

SERFF Tracking Number: CAPT-125644520 State: Arkansas
Filing Company: Capital City Insurance Company, Inc. State Tracking Number: #? \$50
Company Tracking Number: WC-08-3(AR)
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Comp
Project Name/Number: Workers Comp/WC-08-3(AR)

Filing at a Glance

Company: Capital City Insurance Company, Inc.

Product Name: Workers Comp SERFF Tr Num: CAPT-125644520 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #? \$50
Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: WC-08-3(AR) State Status: Fees verified
Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Carol Stiffler
Author: Tammy Raines Disposition Date: 06/04/2008
Date Submitted: 06/03/2008 Disposition Status: Approved
Effective Date Requested (New): 08/01/2008 Effective Date (New): 08/01/2008
Effective Date Requested (Renewal): 08/01/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Workers Comp Status of Filing in Domicile: Authorized
Project Number: WC-08-3(AR) Domicile Status Comments:
Reference Organization: NCCI, Inc. Reference Number: Item AR-2008-02
Reference Title: Arkansas - Approved Voluntary Advisory Loss Costs & Advisory Org. Circular: AR-2008-02 & AR-2008-06
Rating Values Effective July 1, 2008
Filing Status Changed: 06/04/2008
State Status Changed: 06/04/2008 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

Capital City Insurance Company is filing to adopt the 7/1/2008 NCCI Voluntary Loss Costs and Rating Values as contained in Circular AR-2008-02 (Item Number AR-2008-02). We will continue to use our previously approved Loss Cost Multipliers of 1.070 for all classifications except 2702 and 2719, 1.184 for classification 2702 and 1.642 for classification 2719 which were approved for our use effective 2/1/2004.

We are requesting that our filing be approved for use on all new and renewal policies effective on or after August 1, 2008.

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 Product Name: Workers Comp
 Project Name/Number: Workers Comp/WC-08-3(AR)

Company and Contact

Filing Contact Information

Tammy Raines, Filing Analyst traines@capcityins.com
 P.O. Box 212157 (803) 731-7728 [Phone]
 Columbia, SC 29221-2157 (803) 731-2167[FAX]

Filing Company Information

Capital City Insurance Company, Inc. CoCode: 30589 State of Domicile: South Carolina
 P.O. Box 212157 Group Code: Company Type: Property & Casualty
 Columbia, SC 29221-2157 Group Name: State ID Number:
 (803) 731-7728 ext. 244[Phone] FEIN Number: 57-0810811

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Adopt NCCI's loss costs with no changes to the loss cost multiplier.
 Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0000000327	\$50.00	05/20/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	06/04/2008	06/04/2008

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Disposition

Disposition Date: 06/04/2008
 Effective Date (New): 08/01/2008
 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:
Capital City Insurance Company, Inc.	-8.700%	\$-319,851	169	\$3,676,450	%	%	-8.700%

<i>SERFF Tracking Number:</i>	<i>CAPT-125644520</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Capital City Insurance Company, Inc.</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>WC-08-3(AR)</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Workers Comp</i>		
<i>Project Name/Number:</i>	<i>Workers Comp/WC-08-3(AR)</i>		

Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	Decrease
Overall Percentage of Last Rate Revision:	-5.000%
Effective Date of Last Rate Revision:	07/01/2007
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):
Capital City Insurance Company, Inc.	-8.700%	-8.700%	-\$319,851	169	\$3,676,450	%	%

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Workers Compensation and Employers Liability Rate Pages	Pages 1 - 10	Replacement	AR WC Rate Pages.pdf
Approved	Workers Compensation and Employers Liability State Exception Pages	WC-AR-E-1, WC-AR-E-7, WC-AR-E-8	Replacement	AR WC-08-3 State Exception Pages.pdf

CAPITAL CITY INSURANCE COMPANY, INC.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

