

SERFF Tracking Number: ARKS-125704352 State: Arkansas
Filing Company: LEMIC Insurance Company State Tracking Number: #2019 \$100
Company Tracking Number: AR-090108-WC
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: n/a
Project Name/Number: /

Filing at a Glance

Company: LEMIC Insurance Company

Product Name: n/a

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rate

Effective Date Requested (New): 09/01/2008

Effective Date Requested (Renewal):

State Filing Description:

SERFF Tr Num: ARKS-125704352 State: Arkansas

SERFF Status: Closed

Co Tr Num: AR-090108-WC

Co Status:

Author:

Date Submitted: 06/20/2008

State Tr Num: #2019 \$100

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Carol Stiffler

Disposition Date: 06/23/2008

Disposition Status: Approved

Effective Date (New): 09/01/2008

Effective Date (Renewal):

General Information

Project Name:

Project Number:

Reference Organization: NCCI

Reference Title:

Filing Status Changed: 06/23/2008

State Status Changed: 06/23/2008

Corresponding Filing Tracking Number:

Filing Description:

This company is filing to adopt Item Filing AR-2008-02 with a change in their loss cost multiplier to 1.350. They propose to continue to use a Schedule Rating Plan with a maximum modification of +/-25%, the NCCI Arkansas Alcohol and Drug-Free Workplace Premium Credit with a 5% premium reduction, a small deductible program and to offer consent to rate policies.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number: AR-2008-02

Advisory Org. Circular:

Deemer Date:

Company and Contact

SERFF Tracking Number: ARKS-125704352 State: Arkansas
Filing Company: LEMIC Insurance Company State Tracking Number: #2019 \$100
Company Tracking Number: AR-090108-WC
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: n/a
Project Name/Number: /

Filing Contact Information

NA NA, NA@NA.com
NA (123) 555-4567 [Phone]
NA, AR 00000

Filing Company Information

LEMIC Insurance Company CoCode: 10708 State of Domicile: Louisiana
9543 Fenway Ave Group Code: Company Type:
Baton Rouge , LA 70809 Group Name: State ID Number:
(225) 201-0107 ext. [Phone] FEIN Number: 59-2197070

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation:
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
2019	\$100.00	06/19/2008

SERFF Tracking Number: ARKS-125704352

State: Arkansas

Filing Company: LEMIC Insurance Company

State Tracking Number: #2019 \$100

Company Tracking Number: AR-090108-WC

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Product Name: n/a

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	06/23/2008	06/23/2008

SERFF Tracking Number: ARKS-125704352

State: Arkansas

Filing Company: LEMIC Insurance Company

State Tracking Number: #2019 \$100

Company Tracking Number: AR-090108-WC

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Product Name: n/a

Project Name/Number: /

Disposition

Disposition Date: 06/23/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125704352 State: Arkansas
 Filing Company: LEMIC Insurance Company State Tracking Number: #2019 \$100
 Company Tracking Number: AR-090108-WC
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: n/a
 Project Name/Number: /

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	ARKS-125704352		Yes

SERFF Tracking Number: ARKS-125704352

State: Arkansas

Filing Company: LEMIC Insurance Company

State Tracking Number: #2019 \$100

Company Tracking Number: AR-090108-WC

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Product Name: n/a

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125704352

State: Arkansas

Filing Company: LEMIC Insurance Company

State Tracking Number: #2019 \$100

Company Tracking Number: AR-090108-WC

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Product Name: n/a

Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125704352

06/23/2008

Comments:

Attachments:

ARKS-125704352.pdf

ARKS-125704352-1.pdf



ACTUARIES AND CONSULTANTS

2727 PACES FERRY ROAD SE STE 2-450 • ATLANTA, GA 30339-6135 • PHONE: (770) 951-2782 • FAX: (770) 951-2509
E-MAIL: admin@iicinc.com

ARKS-125704352 CS
2019
100.00

June 17, 2008

RECEIVED

JUN 19 2008

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

Approved until withdrawn
or revoked

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

JUL 01 2008

Attn: Ms. Carol Stiffler
Senior Rate and Form Analyst
Property/Casualty Rating Division

Arkansas Insurance Department

By: *MS*

Re: LEMIC Insurance Company
NAIC #: 10708
Workers' Compensation Rate and Rule Filing
Company Filing Number: AR-090108-WC
Proposed Effective Date: 09/01/08

Dear Ms. Stiffler:

In accordance with rate and regulatory law in Arkansas, Insurance Industry Consultants, LLC. is pleased to file workers' compensation revised rates on behalf of LEMIC Insurance Company, for their Arkansas Workers' Compensation Program. Please see the attached letter of authorization from the Company.

LEMIC would like to adopt the July 1, 2008 NCCI advisory loss costs along with a Loss Cost Multiplier ("LCM") of 1.350. The proposed effective date for this filing is September 1, 2008.

LEMIC proposes to continue to use a Schedule Rating Plan with a maximum modification of $\pm 25\%$, the NCCI Arkansas Alcohol and Drug-Free Workplace Premium Credit with a 5% premium reduction, a small deductible program and to offer consent to rate policies.

We have included the following items in this filing:

1. A letter of filing authorization from LEMIC;
2. A copy of the required Department of Insurance Forms;
3. A rate filing memorandum and exhibits;
4. A copy of the proposed rates, minimum premiums, expense constant and premium discount factors and advisory miscellaneous values;
5. A copy of the proposed Schedule Rating Plan;
6. A copy of the proposed NCCI Drug-Free Workplace Credit Program;
7. Two complete copies of the filing;
8. One self-addressed stamped envelope for the return filing; and
9. A filing fee of \$100.00.

Ms. Carol Stiffler
Senior Rate and Form Analyst
Property/Casualty Rating Division
June 17, 2008
Page 2

For questions regarding this filing, please contact:

Anthony L. Alfieri, ACAS, MAAA
Insurance Industry Consultants, LLC
2727 Paces Ferry Road
Suite #2-450
Atlanta, Georgia 30339
e-mail: talfieri@iicinc.com
(770) 951-2782, extension 16 (voice)
(770) 951-2509 (fax)

Thank you for your consideration and assistance with this filing. If you need additional information please let us know.

Sincerely,

Anthony L. Alfieri

Anthony L. Alfieri, ACAS, MAAA
Consulting Actuary

ALA/jpe

enclosures

cc: Dan Lastrapes, LEMIC Insurance Co.
Bob Greer, LEMIC Insurance Co.

Terri Robinson
National Council on Compensation Insurance
Crestwood Plaza Building
2400 Crestwood Road, Suite #207
North Little Rock, AR 72116

 **LEMIC**
INSURANCE COMPANY

9543 Fenway Avenue • Baton Rouge, LA 70809 • (225) 201-0107 • Fax (225) 201-0108

OFFICERS

RICHARD D. KOGLER, II
Chairman

ROBERT S. GREER, JR.
President and CEO

DANIEL L. LASTRAPES
Vice-President
Operations and Management

JOHN E. MOUTON
Secretary

RICHARD L. BRIODY
Treasurer

June 6, 2007

Mr. Allen Fricks, CPCU, ARM, ALCM
Insurance Industry Consultants, LLC
Two Paces West, Suite 450
2727 Paces Ferry Road
Atlanta, Georgia 30339

Re: Representation of LEMIC by IIC for rate filing and forms approval in Louisiana, Mississippi, Arkansas and Tennessee

BOARD OF DIRECTORS

RICHARD D. KOGLER, II
Chairman of the Board

FRANK P. DISPENSIRE, SR.
Vice-Chairman

JOHN E. MOUTON

FERRY M. PARRINO

JOHN T. CAMBIAS

ROBERT S. GREER, JR.

Dear Mr. Fricks:

This letter will serve as notice to any and all parties that LEMIC Insurance Company has appointed and authorized Insurance Industry Consultants to serve as our representative before the insurance departments of the states of Louisiana, Mississippi, Arkansas and Tennessee as our rate filing and forms approval agent. Your firm has LEMIC's approval to file all required forms and provide supporting actuarial data as required by the departments to effectuate our rate filings through 2009.

Please proceed on our behalf in accordance with my instructions.

Sincerely,



Daniel L. Lastrapes
Vice President
LEMIC Insurance Co.

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AR-090108-WC
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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LEMIC Insurance Company is proposing to use a 1.35 loss cost multiplier and the 07/01/08 NCCI Loss Cost, both to be effective 09/01/08.

2.	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]
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Check #: 2019
Amount: \$100.00

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.)

