Comments:

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

Bypass Reason: Not applicable to this filing. The Lost Cost Multiplier is not being changed.

Comments:

Satisfied -Name: Authorization Letters **Review Status:** Approved 05/16/2008

Comments:

Attachments:

Technology Authorization Letter.pdf

Wesco Authorization Letter.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 #

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 style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" 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

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	



Technology Insurance Company
An AmTrust Financial Company

January 15, 2008

To Whom It May Concern:

Subject: **Shoenfelt Consulting, Inc.**

Please allow this letter to serve as authorization for Shoenfelt Consulting Inc. and James Shoenfelt to make rate, rule, and form filings on behalf of Technology Insurance Company. Jim serves as a consulting actuary and has permission not only to make rate, rule, and form filings, but also inquiries on behalf of Technology Insurance Company.

If you have any questions, please feel free to call me at 212-220-7120 x7013

Sincerely,

Stephen Ungar, Secretary



Wesco Insurance Company
An AmTrust Financial Company

January 15, 2008

To Whom It May Concern:

Subject: **Shoenfelt Consulting, Inc.**

Please allow this letter to serve as authorization for Shoenfelt Consulting Inc. and James Shoenfelt to make rate, rule, and form filings on behalf of Wesco Insurance Company. Jim serves as a consulting actuary and has permission not only to make rate, rule, and form filings, but also inquiries on behalf of Wesco Insurance Company.

If you have any questions, please feel free to call me at 212-220-7120 x7013

Sincerely,

Stephen Ungar, Secretary