ARKANSAS

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CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM
0005	4 15	750	1699	1 29	424	2286	0 92	374	2835	1 04	390
0008	1 69	478	1701	2 00	520	2288	2 61	602	2836	1 46	447
0016	3 64	741	1710 E	3 96	750	2300	1 38	436	2841	2 41	575
0034	2 79	627	1741 E	1 20	412	2302	1 10	399	2881	1 63	470
0035	1 67	475	1745 X	1 94	512	2305	1 38	436	2883	2 64	606
0036	2 65	608	1747	1 69	478	2361	0 78	355	2913	2 64	606
0037	3 00	655	1748	4 83	750	2362	1 13	403	2915	2 75	621
0042	4 13	750	1803 D	3 47	718	2380	2 92	644	2916	1 51	454
0050	3 36	704	1852 D	1 61	467	2386	0 73	349	2923	1 55	459
0059 D	0 19	276	1853	1 50	453	2388	1 24	417	2942	1 52	455
0065 D	0 03	254	1860	1 26	420	2402	1 39	438	2960	2 09	532
0066 D	0 03	254	1924	2 74	620	2413	1 09	397	3004	1 78	490
0067 D	0 03	254	1925	1 89	505	2416	1 08	396	3018	1 66	474
0079	2 74	620	2001	1 54	458	2417	1 02	388	3022	2 05	527
0083	6 31	750	2002	1 94	512	2501	0 88	369	3027	1 73	484
0106	7 38	750	2003	2 18	544	2503	0 87	367	3028	1 50	453
0113	3 70	750	2014	4 11	750	2534	1 39	438	3030	2 60	601
0170	1 59	465	2016	1 28	423	2570	3 20	682	3040	2 41	575
0251	3 26	690	2021	2 15	540	2585	2 00	520	3041	2 15	540
0400	5 22	750	2039	2 88	639	2586	0 86	366	3042	2 05	527
0401	7 13	750	2041	2 76	623	2587	1 87	502	3064	2 97	651
0771 N	0 19	276	2065	1 04	390	2589	0 93	376	3069	5 10	750
0908 P	92 02	342	2070	3 53	727	2600	4 13	750	3076	1 92	509
0913 P	226.84	477	2081	2 49	586	2623	1 82	496	3081 D	1 86	501
0917	2 54	593	2089	1 64	471	2651	1 70	480	3082 D	2 51	589
1005 *	7 14	750	2095	1 77	489	2660	0 94	377	3085 D	2 10	534
1016 X*	26 63	750	2105	1 57	462	2670	1 49	451	3110	1 84	498
1164 E	4 61	750	2110	1 38	436	2683	1 27	421	3111	1 93	511
1165 E	3 04	660	2111	1 63	470	2688	1 97	516	3113	1 52	455
1320	1 89	505	2112	1 75	486	2701	4 78	750	3114	1 69	478
1322	10 17	750	2114	1 73	484	2702 X	21 58	750	3118	0 78	355
1430	2 80	628	2121	1 44	444	2710	5 68	750	3119	0 71	346
1438	1 57	462	2130	1 81	494	2714	2 70	615	3122	0 97	381
1452	1 09	397	2131	1 22	415	2719 X	10 98	750	3126	1 11	400
1463	7 53	750	2143	1 41	440	2731	2 40	574	3131	0 67	340
1472	2 62	604	2157	2 62	604	2735	1 68	477	3132	1 59	465
1624 E	4 91	750	2172	1 02	388	2759	5 47	750	3145	1 54	458
1642	2 64	606	2174	1 89	505	2790	1 01	386	3146	1 78	490
1654	4 06	750	2211	3 54	728	2802	3 40	709	3169	1 58	463
1655	3 20	682	2220	1 26	420	2812	2 39	573	3175 D	1 84	498

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CAPITAL CITY INSURANCE COMPANY, INC.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