1.	This filing transmittal is part of Company Tracking #	AR-090108-WC
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
<input type="checkbox"/> Rate Increase <input checked="" type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)		
3.	Overall percentage rate impact for this filing	-17.1%
4.	Effect of Rate Filing – Written premium change for this program	(\$99,350)
5.	Effect of Rate Filing – Number of policyholders	132
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
7.	Rate Change by Company	
	Company Name	Percentage Change for this program
	# of policyholders for this program	Written premium for this program
	LEMIC Insurance Co.	-17.1%
		132
		(\$99,350)

8.	Overall percentage of last rate revision	N/A
9.	Effective Date of last rate revision	05/09/03
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval

11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or withdrawn?	Previous state filing number, if required by state
01			[] Replacement [] Withdrawn [] Neither	
02			[] Replacement [] Withdrawn [] Neither	
03			[] Replacement [] Withdrawn [] Neither	
04			[] Replacement [] Withdrawn [] Neither	
05			[] Replacement [] Withdrawn [] Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

6

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

1. This filing transmittal is part of Company Tracking # **AR-090108-WC**

2. If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number **NCCI AR-2008-2**

3. A. **LEMIC Insurance Company** B. **10708**
 Company Name Company NAIC Number

4. A. **Worker's Compensation** B.
 Product Coding Matrix Line of Business (i.e., Type of Insurance) Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)

5. FOR LOSS COSTS ONLY

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Worker's Compensation	N/A	-17.1	66.0	0.965	1.350	180	1.433
TOTAL OVERALL EFFECT							

6. 5 Year History Rate Change History

Year	5 Year History Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2003	76	N/A	5/9/03	284	289	1.018	0.729
2004	179	N/A		1340	523	0.380	0.664
2005	213	N/A		1072	158	0.147	0.511
2006	175	N/A		840	349	0.415	0.387
2007	131	N/A		643	31	0.048	0.244

7. Expense Constants Selected Provisions

A. Total Production Expense	19.9
B. General Expense	5.5
C. Taxes, License & Fees	6.4
D. Underwriting Profit & Contingencies	2.2
E. Other (explain)	0.0
F. TOTAL	34.0

8. N Apply Lost Cost Factors to Future filings? (Y or N)
 9. 54% Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): Non-minimum Premium
 10. -35.1% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): Non-minimum Premium

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	AR-090108WC
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A

() **Loss Cost Reference Filing** NCCI AR-2008-2 () **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) 0.965

- 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		%
B.	General Expense		%
C.	Taxes, Licenses & Fee		%
D.	Underwriting profit & contingencies*		%
E.	Other (explain)		%
F.	Total		%
	* Explain how investment income is taken into account		

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

NAIC EXPENSE CONSTANT SUPPLEMENT
CALCULATION OF COMPANY LOSS COST MULTIPLIER
WITH EXPENSE CONSTANTS

(EFFECTIVE AUG. 16, 2004)

(This form must be provided ONLY when making a filing that includes an expense constant)

This filing transmittal is part of Company Tracking #	AR-090108-WC
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A

Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

Selected Provisions

4.			Overall	Variable	Fixed	
	A.	Total Production Expense	19.9	18.0	1.9	%
	B.	General Expense	5.5	5.0	0.5	%
	C.	Taxes, License & Fees	6.4	5.5	0.9	%
	D.	Underwriting Profit & Contingencies*	2.2	0.0	2.2	%
	E.	Other (explain)	0.0	0.0	0.0	%
	F.	TOTAL	34.0	28.5	5.5	%
		*Explain how investment income is taken into account.				

5.	A.	Expected Loss Ratio: ELR = 100% - Overall 4F	66.0	%
	B.	ELR in decimal form =	0.660	
	C.	Variable Expected Loss Ratio: VELR=100% - Variable 4F	71.5	%
	D.	VELR in Decimal Form = B. ELR in Decimal Form =	0.715	

6.	A.	Formula Expense Constant: [(1.00 divided by 5B) - (1.00 divided by 5D)]	506	
	B.	Formula Variable Loss Cost Multiplier (3B divided by 5D)	1.350	

7.	A.	Selected Expense Constant =	180	%
	B.	Selected Variable Loss Cost Multiplier =	1.350	%

8. Explain any differences between 6 and 7:

<p>Expense Constant is selected based on the company's current amount of \$180 in AR and on amounts used by the company in other states.</p>
--

9.	Rate level change for the coverage(s) to which this page applies	-5.80	%
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**LEMIC INSURANCE COMPANY
ARKANSAS
WORKERS' COMPENSATION RATES**

**RATE FILING MEMORANDUM
EFFECTIVE SEPTEMBER 1, 2008**

LEMIC Insurance Company (LEMIC) is currently approved to use the National Council on Compensation Insurance (NCCI) Arkansas Advisory Loss Costs (effective July 1, 2002) with a multiplier of 1.350 as their rates.

This filing proposes to adopt the Arkansas NCCI Advisory Loss Costs (effective July 1, 2008) with a Loss Cost Multiplier of 1.350. This filing will result in a -17.1% overall rate change. We propose that these rates be effective September 1, 2008 for both new and renewal policies.

Calculation of Proposed Rates

The proposed rates will be calculated by multiplying the July 1, 2008 Arkansas NCCI Advisory Loss Cost by a multiplier of 1.35 and includes a modification factor of 0.965. This filing results in an overall proposed rate change of -17.1%.

Expense Constant and Minimum Premium

This filing proposes an increase in the expense constant from \$140.00 to \$180.00.

The minimum premium formula will remain the same and will be calculated as follows:

Rate x Minimum Premium Multiplier + Expense Constant,

subject to a Minimum Minimum Premium of \$850 and a Maximum Minimum Premium of \$950 and where \$195 is the minimum premium multiplier. The minimum premium formula for per capita classes will be calculated as follows:

Rate + Expense Constant

Profit, Contingencies and Investment Income Provision

The calculation of the profit, contingency and investment income provision is as set forth in Exhibit 2, Pages 1 through 3.

Deductible Insurance

LEMIC will continue to offer a reduction in premium for employers who select a deductible ranging from \$1,000 to \$5,000 per claim. Deductible percentages are calculated by dividing the NCCI Arkansas July 1, 2008 Loss Elimination Ratios by the proposed LCM of 1.350. This calculation converts the loss elimination ratios from a loss base to a premium base. (See Appendix A)

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Drug-Free Workplace Credit Program

LEMIC proposes to offer a 5% premium reduction for employers who enact the NCCI Arkansas Alcohol and Drug-Free Workplace Premium Credit Program. The rule for this program is attached as Appendix B.

Schedule Rating Plan

LEMIC proposes to use a schedule rating plan in order to reflect the positive and negative characteristics of the risk being rated. This plan is subject to a maximum aggregate debit/credit of $\pm 25\%$. The Schedule Rating plan is attached as Appendix C.

Consent-to-Rate

LEMIC also proposes to continue to reserve the right to utilize "consent-to-rate".

Background Exhibits

Exhibit A, Pages 1 and 2 calculates the percent change from current rates to proposed rates.

Exhibit 1 calculates the permissible loss ratio with investment income consideration.

Appendix A shows the manual exception pages and miscellaneous value pages.

Appendix B shows the program outline for the drug-free credit.

Appendix C shows the schedule rating plan program.

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OVERALL RATE LEVEL IMPACT

<u>RATE CHANGE DESCRIPTION</u>	<u>PREMIUM</u>	<u>PERCENT CHANGE</u>	<u>PREMIUM IMPACT</u>
	(1)	(2)	(3)=(1)x(2)
RATE LEVEL CHANGE	562,516	-18.6%	(104,387)
CHANGE IN EXPENSE CONSTANT	18,480	28.6%	5,285
OVERALL RATE LEVEL CHANGE REQUESTED	580,996	-17.1%	(99,350)

NOTES:

- COLUMN (1) FOR RATE LEVEL CHANGE IS FROM EXHIBIT A, PAGE 3, COLUMN (3), TOTAL.
- COLUMN (1) FOR THE EXPENSE CONSTANT CHANGE EQUALS THE NUMBER OF POLICIES IN FORCE AT 12/31/07 (132) MULTIPLIED BY THE CURRENT EXPENSE CONSTANT (\$140.00).
- COLUMN (2) FOR RATE LEVEL CHANGE IS FROM EXHIBIT A, PAGE 3, COLUMN (6), TOTAL.
- COLUMN (2) FOR EXPENSE CONSTANT CHANGE EQUALS THE THE CURRENT EXPENSE CONSTANT (\$140.00) DIVIDED BY THE PROPOSED EXPENSE CONSTANT (\$180.00).
- COLUMN (2) TOTAL EQUALS THE SUMPRODUCT OF COLUMNS (1) AND (2) DIVIDED BY COLUMN (1), TOTAL.

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CURRENT AND PROPOSED RATES ON THE 01/01/08 LOSS COST

PROPOSED RATE LEVEL CHANGE: -18.6%

CLASS CODE	CURRENT INFORCE PAYROLL (1)	CURRENT RATES (2)	CURRENT MANUAL PREMIUM (3)	PROPOSED RATES (4)	PROPOSED MANUAL PREMIUM (5)	PERCENT CHANGE (6)
8	48,657	3.44	1,673	2.13	1,038	-38.0%
34	147,568	3.17	4,673	3.52	5,200	11.3%
42	100,000	6.92	6,921	5.21	5,211	-24.7%
401	1,394,035	11.32	157,819	8.99	125,338	-20.6%
1803	104,947	7.71	8,091	4.37	4,590	-43.3%
2402	46,835	2.29	1,074	1.76	822	-23.5%
2812	29,749	4.72	1,403	3.01	896	-36.1%
3114	68,270	2.31	1,575	2.13	1,456	-7.5%
4000	60,000	7.80	4,678	5.90	3,540	-24.3%
4635	328,007	2.19	7,190	4.04	13,242	84.2%
5022	166,126	7.24	12,023	4.32	7,177	-40.3%
5183	96,753	4.29	4,146	3.07	2,965	-28.5%
5190	46,115	4.20	1,936	2.81	1,295	-33.1%
5213	20,493	9.83	2,014	6.17	1,264	-37.2%
5221	769,764	4.54	34,970	4.54	34,916	-0.2%
5348	97,064	4.83	4,687	3.58	3,473	-25.9%
5403	35,198	9.87	3,475	8.21	2,889	-16.9%
5437	104,250	7.15	7,455	3.89	4,053	-45.6%
5445	15,244	6.79	1,035	4.42	673	-35.0%
5474	61,720	6.64	4,095	6.37	3,933	-4.0%
5538	31,520	6.86	2,164	6.44	2,030	-6.2%
5606	130,200	2.26	2,948	1.47	1,917	-35.0%
5645	37,018	14.85	5,496	9.84	3,643	-33.7%
5651	10,000	8.64	864	7.30	730	-15.5%
6217	295,228	6.11	18,024	4.42	13,034	-27.7%
6229	114,496	4.40	5,037	4.37	5,008	-0.6%
7228	283,501	9.30	26,366	6.04	17,109	-35.1%
7230	71,502	3.14	2,244	3.56	2,548	13.6%
7380	67,054	4.63	3,104	3.00	2,010	-35.3%
7520	287,739	3.18	9,153	2.00	5,749	-37.2%
7605	83,779	2.88	2,413	2.90	2,432	0.8%
7610	228,000	0.47	1,078	0.47	1,078	0.0%
7720	19,500	2.68	523	2.28	445	-14.9%
8006	313,633	2.35	7,370	1.72	5,379	-27.0%
8010	33,600	1.58	530	1.67	562	6.2%
8017	434,112	1.52	6,594	1.04	4,515	-31.5%
8018	250,184	3.73	9,322	2.23	5,574	-40.2%
8033	320,000	2.16	6,925	1.67	5,357	-22.6%
8044	130,771	2.84	3,710	2.44	3,196	-13.9%
8046	56,003	1.95	1,091	2.36	1,323	21.2%
8107	25,000	5.83	1,458	2.89	722	-50.5%
8380	183,390	3.54	6,492	3.15	5,769	-11.1%
8393	251,157	1.85	4,644	1.51	3,797	-18.2%
8601	160,000	0.82	1,307	0.73	1,166	-10.8%
SUBTOTAL:	7,558,182		399,790		319,064	

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CURRENT AND PROPOSED RATES

<u>CLASS CODE</u>	<u>CURRENT INFORCE PAYROLL</u>	<u>CURRENT RATES</u>	<u>CURRENT MANUAL PREMIUM</u>	<u>PROPOSED RATES</u>	<u>PROPOSED MANUAL PREMIUM</u>	<u>PERCENT CHANGE</u>
	(1)	(2)	(3)	(4)	(5)	(6)
8720	256,586	1.39	3,567	1.20	3,084	-13.5%
8742	421,597	0.59	2,479	0.42	1,766	-28.7%
8810	2,485,491	0.26	6,413	0.22	5,369	-16.3%
8820	682,807	0.26	1,762	0.19	1,291	-26.7%
8824	321,568	2.84	9,123	2.19	7,033	-22.9%
8825	96,488	1.72	1,660	1.86	1,798	8.3%
8826	45,240	1.91	862	1.97	892	3.4%
8831	427,817	1.51	6,439	2.32	9,934	54.3%
8832	2,605,597	0.27	7,087	0.24	6,332	-10.7%
8833	525,600	1.23	6,475	0.80	4,189	-35.3%
8835	469,388	2.28	10,693	1.74	8,177	-23.5%
8861	1,049,560	1.16	12,185	1.30	13,602	11.6%
8868	4,064,849	0.52	20,975	0.34	13,739	-34.5%
8869	434,700	0.89	3,860	0.65	2,817	-27.0%
9012	100,880	1.05	1,055	1.72	1,730	64.0%
9014	717,943	2.69	19,341	2.46	17,640	-8.8%
9015	80,689	4.33	3,492	2.13	1,721	-50.7%
9052	243,079	2.31	5,608	1.38	3,347	-40.3%
9059	12,000	3.05	366	2.44	293	-19.9%
9060	259,135	1.92	4,975	1.61	4,164	-16.3%
8742	25,071	0.59	147	0.42	105	-28.7%
8748	1,482,905	0.52	7,652	0.37	5,413	-29.3%
8755	466,979	0.40	1,873	0.23	1,074	-42.6%
8810	70,000	0.26	181	0.22	151	-16.3%
8824	83,600	2.84	2,372	2.19	1,828	-22.9%
8825	450,556	1.72	7,750	1.86	8,394	8.3%
8826	114,284	1.91	2,178	1.97	2,253	3.4%
8829	444,447	2.61	11,591	2.38	10,560	-8.9%
8832	4,175	0.27	11	0.24	10	-10.7%
8833	45,000	1.23	554	0.80	359	-35.3%
SUBTOTAL:	18,488,031		162,726		139,065	
TOTALS	26,046,213		562,516		458,129	-18.6%
WEIGHTED AVERAGE RATE:		2.160		1.759	(104,387)	

NOTES:

8861 IS RATED AS 8842, 5538 IS RATED AS 5535

COLUMN (1) IS FROM DAN LASTRAPES VIA EMAIL ON 01/22/08.

COLUMN (2) EQUALS NCCI ARKANSAS 07/01/02 ADVISORY LOSS COSTS MULTIPLIED BY PROPOSED LOSS COST MULTIPLIER OF 1.433.

COLUMN (3) EQUALS [COLUMN (1) DIVIDED BY 100] MULTIPLIED BY COLUMN (2).

COLUMN (4) EQUALS NCCI ARKANSAS 07/01/08 ADVISORY LOSS COSTS MULTIPLIED BY PROPOSED LOSS COST MULTIPLIER OF 1.350.

COLUMN (5) EQUALS [COLUMN (1) DIVIDED BY 100] MULTIPLIED BY COLUMN (4).

COLUMN (6) EQUALS [COLUMN (4) DIVIDED BY COLUMN (2)] MINUS 1.000.

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CALCULATION OF PERMISSIBLE LOSS AND LAE RATIO

	CALENDAR YEARS								BUDGETED FOR 2008 %
	2005		2006		2007		2005 - 2007		
	\$ 000	%	\$ 000	%	\$ 000	%	\$ 000	%	
(1) DIRECT WRITTEN PREMIUM	31,823	xxx	34,491	xxx	28,396	xxx	94,710	xxx	xxx
(2) DIRECT EARNED PREMIUM	32,260	xxx	34,196	xxx	31,047	xxx	97,503	xxx	xxx
(3) COMMISSIONS & BROKERAGE (w)	4,782	15.0%	5,151	14.9%	4,683	16.5%	14,616	15.4%	10.0%
(4) OTHER ACQUISITION (e)	3,401	10.5%	3,317	9.7%	2,971	9.6%	9,689	9.9%	9.9%
(5) GENERAL (e)	1,910	5.9%	1,489	4.4%	1,957	6.3%	5,356	5.5%	5.5%
(6) TAXES, LICENSES & FEES (w)	934	2.9%	1,004	2.9%	945	3.3%	2,883	3.0%	6.4% (a)
(7) OTHERS	0	N.A.	0	N.A.	0	N.A.	0	N.A.	0.0%
(8) TOTAL EXPENSES EXCLUDING PROFIT	11,027	34.3%	10,961	31.9%	10,556	35.7%	32,544	33.8%	31.8%
(9) NET PROFIT PROVISION AFTER INVESTMENT INCOME	-	xx.x	-	xx.x	-	xx.x	-	-	2.2%
(10) TOTAL EXPENSES INCLUDING PROFIT [(8) + (9)]	-	xx.x	-	xx.x	-	xx.x	-	-	34.0%
(11) PERMISSIBLE LOSS AND LAE RATIO [100% - (10)]	-	xx.x	-	xx.x	-	xx.x	-	-	66.0%

NOTES:

DATA IS FROM 2005 - 2007 INSURANCE EXPENSE EXHIBITS.

(e) PERCENTAGE BASED ON EARNED PREMIUM.

(w) PERCENTAGE BASED ON WRITTEN PREMIUM.

(a) TAXES, LICENSES AND FEES: FROM 2007 ANNUAL STATEMENT EXHIBIT OF PREMIUM AND LOSSES
 FOR THE STATE OF ARKANSAS ONLY:

DIRECT PREMIUM WRITTEN:	591,220
TAXES, LICENSES AND FEES:	37,935
TAX PERCENTAGE:	6.40%

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CALCULATION OF INVESTMENT INCOME PROVISION - WORKERS' COMPENSATION

MONTHS OF DEVELOPMENT	CUMULATIVE PAID LDF	PAID RATIO	INCREMENTAL PAYMENT	AVERAGE YEARS IN WHICH INTEREST IS EARNED	DISCOUNT FACTOR AT 2.40%	DISCOUNTED PAYMENTS
	(1)	(2)	(3)	(4)	(5)	(6)=(3)x(5)
12	2.881	0.347	0.347	0.500	0.988	0.343
24	1.510	0.662	0.315	1.500	0.965	0.304
36	1.305	0.766	0.104	2.500	0.942	0.098
48	1.231	0.812	0.046	3.500	0.920	0.042
60	1.181	0.847	0.035	4.500	0.899	0.031
72	1.151	0.869	0.022	5.500	0.878	0.019
84	1.131	0.884	0.015	6.500	0.857	0.013
96	1.123	0.890	0.006	7.500	0.837	0.005
132	1.000	1.000	0.110	8.500	0.817	0.090
TOTAL	xxxx	xxxx	1.000	xxxx	xxxx	0.946
(7) EXPECTED LOSS AND LAE RATIO						0.660
(8) PRESENT VALUE OF EXPECTED LOSS AND LAE PAYMENTS [TOTAL (6) x (7)]						0.624
(9) EXPENSES ADJUSTED TO PRESENT VALUE						
			<u>EXPENSE</u>	<u>YEARS OF DISCOUNT</u>	<u>DISCOUNT FACTOR</u>	<u>DISCOUNTED EXPENSE</u>
(a) COMMISSIONS			0.100	0.000	1.000	0.100
(b) OTHER ACQUISITION			0.099	0.500	0.988	0.098
(c) GENERAL EXPENSES			0.055	0.500	0.988	0.054
(d) PREMIUM TAX [INCLUDED WITH (e)]			0.000	0.500	0.988	0.000
(e) MISC TAXES, LICENSES & FEES			0.064	0.000	1.000	0.064
(f) REINSURANCE COST			0.000	0.000	1.000	0.000
(g) PROFIT & CONTINGENCIES			0.022	0.500	0.988	0.022
(10) TOTAL PRESENT VALUE OF EXPENSES [Sum of (a) through (f)]						0.338
(11) DISCOUNTED LOSSES AND EXPENSES [(8) + (10)]						0.962
(12) DISCOUNTED PREMIUM LESS UNCOLLECTED PREMIUM						0.990
(13) INDICATED INVESTMENT INCOME FACTOR [(12)-(11)]						0.028
(14) SELECTED INVESTMENT INCOME PROVISION						0.028

NOTES:

COLUMN (1) IS FROM 2007 NCCI STATISTICAL BULLETIN, CUM 2 YR. PAYMENTS AFTER 96 ARE ASSUMED TO BE MADE THREE YEARS LATER.