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CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM	CLASS CODE	RATE INCL DIS	MIN PREM
3179	1.55	459	3648	1.39	438	4243	1.08	396	4686	0.82	361
3180	1.16	407	3681	1.01	386	4244	1.92	509	4692	0.31	292
3188	0.98	382	3685	1.16	407	4250	0.96	380	4693	0.60	331
3220	1.22	415	3719	1.69	478	4251	1.14	404	4703	1.56	461
3223	1.94	512	3724	4.40	750	4263	1.42	442	4717	1.16	407
3224	1.58	463	3726	1.96	515	4273	1.24	417	4720	3.38	706
3227	1.18	409	3803	1.23	416	4279	1.17	408	4740	1.00	385
3240	1.96	515	3807	1.36	434	4282	1.37	435	4741	1.13	403
3241	1.82	496	3808	1.78	490	4283	1.27	421	4751	0.96	380
3255	1.51	454	3821	2.68	612	4299	1.13	403	4771 N	1.10	399
3257	2.20	547	3822	2.34	566	4304	1.79	492	4777	1.12	401
3270	2.09	532	3824	3.14	674	4307	1.42	442	4825	0.58	328
3300	2.89	640	3826	0.57	327	4351	0.74	350	4828	1.08	396
3303	2.47	583	3827	1.02	388	4352	0.65	338	4829	0.78	355
3307	2.17	543	3830	0.73	349	4360	0.59	330	4902	0.87	367
3315	1.70	480	3851	1.71	481	4361	0.86	366	4923	0.72	347
3334	1.38	436	3865	0.82	361	4362	0.75	351	5020	4.76	750
3336	1.42	442	3881	2.28	558	4410	2.08	531	5022	3.42	712
3365	6.61	750	4000	4.68	750	4420	2.50	588	5037	13.43	750
3372	1.84	498	4021	3.83	750	4431	0.96	380	5040	18.01	750
3373	1.87	502	4024 E	1.43	443	4432	1.04	390	5057	12.88	750
3383	0.70	345	4034	4.49	750	4439	1.09	397	5059	15.30	750
3385	0.57	327	4036	1.63	470	4452	2.11	535	5069	19.32	750
3400	1.75	486	4038	1.40	439	4459	1.21	413	5102	2.84	633
3507	2.00	520	4053	2.23	551	4470	1.54	458	5146	3.47	718
3515	1.41	440	4061	2.74	620	4484	1.35	432	5160	2.45	581
3548	0.88	369	4062	1.49	451	4493	1.64	471	5183	2.43	578
3559	1.68	477	4101	1.29	424	4511	0.48	315	5188	3.10	669
3574	0.73	349	4111	1.98	517	4557	1.10	399	5190	2.23	551
3581	0.93	376	4112	0.61	332	4558	1.07	394	5191 X	1.28	423
3612	1.42	442	4113	0.86	366	4561	1.28	423	5192	2.77	624
3620	3.76	750	4114	1.43	443	4568	1.68	477	5213	4.89	750
3629	1.26	420	4130	2.94	647	4581	1.12	401	5215	2.92	644
3632	2.59	600	4131	1.57	462	4583	3.43	713	5221	3.60	736
3634	1.10	399	4133	1.55	459	4611	0.62	334	5222	8.30	750
3635	1.34	431	4150	1.08	396	4635	3.20	682	5223	3.66	744
3638	0.95	378	4206	2.38	571	4653	0.83	362	5348	2.84	633
3642	0.55	324	4207	0.65	338	4665	4.33	750	5402	3.15	675
3643	1.92	509	4239	0.82	361	4670	2.48	585	5403	6.51	750
3647	2.17	543	4240	1.59	465	4683	3.17	678	5437	3.08	666

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CAPITAL CITY INSURANCE COMPANY, INC.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