COLUMN (2) EQUALS 1.000 DIVIDED BY COLUMN (1).

COLUMN (3) IS THE AMOUNT OF INCREASE IN LOSSES PAID FROM ONE YEAR TO THE NEXT.

COLUMN (4) ASSUMES THAT LOSS PAYMENTS ARE MADE IN THE MIDDLE OF EACH CALENDAR YEAR.

COLUMN (5) IS FROM 2007 NCCI STATISTICAL BULLETIN, CUM 2 YR. PAYMENTS AFTER 96 ARE ASSUMED TO BE MADE THREE YEARS LATER.

LINE (9) IS FROM EXHIBIT 1, PAGE 1, LINES (3), (4) AND (5). LINE (d) AND (e) ARE FROM NOTES (b).

LINE (f) IS EQUAL TO .05 MINUS LINE 14.

LINE (12) IS THE DIFFERENCE BETWEEN PREMIUM ON A DISCOUNTED BASIS LESS UNCOLLECTED PREMIUM.

(A) PREMIUMS AND AGENTS' BALANCES IN COURSE OF COLLECTION FROM 2007 ANNUAL STATEMENT, PAGE 2, LINE 13.1, COLUMN (4). 286,414

(B) DIRECT WRITTEN PREMIUM FROM 2007 ANNUAL STATEMENT, PAGE 8, PART 1B, COLUMN 1, LINE 34. 28,396,390

(C) EQUALS THE LESSER OF [1.000 - (A)/(B)] AND 1.000. 0.990 06/11/08

INSURANCE INDUSTRY CONSULTANTS, LLC. (GA)

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CALCULATION OF AFTER TAX RATE-OF-RETURN

DESCRIPTION	MEAN	DIVIDENDS AND INTEREST EARNINGS	EARNINGS NET OF INVESTMENT EXPENSES	FEDERAL INCOME TAX RATE	AFTER-TAX EARNINGS	AFTER-TAX RATE OF RETURN
	INVESTABLE ASSETS EQUIVALENT TO RESERVES					
	(1)	(2)	(3)	(4)	(5)	(6)
CASH	9,515,042	0	0	0.340	0	0.00%
SHORT TERM	0	0	0	0.340	0	0.00%
TAX-EXEMPT BONDS	18,042,626	769,425	630,159	0.051	598,021	3.30%
U.S. GOV'T BONDS	16,092,576	849,724	695,924	0.340	459,310	2.90%
TAXABLE BONDS	462,191	30,012	24,580	0.340	16,223	3.50%
TOTALS	44,112,435	1,649,161	1,350,663	xxxxx	1,073,554	2.40%

TABLE 1: CALCULATION OF AVERAGE RESERVES

	2006	2007	AVERAGE
LOSS RESERVES [PAGE 3, LINE 1]	26,966,266	28,712,096	27,839,181
LAE RESERVES [PAGE 3, LINE 3]	4,767,673	6,187,212	5,477,443
UNEARNED PREMIUM RESERVES [PAGE 3, LINE 9]	12,015,320	9,576,303	10,795,812
TOTALS	43,749,259	44,475,611	44,112,435

TABLE 2: CALCULATION OF U.S. GOV'T EARNINGS

(a) U.S. GOV'T EARNINGS [PAGE 12, COLUMN 2, LINE 1]	939,511
(b) U.S. GOV'T BONDS [SCHEDULE D-SUMMARY BY COUNTRY, COLUMN 1, LINE 1]	17,793,016
(c) U.S. GOV'T BONDS LIMITED [COLUMN (1) ABOVE]	16,092,576
(d) PRO-RATED EARNINGS [(a) x (c) / (b)]	849,724

TABLE 3: CALCULATION OF INVESTMENT EXPENSE FACTOR

(a) INVESTMENT EXPENSE [PAGE 12, PART 1, LINE 16]	480,253
(b) INVESTMENT INCOME [PAGE 12, PART 1, COLUMN 2, LINE 10]	2,654,563
(c) INVESTMENT EXPENSE FACTOR [1.000 - (a)/(b)]	0.819

NOTES:

CALCULATION OF RATE-OF-RETURN IS BASED ON INVESTABLE ASSETS LIMITED TO POLICYHOLDER SUPPLIED FUNDS.
 COLUMN (1) IS FROM THE 2006 AND THE 2007 ANNUAL STATEMENT AS FOLLOWS:

CASH IS FROM SCHEDULE E PART 1- CASH, AVERAGE OF TOTALS OF DEPOSITORY BALANCES DURING CURRENT YEAR ONLY.

THE REMAINING ITEMS EQUAL THE AVERAGE OF THE 2006 AND THE 2007 ANNUAL STATEMENT AS FOLLOWS:

SHORT TERM IS FROM SCHEDULE DA PART 2, COLUMN (1), LINE 11 - VERIFICATION OF SHORT TERM INVESTMENTS.

U.S. GOV'T BONDS ARE FROM SCHEDULE D-SUMMARY BY COUNTRY, COLUMN 1, LINE 4.

TAX-EXEMPT BONDS ARE FROM SCHEDULE D-SUMMARY BY COUNTRY, COLUMN 1, LINE 8 PLUS LINE 12 PLUS LINE 16.

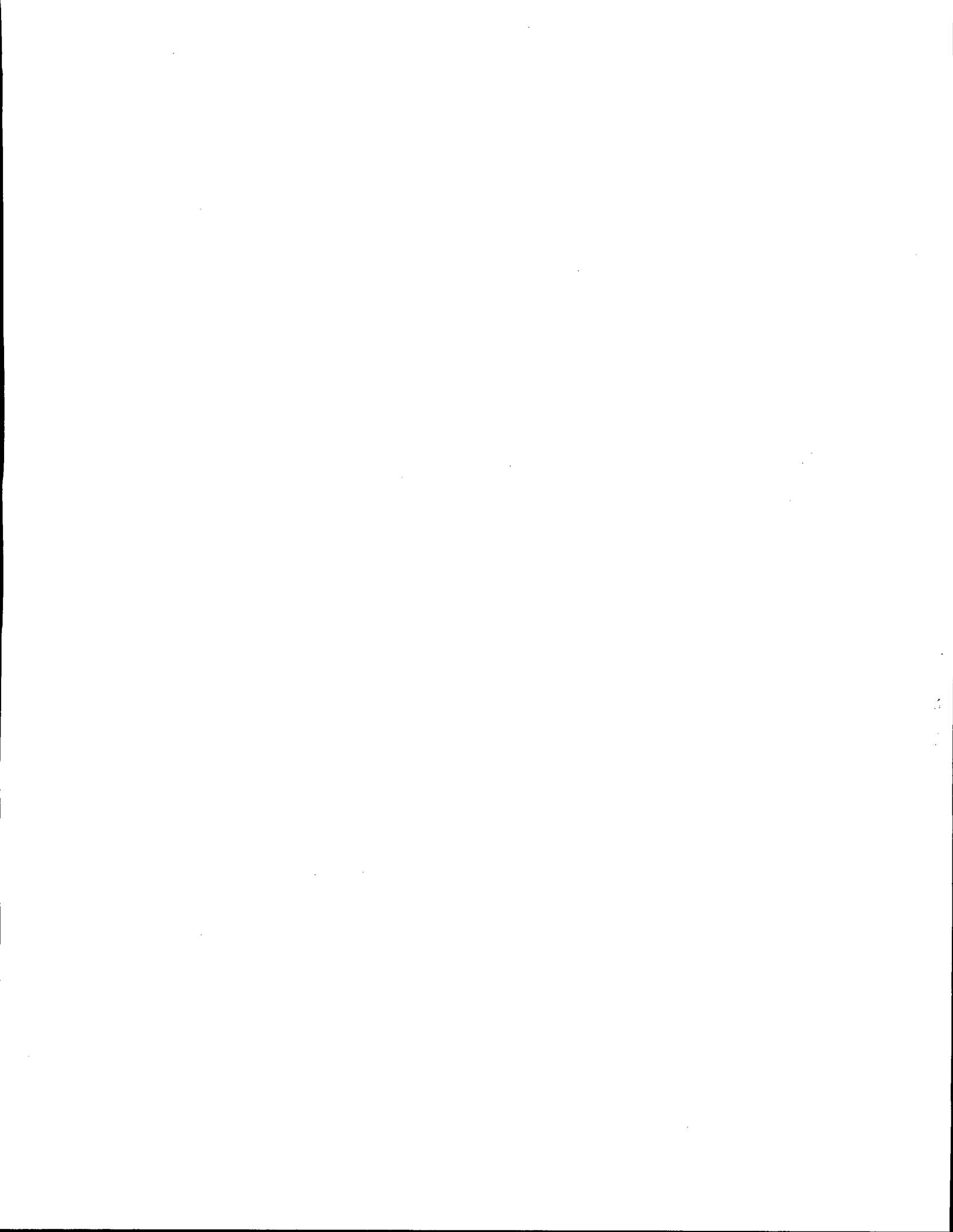
COLUMN (2) IS FROM PAGE 12, COLUMN 2, LINES 1.1, 1.2, 1.3 AND 6. EARNINGS FOR THE U.S. GOVERNMENT BONDS IS CALCULATED IN TABLE 2.

COLUMN (3) EQUALS COLUMN (2) MULTIPLIED BY THE INVESTMENT EXPENSE FACTOR FROM TABLE 3.

COLUMN (4) IS THE FEDERAL TAX RATE.

COLUMN (5) EQUALS COLUMN (3) MULTIPLIED BY [1.000 MINUS COLUMN (4)].

COLUMN (6) EQUALS COLUMN (5) DIVIDED BY COLUMN (1).



I. EXPENSE CONSTANT: \$180.00

II. PERCENTAGE PREMIUM REDUCTION TABLE:

DEDUCTIBLE AMOUNT	TOTAL DEDUCTIBLE PREMIUM PERCENTAGE						
	HAZARD GROUPS						
	A	B	C	D	E	F	G
1,000	9.6	7.7	6.6	5.5	4.6	3.2	2.4
1,500	11.8	9.5	8.1	6.8	5.8	4.0	3.0
2,000	13.4	10.9	9.3	7.9	6.7	4.8	3.6
2,500	14.9	12.1	10.4	9.0	7.6	5.5	4.2
3,000	16.2	13.2	11.4	9.8	8.4	6.1	4.6
3,500	17.3	14.2	12.3	10.6	9.0	6.7	5.0
4,000	18.4	15.0	13.2	11.4	9.7	7.2	5.5
4,500	19.4	15.9	13.9	12.1	10.4	7.7	5.9
5,000	20.3	16.7	14.7	12.8	11.0	8.2	6.2

III. LOSS COST MULTIPLIER: 1.35

IV. MINIMUM PREMIUM:

MINIMUM MINIMUM PREMIUM: \$850.00
 MAXIMUM MINIMUM PREMIUM: \$950.00

THE MINIMUM PREMIUM FORMULA WILL REMAIN THE SAME AND WILL BE CALCULATED AS FOLLOWS:

RATE X MINIMUM PREMIUM MULTIPLIER + EXPENSE CONSTANT, SUBJECT TO THE MAXIMUM AND MINIMUM MINIMUM PREMIUM AND USING A MINIMUM PREMIUM MULTIPLIER OF \$195.

195 IS BASED ON THE MINIMUM PREMIUM MULTIPLIER FOR THE ASSIGNED RISK PROGRAM AS OF 07/01/08.

THE MINIMUM PREMIUM FORMULA FOR PER CAPITA CLASSES WILL BE CALCULATED AS FOLLOWS:
 RATE + EXPENSE CONSTANT.

V. TERRORISM:

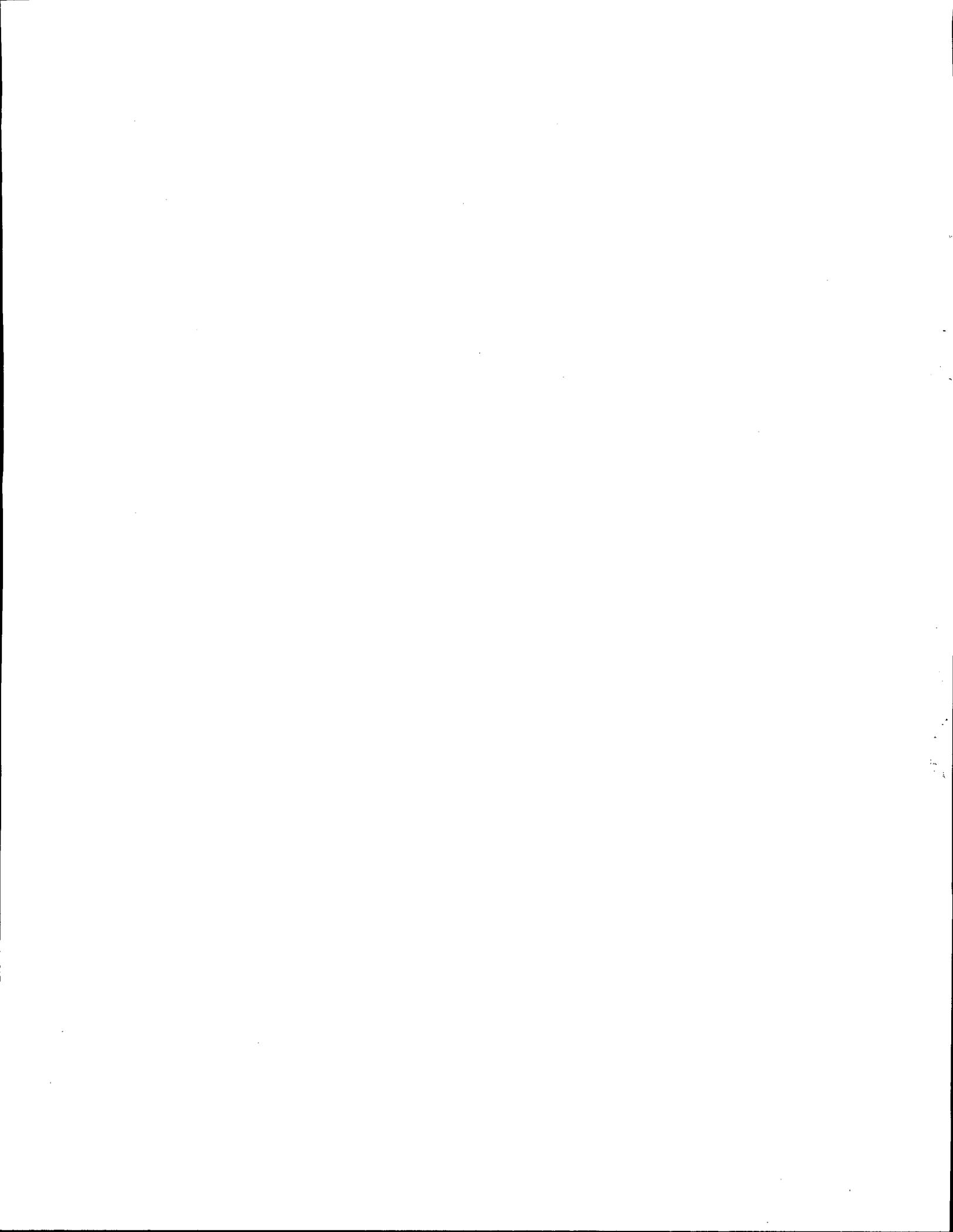
DOMESTIC TERRORISM, EARTHQUAKES AND CATASTROPHIC INDUSTRIAL ACCIDENTS 0.01
 FOREIGN TERRORISM 0.03

VI. SCHEDULE RATING:

SEE APPENDIX C FOR DETAIL ON SCHEDULE RATING PLAN.

VII. CONSENT TO RATE:

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Effective July 1, 2008

FOOTNOTE

D Advisory loss cost for classification already includes the specific disease loading shown in the table below. See **Basic Manual** Rule 3-A-7.

E Advisory loss cost for classification already includes the specific disease loading shown in the table below.

Disease			Disease			Disease		
Code No.	Loading	Symbol	Code No.	Loading	Symbol	Code No.	Loading	Symbol
0059D	0.18	S	1710E	0.03	S	3175D	0.02	S
0065D	0.03	S	1741E	0.15	S	4024E	0.01	S
0066D	0.03	S	1803D	0.15	S	5508D	0.02	S
0067D	0.03	S	1852D	0.03	Asb	6251D	0.04	S
1164E	0.05	S	3081D	0.03	S	6252D	0.02	S
1165E	0.02	S	3082D	0.03	S	6260D	0.02	S
1624E	0.03	S	3085D	0.03	S			

S=Silica, Asb=Asbestos

F Advisory loss cost provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Loss cost contains a provision for federal assessment.

M Advisory loss cost provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for the USL& HW assessment is included for those classifications under Program II USL Act.

N This code is part of a ratable / non-ratable group shown below. The statistical non-ratable code and corresponding advisory loss cost are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

P Classification is computed on a per capita basis.

X Refer to special classification phraseology in these pages which is applicable in this state.

*** Class Codes with Specific Footnotes**

- 1005 Advisory loss cost includes a non-ratable disease element of \$3.26. (For coverage written separately for federal benefits only, \$2.15. For coverage written separately for state benefits only, \$1.11.)
- 1016 Advisory loss cost includes a non-ratable disease element of \$13.02. (For coverage written separately for federal benefits only, \$8.58. For coverage written separately for state benefits only, \$4.44.) It also includes a catastrophe loading of \$0.08.
- 6702 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection code loss cost and elr each x 1.215.
- 6703 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class loss cost x 2.175 and elr x 2.032.
- 6704 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class loss cost and elr each x 1.35.
- 7409 The ELR on the rate page is based on payroll subject to a maximum of \$750 per week per employee. Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005. An ELR of 7.71 should be applied to policies with effective dates on or after January 1, 2005 (\$600 payroll limitation). An ELR of 15.43 should be applied to policies with effective dates prior to January 1, 2005 (\$300 payroll limitation).
- 7420 Payroll is subject to a maximum of \$750 per week per employee effective July 1, 2008. The ELR on the rate page should be applied to policies with effective dates on or after July 1, 2008 (\$750 payroll limitation). An ELR of 7.71 should be applied to policies with effective dates prior to July 1, 2008 and on or after July 1, 2006 (\$600 payroll limitation). An ELR of 5.65 should be applied to policies with effective dates prior to July 1, 2006 (uncapped payroll).
- 8018 See Arkansas Special Classification for Warehousing-groceries exclusively.
- 8833 The ex-medical loss cost for this classification is \$0.30. A charge of \$0.10 is to be added to this loss cost whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- 9040 The ex-medical loss cost for this classification is \$1.11. A charge of \$0.10 is to be added to this loss cost whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

Effective July 1, 2008

ADVISORY MISCELLANEOUS VALUES

Advisory Loss Elimination Ratios - The following percentages are applicable by deductible amount and hazard group on a per claim basis*:

Total Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	13.0%	10.4%	8.9%	7.4%	6.2%	4.3%	3.2%
\$1,500	15.9%	12.8%	10.9%	9.2%	7.8%	5.4%	4.1%
\$2,000	18.1%	14.7%	12.6%	10.7%	9.1%	6.5%	4.9%
\$2,500	20.1%	16.3%	14.1%	12.1%	10.2%	7.4%	5.6%
\$3,000	21.8%	17.8%	15.4%	13.2%	11.3%	8.2%	6.2%
\$3,500	23.4%	19.1%	16.6%	14.3%	12.2%	9.0%	6.8%
\$4,000	24.8%	20.3%	17.8%	15.4%	13.1%	9.7%	7.4%
\$4,500	26.2%	21.5%	18.8%	16.3%	14.0%	10.4%	7.9%
\$5,000	27.4%	22.6%	19.8%	17.3%	14.8%	11.1%	8.4%

Medical Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	12.6%	10.1%	8.6%	7.1%	6.0%	4.1%	3.0%
\$1,500	15.2%	12.2%	10.4%	8.8%	7.4%	5.1%	3.8%
\$2,000	17.1%	13.8%	11.9%	10.0%	8.5%	5.9%	4.5%
\$2,500	18.7%	15.2%	13.1%	11.1%	9.4%	6.7%	5.0%
\$3,000	20.1%	16.4%	14.2%	12.1%	10.2%	7.3%	5.5%
\$3,500	21.3%	17.5%	15.1%	12.9%	11.0%	7.9%	6.0%
\$4,000	22.5%	18.4%	16.0%	13.7%	11.7%	8.5%	6.4%
\$4,500	23.5%	19.3%	16.8%	14.5%	12.3%	9.0%	6.8%
\$5,000	24.4%	20.1%	17.5%	15.1%	12.9%	9.5%	7.2%

Indemnity Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	2.7%	2.1%	1.9%	1.8%	1.6%	1.3%	1.0%
\$1,500	3.7%	2.9%	2.7%	2.5%	2.2%	1.9%	1.4%
\$2,000	4.6%	3.7%	3.4%	3.2%	2.8%	2.3%	1.8%
\$2,500	5.4%	4.4%	4.0%	3.8%	3.3%	2.8%	2.1%
\$3,000	6.2%	5.0%	4.6%	4.3%	3.8%	3.2%	2.4%
\$3,500	6.9%	5.6%	5.2%	4.8%	4.3%	3.6%	2.7%
\$4,000	7.5%	6.2%	5.7%	5.3%	4.7%	4.0%	3.0%
\$4,500	8.1%	6.7%	6.2%	5.7%	5.1%	4.3%	3.3%
\$5,000	8.7%	7.2%	6.6%	6.2%	5.5%	4.6%	3.6%

Total Losses				
Deductible Amount	HAZARD GROUP			
	1	2	3	4
\$1,000	10.9%	8.4%	5.2%	3.2%
\$1,500	13.4%	10.4%	6.6%	4.1%
\$2,000	15.3%	12.0%	7.7%	4.9%
\$2,500	17.0%	13.4%	8.7%	5.6%
\$3,000	18.6%	14.7%	9.7%	6.2%
\$3,500	20.0%	15.9%	10.5%	6.8%
\$4,000	21.2%	17.0%	11.4%	7.4%
\$4,500	22.4%	18.0%	12.1%	7.9%
\$5,000	23.6%	19.0%	12.9%	8.4%

*The values shown for Hazard Groups 1 through 4 are for the reference of those carriers that have filed for the use of these hazard groups in accordance with Item B-1403.

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Effective July 1, 2008

ADVISORY MISCELLANEOUS VALUES (cont.)

Advisory Loss Elimination Ratios (continued) - The following percentages are applicable by deductible amount and hazard group on a per claim basis*:

Medical Losses					Indemnity Losses				
Deductible Amount	HAZARD GROUP				Deductible Amount	HAZARD GROUP			
	1	2	3	4		1	2	3	4
\$1,000	10.6%	8.1%	5.0%	3.0%	\$1,000	2.2%	1.9%	1.4%	1.0%
\$1,500	12.8%	9.9%	6.2%	3.8%	\$1,500	3.1%	2.6%	2.0%	1.4%
\$2,000	14.5%	11.3%	7.1%	4.5%	\$2,000	3.9%	3.3%	2.6%	1.8%
\$2,500	15.9%	12.5%	8.0%	5.0%	\$2,500	4.6%	3.9%	3.0%	2.1%
\$3,000	17.1%	13.5%	8.7%	5.5%	\$3,000	5.3%	4.5%	3.5%	2.4%
\$3,500	18.2%	14.4%	9.4%	6.0%	\$3,500	5.9%	5.1%	3.9%	2.7%
\$4,000	19.2%	15.3%	10.0%	6.4%	\$4,000	6.4%	5.6%	4.3%	3.0%
\$4,500	20.1%	16.0%	10.6%	6.8%	\$4,500	7.0%	6.0%	4.7%	3.3%
\$5,000	21.0%	16.8%	11.1%	7.2%	\$5,000	7.5%	6.5%	5.0%	3.6%

*The values shown for Hazard Groups 1 through 4 are for the reference of those carriers that have filed for the use of these hazard groups in accordance with Item B-1403.

Basis of premium applicable in accordance with the *Basic Manual* footnote instructions for Code: 7370 -- "Taxicab Co.":

Employee operated vehicle.....	\$48,893.00
Leased or rented vehicle.....	\$32,595.00

7420--"Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew"
Maximum payroll per week per employee..... \$750.00

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents (Advisory Loss Cost)..... \$0.01

Foreign Terrorism (Advisory Loss Cost)..... \$0.02

Maximum Payroll applicable in accordance with *Basic Manual* Rule 2-E-1 -- "Executive Officers" and the *Basic Manual* footnote instructions for Code 9178 -- "Athletic Sports or Park: Noncontact Sports," Code 9179 -- "Athletic Sports or Park: Contact Sports," and Code 9186 -- "Carnival--Traveling"..... \$2,500.00

Minimum Payroll applicable in accordance with *Basic Manual* Rule 2-E-1 -- "Executive Officers"..... \$300.00

Per Passenger Seat Surcharge - In accordance with the *Basic Manual* footnote instructions for Code 7421, the surcharge is:
Maximum surcharge per aircraft..... \$1,000
Per passenger seat..... \$100

Premium Determination for Partners and Sole Proprietors and Members of Limited Liability Companies in accordance with *Basic Manual* Rule 2-E-3..... \$31,900.00

United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with *Basic Manual* Rule 3-A-4..... 86%

(Multiply a Non-F classification loss cost by a factor of 1.86 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and the adjustment for differences in loss-based expenses (1.116).)

Experience Rating Eligibility

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the *Experience Rating Plan Manual* should be referenced for the latest approved eligibility amounts by state.

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MISCELLANEOUS RULES

ARKANSAS ALCOHOL AND DRUG FREE WORKPLACE PREMIUM CREDIT *Effective 01 Jul 2001*

1. Upon approval, as of January 1, 2000, each insurer transacting or offering to transact Workers Compensation insurance in Arkansas shall file to adopt an Alcohol and Drug Free Workplace Premium Credit Program as developed by the Insurance Department's designated statistical agent and approved by the Insurance Commissioner.
2. Such program will provide a premium credit of at least 5% (unless the Insurance Commissioner determines that 5% is actuarially unsound) for employers who voluntarily establish and maintain alcohol and drug free workplaces as certified by the Health and Safety Division of the Arkansas Workers' Compensation Commission.
3. The insured's policy is subject to additional premium, for reimbursement of premium credits, if it is determined the employer failed to maintain their alcohol and drug free workplace program for the full policy term.
4. The form for certification will be developed by and filed with the Health and Safety Division of the Arkansas Workers' Compensation Commission.
5. The premium credit shall be applied to a risk in a multiplicative manner, after increased limits factors, if applicable, but before application of the experience modification and deductible credits, and before application of any other premium adjustments and expense constant.
6. Expected losses used in the calculation of the insured's experience modification factor will be decreased by the policy credit percentage.
7. Standard earned premium figures reported to the National Council on Compensation Insurance, Inc. on the aggregate calls for experience (e.g., policy year, calendar/accident year, etc.) must be net of the effects of the credit (i.e., be after). The net standard premium will then be the basis of any adjustment (i.e., guaranteed cost or retro).
8. The alcohol and drug free workplace premium credit does not apply to minimum premium policies.
9. The credit shall not be applied midterm nor shall a policy be cancelled and rewritten to take advantage of this credit. It shall be applicable to the first renewal of a qualifying policy after approval of the credit filed by the insurer writing the policy.
10. Beginning January 1, 2002, the Health and Safety Division of the Arkansas Workers' Compensation Commission may conduct a study to determine the impact of the Alcohol and Drug Free Workplace Program on reducing workers compensation losses and on the impact of the Alcohol and Drug Free Workplace Premium Credit in encouraging employers to implement and maintain the program.
11. The alcohol and drug free workplace premium credits must be reported under Statistical Code 9841 on unit statistical reports submitted to the National Council on Compensation Insurance, Inc.

LEMIC INSURANCE COMPANY
WORKERS' COMPENSATION

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY
SCHEDULE RATING EXCEPTION PAGE
ARKANSAS

I. Schedule Credit and Debit

The premium for a risk may be modified in accordance with the following schedule of credits and debits, subject to a maximum schedule credit of 25% or a maximum scheduled debit of 25%, to reflect such characteristics of the risk that are not reflected in its experience or manual rate.

Eligibility: Risk producing premium of \$6,000 after application of schedule rating.

DESCRIPTION	RANGE OF MODIFICATIONS		
	Credit		Debit
A. Premises, Conditions, Care	10%	to	10%
B. Classification Peculiarities	10%	to	10%
C. Medical Facilities	5%	to	5%
D. Employees - Selection, Training, Supervision	10%	to	10%
E. Management			
1. Cooperation with the company	5%	to	5%
2. Safety and loss control practices	5%	to	5%
F. Special Safety Device	5%	to	5%

APPLICATION OF SCHEDULE RATING

- The amount of scheduled credit or debit shall be applied to an experience rated risk in a multiplicative manner, after application of the experience modification, and before the application of premium discounts and expense constant.
- All scheduled credits and all scheduled debits shall be based on evidence that is contained in the file of the company at the time the scheduled credit or debit is applied.

EFFECTIVE DATE: 09/01/08

CLASS CODE	RATES	MINIMUM PREMIUMS	CLASS CODE	RATES	MINIMUM PREMIUMS	CLASS CODE	RATES	MINIMUM PREMIUMS
5	5.24	950.00	2014	5.18	950.00	2714	3.40	850.00
8	2.13	850.00	2016	1.62	850.00	2719	X 9.03	950.00
16	4.59	950.00	2021	2.71	850.00	2731	3.02	850.00
34	3.52	866.00	2039	3.63	888.00	2735	2.12	850.00
35	2.11	850.00	2041	3.48	859.00	2759	6.90	950.00
36	3.35	850.00	2065	1.31	850.00	2790	1.27	850.00
37	3.78	917.00	2070	4.46	950.00	2802	4.29	950.00
42	5.21	950.00	2081	3.15	850.00	2812	3.01	850.00
50	4.24	950.00	2089	2.07	850.00	2835	1.31	850.00
59	D 0.24	850.00	2095	2.23	850.00	2836	1.84	850.00
65	D 0.04	850.00	2105	1.98	850.00	2841	3.04	850.00
66	D 0.04	850.00	2110	1.74	850.00	2881	2.05	850.00
67	D 0.04	850.00	2111	2.05	850.00	2883	3.33	850.00
79	3.46	855.00	2112	2.21	850.00	2913	3.33	850.00
83	7.97	950.00	2114	2.19	850.00	2915	3.47	857.00
106	9.32	950.00	2121	1.82	850.00	2916	1.90	850.00
113	4.67	950.00	2130	2.28	850.00	2923	1.96	850.00
170	2.01	850.00	2131	1.54	850.00	2942	1.92	850.00
251	4.12	950.00	2143	1.78	850.00	2960	2.63	850.00
400	6.59	950.00	2157	3.31	850.00	3004	2.24	850.00
401	8.99	950.00	2172	1.28	850.00	3018	2.09	850.00
771	N 0.24	850.00	2174	2.39	850.00	3022	2.59	850.00
908	P 116.10	850.00	2211	4.47	950.00	3027	2.19	850.00
913	P 286.20	850.00	2220	1.59	850.00	3028	1.89	850.00
917	3.20	850.00	2286	1.16	850.00	3030	3.28	850.00
1005	* 9.00	950.00	2288	3.29	850.00	3040	3.04	850.00
1016	X* 33.60	950.00	2300	1.74	850.00	3041	2.71	850.00
1164	E 5.82	950.00	2302	1.39	850.00	3042	2.59	850.00
1165	E 3.83	927.00	2305	1.74	850.00	3064	3.75	911.00
1320	2.39	850.00	2361	0.99	850.00	3069	6.44	950.00
1322	12.83	950.00	2362	1.43	850.00	3076	2.42	850.00
1430	3.54	870.00	2380	3.69	900.00	3081	D 2.35	850.00
1438	1.98	850.00	2386	0.92	850.00	3082	D 3.17	850.00
1452	1.38	850.00	2388	1.57	850.00	3085	D 2.65	850.00
1463	9.50	950.00	2402	1.76	850.00	3110	2.32	850.00
1472	3.31	850.00	2413	1.38	850.00	3111	2.43	850.00
1624	E 6.20	950.00	2416	1.36	850.00	3113	1.92	850.00
1642	3.33	850.00	2417	1.28	850.00	3114	2.13	850.00
1654	5.12	950.00	2501	1.11	850.00	3118	0.99	850.00
1655	4.04	950.00	2503	1.09	850.00	3119	0.89	850.00
1699	1.63	850.00	2534	1.76	850.00	3122	1.23	850.00
1701	2.52	850.00	2570	4.04	950.00	3126	1.40	850.00
1710	E 5.00	950.00	2585	2.52	850.00	3131	0.85	850.00
1741	E 1.51	850.00	2586	1.08	850.00	3132	2.01	850.00
1745	X 2.44	850.00	2587	2.36	850.00	3145	1.94	850.00
1747	2.13	850.00	2589	1.17	850.00	3146	2.24	850.00
1748	6.09	950.00	2600	5.21	950.00	3169	2.00	850.00
1803	D 4.37	950.00	2623	2.30	850.00	3175	D 2.32	850.00
1852	D 2.03	850.00	2651	2.15	850.00	3179	1.96	850.00
1853	1.89	850.00	2660	1.19	850.00	3180	1.46	850.00
1860	1.59	850.00	2670	1.88	850.00	3188	1.24	850.00
1924	3.46	855.00	2683	1.61	850.00	3220	1.54	850.00
1925	2.39	850.00	2688	2.48	850.00	3223	2.44	850.00
2001	1.94	850.00	2701	6.03	950.00	3224	2.00	850.00
2002	2.44	850.00	2702	X 24.61	950.00	3227	1.49	850.00
2003	2.75	850.00	2710	7.17	950.00	3240	2.47	850.00

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EFFECTIVE DATE: 09/01/08

CLASS CODE	RATES	MINIMUM PREMIUMS	CLASS CODE	RATES	MINIMUM PREMIUMS	CLASS CODE	RATES	MINIMUM PREMIUMS
3241	2.30	850.00	4053	2.81	850.00	4686	1.04	850.00
3255	1.90	850.00	4061	3.46	855.00	4692	0.39	850.00
3257	2.78	850.00	4062	1.88	850.00	4693	0.76	850.00
3270	2.63	850.00	4101	1.63	850.00	4703	1.97	850.00
3300	3.65	892.00	4111	2.50	850.00	4717	1.46	850.00
3303	3.12	850.00	4112	0.77	850.00	4720	4.27	950.00
3307	2.74	850.00	4113	1.08	850.00	4740	1.26	850.00
3315	2.15	850.00	4114	1.81	850.00	4741	1.43	850.00
3334	1.74	850.00	4130	3.71	903.00	4751	1.22	850.00
3336	1.80	850.00	4131	1.98	850.00	4771	N 1.39	850.00
3365	8.34	950.00	4133	1.96	850.00	4777	1.42	850.00
3372	2.32	850.00	4150	1.36	850.00	4825	0.73	850.00
3373	2.36	850.00	4206	3.00	850.00	4828	1.36	850.00
3383	0.88	850.00	4207	0.82	850.00	4829	0.99	850.00
3385	0.72	850.00	4239	1.04	850.00	4902	1.09	850.00
3400	2.21	850.00	4240	2.01	850.00	4923	0.90	850.00
3507	2.52	850.00	4243	1.36	850.00	5020	6.01	950.00
3515	1.78	850.00	4244	2.42	850.00	5022	4.32	950.00
3548	1.11	850.00	4250	1.22	850.00	5037	16.94	950.00
3559	2.12	850.00	4251	1.44	850.00	5040	22.72	950.00
3574	0.92	850.00	4263	1.80	850.00	5057	16.25	950.00
3581	1.17	850.00	4273	1.57	850.00	5059	19.31	950.00
3612	1.80	850.00	4279	1.47	850.00	5069	24.38	950.00
3620	4.74	950.00	4282	1.73	850.00	5102	3.58	878.00
3629	1.59	850.00	4283	1.61	850.00	5146	4.37	950.00
3632	3.27	850.00	4299	1.43	850.00	5160	3.09	850.00
3634	1.39	850.00	4304	2.25	850.00	5183	3.06	850.00
3635	1.69	850.00	4307	1.80	850.00	5188	3.92	944.00
3638	1.20	850.00	4351	0.93	850.00	5190	2.81	850.00
3642	0.69	850.00	4352	0.82	850.00	5191	X 1.62	850.00
3643	2.42	850.00	4360	0.74	850.00	5192	3.50	863.00
3647	2.74	850.00	4361	1.08	850.00	5213	6.17	950.00
3648	1.76	850.00	4362	0.95	850.00	5215	3.69	900.00
3681	1.27	850.00	4410	2.62	850.00	5221	4.54	950.00
3685	1.46	850.00	4420	3.16	850.00	5222	10.48	950.00
3719	2.13	850.00	4431	1.22	850.00	5223	4.62	950.00
3724	5.55	950.00	4432	1.31	850.00	5348	3.58	878.00
3726	2.47	850.00	4439	1.38	850.00	5402	3.97	950.00
3803	1.55	850.00	4452	2.66	850.00	5403	8.21	950.00
3807	1.71	850.00	4459	1.53	850.00	5437	3.89	939.00
3808	2.24	850.00	4470	1.94	850.00	5443	3.52	866.00
3821	3.38	850.00	4484	1.70	850.00	5445	4.41	950.00
3822	2.96	850.00	4493	2.07	850.00	5462	4.66	950.00
3824	3.96	950.00	4511	0.61	850.00	5472	4.24	950.00
3826	0.72	850.00	4557	1.39	850.00	5473	5.81	950.00
3827	1.28	850.00	4558	1.35	850.00	5474	6.37	950.00
3830	0.92	850.00	4561	1.62	850.00	5478	3.87	935.00
3851	2.16	850.00	4568	2.12	850.00	5479	6.86	950.00
3865	1.04	850.00	4581	1.42	850.00	5480	6.94	950.00
3881	2.88	850.00	4583	4.33	950.00	5491	1.80	850.00
4000	5.90	950.00	4611	0.78	850.00	5506	3.24	850.00
4021	4.83	950.00	4635	4.04	950.00	5507	4.87	950.00
4024	E 1.81	850.00	4653	1.05	850.00	5508	D 8.22	950.00
4034	5.67	950.00	4665	5.47	950.00	5535	6.44	950.00
4036	2.05	850.00	4670	3.13	850.00	5537	4.25	950.00
4038	1.77	850.00	4683	4.00	950.00	5551	12.37	950.00

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EFFECTIVE DATE: 09/01/08

CLASS CODE	RATES	MINIMUM PREMIUMS	CLASS CODE	RATES	MINIMUM PREMIUMS	CLASS CODE	RATES	MINIMUM PREMIUMS
5606	1.47	850.00	7133	3.04	850.00	7610	0.47	850.00
5610	4.82	950.00	7151	M 3.69	900.00	7611	4.66	950.00
5645	9.84	950.00	7152	M 6.60	950.00	7612	10.38	950.00
5651	7.30	950.00	7153	M 4.10	950.00	7613	4.14	950.00
5703	79.60	950.00	7222	8.51	950.00	7705	2.28	850.00
5705	4.66	950.00	7228	X 6.03	950.00	7710	5.12	950.00
5951	0.35	850.00	7229	X 6.33	950.00	7711	5.12	950.00
6003	8.72	950.00	7230	3.56	874.00	7720	2.28	850.00
6005	6.63	950.00	7231	4.73	950.00	7855	5.51	950.00
6017	3.40	850.00	7232	11.15	950.00	8001	1.97	850.00
6018	1.85	850.00	7309	F 19.90	950.00	8002	2.88	850.00
6045	2.15	850.00	7313	F 5.64	950.00	8006	1.71	850.00
6204	8.68	950.00	7317	F 8.92	950.00	8008	1.08	850.00
6206	5.51	950.00	7327	F 26.34	950.00	8010	1.67	850.00
6213	7.25	950.00	7333	M 4.78	950.00	8013	0.43	850.00
6214	2.44	850.00	7335	M 5.31	950.00	8015	0.57	850.00
6216	5.64	950.00	7337	M 8.55	950.00	8017	1.04	850.00
6217	4.41	950.00	7350	F 17.17	950.00	8018	X* 2.23	850.00
6229	4.37	950.00	7360	6.16	950.00	8021	1.65	850.00
6233	4.77	950.00	7370	4.35	950.00	8031	3.43	850.00
6235	12.68	950.00	7380	X 3.00	850.00	8032	1.40	850.00
6236	10.44	950.00	7382	2.47	850.00	8033	1.67	850.00
6237	2.67	850.00	7390	3.20	850.00	8039	1.22	850.00
6251	D 6.95	950.00	7394	M 9.69	950.00	8044	2.44	850.00
6252	D 5.20	950.00	7395	M 10.77	950.00	8045	0.36	850.00
6260	D 4.59	950.00	7398	M 17.36	950.00	8046	2.36	850.00
6306	4.94	950.00	7403	2.57	850.00	8047	0.95	850.00
6319	4.82	950.00	7405	N 1.01	850.00	8058	2.43	850.00
6325	4.02	950.00	7420	X* 22.22	950.00	8072	0.72	850.00
6400	6.03	950.00	7421	2.35	850.00	8102	2.24	850.00
6504	2.08	850.00	7422	1.98	850.00	8103	3.31	850.00
6702	M* 6.70	950.00	7425	3.67	896.00	8105	4.28	950.00
6703	M* 11.97	950.00	7431	N 1.50	850.00	8106	3.39	850.00
6704	M* 7.44	950.00	7445	N 0.54	850.00	8107	2.89	850.00
6801	F 10.21	950.00	7453	N 0.81	850.00	8111	3.33	850.00
6811	4.48	950.00	7502	2.20	850.00	8116	3.71	903.00
6824	F 29.39	950.00	7515	0.95	850.00	8203	4.87	950.00
6826	F 11.27	950.00	7520	2.00	850.00	8204	4.23	950.00
6834	3.17	850.00	7538	8.95	950.00	8209	2.65	850.00
6836	5.17	950.00	7539	3.83	927.00	8215	5.08	950.00
6843	F 13.12	950.00	7540	2.51	850.00	8227	2.77	850.00
6845	F 19.91	950.00	7580	1.66	850.00	8232	5.58	950.00
6854	4.48	950.00	7590	4.59	950.00	8233	4.54	950.00
6872	F 17.10	950.00	7600	2.31	850.00	8235	3.66	894.00
6874	F 34.99	950.00	7601	10.41	950.00	8263	8.26	950.00
6882	4.48	950.00	7605	2.90	850.00	8264	2.98	850.00
6884	10.13	950.00	7610	0.47	850.00	8265	8.22	950.00
7016	M 3.98	950.00	7611	4.66	950.00	8279	7.90	950.00
7024	M 4.43	950.00	7612	10.38	950.00	8288	5.32	950.00
7038	M 5.02	950.00	7613	4.14	950.00	8291	1.85	850.00
7046	M 22.09	950.00	7705	2.28	850.00	8292	2.63	850.00
7047	M 7.13	950.00	7710	5.12	950.00	8293	6.06	950.00
7050	M 8.98	950.00	7711	5.12	950.00	8295	X 6.63	950.00
7090	M 5.58	950.00	7720	X 2.28	850.00	8304	6.10	950.00
7098	M 24.54	950.00	7855	5.51	950.00	8350	5.02	950.00
7099	M 39.54	950.00	8001	1.97	850.00	8380	3.15	850.00

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EFFECTIVE DATE: 09/01/08

<u>CLASS CODE</u>	<u>RATES</u>	<u>MINIMUM PREMIUMS</u>	<u>CLASS CODE</u>	<u>RATES</u>	<u>MINIMUM PREMIUMS</u>
8381	1.32	850.00	9082	1.42	850.00
8385	2.13	850.00	9083	1.43	850.00
8392	2.66	850.00	9084	1.66	850.00
8393	1.51	850.00	9089	1.01	850.00
8500	5.62	950.00	9093	1.24	850.00
8601	0.73	850.00	9101	2.67	850.00
8606	2.47	850.00	9102	2.58	850.00
8709	F 7.07	950.00	9154	1.71	850.00
8719	1.66	850.00	9156	1.16	850.00
8720	1.20	850.00	9170	2.46	850.00
8721	0.35	850.00	9178	23.19	950.00
8726	F 8.11	950.00	9179	31.82	950.00
8734	M 0.57	850.00	9180	3.28	850.00
8737	M 0.51	850.00	9182	2.39	850.00
8738	M 0.90	850.00	9186	47.13	950.00
8742	X 0.42	850.00	9220	3.01	850.00
8745	4.05	950.00	9402	3.81	923.00
8748	0.36	850.00	9403	5.06	950.00
8755	0.23	850.00	9410	1.55	850.00
8799	0.85	850.00	9501	3.89	939.00
8800	0.85	850.00	9505	3.38	850.00
8803	0.07	850.00	9516	2.88	850.00
8805	M 0.30	850.00	9519	1.62	850.00
8810	0.22	850.00	9521	4.68	950.00
8814	M 0.26	850.00	9522	1.39	850.00
8815	M 0.47	850.00	9534	6.18	950.00
8820	0.19	850.00	9554	6.56	950.00
8824	2.19	850.00	9586	0.58	850.00
8825	1.86	850.00	9600	1.44	850.00
8826	1.97	850.00	9620	1.17	850.00
8829	2.38	850.00	9182	2.39	850.00
8831	2.32	850.00	9186	47.13	950.00
8832	0.24	850.00	9220	3.01	850.00
8833	X* 0.80	850.00	9402	3.81	923.00
8835	1.74	850.00	9403	5.06	950.00
8842	1.30	850.00	9410	1.55	850.00
8864	1.30	850.00	9501	3.89	939.00
8868	0.34	850.00	9505	3.38	850.00
8869	0.65	850.00	9516	2.88	850.00
8871	0.20	850.00	9519	1.62	850.00
8901	0.23	850.00	9521	4.68	950.00
9012	1.71	850.00	9522	1.39	850.00
9014	2.46	850.00	9530	1.39	850.00
9015	X 2.13	850.00	9554	6.56	950.00
9016	5.51	950.00	9586	0.58	850.00
9019	2.62	850.00	9600	1.44	850.00
9033	1.74	850.00	9620	1.17	850.00
9040	* 3.12	850.00			
9052	1.38	850.00			
9058	1.58	850.00			
9059	2.44	850.00			
9060	1.61	850.00			
9061	1.23	850.00			
9063	0.88	850.00			
9077	F 3.75	911.00			
9082	1.42	850.00			