ARKANSAS

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5443	2.79	627	6252 D	4.12	750	7231	3.75	750	7612	8.23	750
5445	3.50	723	6260 D	3.64	741	7232	8.84	750	7613	3.28	693
5462	3.69	748	6306	3.92	750	7309 F	15.77	750	7705	1.81	494
5472	3.36	704	6319	3.82	750	7313 F	4.47	750	7710	4.06	750
5473	4.60	750	6325	3.19	681	7317 F	7.07	750	7711	4.06	750
5474	5.05	750	6400	4.78	750	7327 F	20.88	750	7720 X	1.81	494
5478	3.07	664	6504	1.65	473	7333 M	3.79	750	7855	4.37	750
5479	5.44	750	6702 M*	5.31	750	7335 M	4.21	750	8001	1.56	461
5480	5.50	750	6703 M*	9.49	750	7337 M	6.77	750	8002	2.28	558
5491	1.42	442	6704 M*	5.90	750	7350 F	13.61	750	8006	1.36	434
5506	2.57	597	6801 F	8.09	750	7360	4.88	750	8008	0.86	366
5507	3.86	750	6811	3.55	729	7370	3.45	716	8010	1.33	430
5508 D	6.52	750	6824 F	23.29	750	7380 X	2.38	571	8013	0.34	296
5535	5.10	750	6826 F	8.93	750	7382	1.96	515	8015	0.45	311
5537	3.37	705	6834	2.51	589	7390	2.54	593	8017	0.82	361
5551	9.80	750	6836	4.10	750	7394 M	7.68	750	8018 X*	1.77	489
5606	1.17	408	6843 F	10.40	750	7395 M	8.54	750	8021	1.31	427
5610	3.82	750	6845 F	15.78	750	7398 M	13.76	750	8031	2.72	617
5645	7.80	750	6854	3.55	729	7403	2.03	524	8032	1.11	400
5651	5.79	750	6872 F	13.56	750	7405 N	0.80	358	8033	1.33	430
5703	63.09	750	6874 F	27.73	750	7420 X*	17.61	750	8039	0.96	380
5705	3.69	748	6882	3.55	729	7421	1.86	501	8044	1.94	512
5951	0.28	288	6884	8.03	750	7422	1.57	462	8045	0.29	289
6003	6.91	750	7016 M	3.16	677	7425	2.91	643	8046	1.87	502
6005	5.25	750	7024 M	3.51	724	7431 N	1.19	411	8047	0.75	351
6017	2.70	615	7038 M	3.98	750	7445 N	0.43	308	8058	1.93	511
6018	1.47	448	7046 M	17.51	750	7453 N	0.64	336	8072	0.57	327
6045	1.70	480	7047 M	5.65	750	7502	1.74	485	8102	1.78	490
6204	6.88	750	7050 M	7.12	750	7515	0.75	351	8103	2.62	604
6206	4.37	750	7090 M	4.42	750	7520	1.58	463	8105	3.39	708
6213	5.75	750	7098 M	19.45	750	7538	7.09	750	8106	2.69	613
6214	1.94	512	7099 M	31.34	750	7539	3.04	660	8107	2.29	559
6216	4.47	750	7133	2.41	575	7540	1.99	519	8111	2.64	606
6217	3.50	723	7151 M	2.92	644	7580	1.32	428	8116	2.94	647
6229	3.47	718	7152 M	5.23	750	7590	3.64	741	8203	3.86	750
6233	3.78	750	7153 M	3.25	689	7600	1.83	497	8204	3.35	702
6235	10.05	750	7222	6.74	750	7601	8.25	750	8209	2.10	534
6236	8.27	750	7228 X	4.78	750	7605	2.30	561	8215	4.02	750
6237	2.12	536	7229 X	5.02	750	7610	0.37	300	8227	2.19	546
6251 D	5.51	750	7230	2.82	631	7611	3.69	748	8232	4.42	750

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8233	3.60	736	8820	0.15	270	9179	25.22	750			
8235	2.90	642	8824	1.73	484	9180	2.60	601			
8263	6.55	750	8825	1.48	450	9182	1.89	505			
8264	2.36	569	8826	1.56	461	9186	37.35	750			
8265	6.52	750	8829	1.88	504	9220	2.39	573			
8279	6.26	750	8831	1.84	498	9402	3.02	658			
8288	4.22	750	8832	0.19	276	9403	4.01	750			
8291	1.47	448	8833 X*	0.63	335	9410	1.23	416			
8292	2.09	532	8835	1.38	436	9501	3.08	666			
8293	4.80	750	8842	1.03	389	9505	2.68	612			
8295 X	5.25	750	8864	1.03	389	9516	2.28	558			
8304	4.84	750	8868	0.27	286	9519	1.28	423			
8350	3.98	750	8869	0.51	319	9521	3.71	750			
8380	2.49	586	8871	0.16	272	9522	1.10	399			
8381	1.05	392	8901	0.18	274	9534	4.90	750			
8385	1.69	478	9012	1.36	434	9554	5.20	750			
8392	2.11	535	9014	1.95	513	9586	0.46	312			
8393	1.20	412	9015 X	1.69	478	9600	1.14	404			
8500	4.45	750	9016	4.37	750	9620	0.93	376			
8601	0.58	328	9019	2.08	531						
8606	1.96	515	9033	1.38	436						
8709 F	5.61	750	9040 *	2.47	583						
8719	1.32	428	9052	1.09	397						
8720	0.95	378	9058	1.25	419						
8721	0.28	288	9059	1.94	512						
8726 F	6.43	750	9060	1.27	421						
8734 M	0.45	311	9061	0.97	381						
8737 M	0.41	305	9063	0.70	345						
8738 M	0.72	347	9077 F	2.97	651						
8742 X	0.33	295	9082	1.12	401						
8745	3.21	683	9083	1.13	403						
8748	0.29	289	9084	1.32	428						
8755	0.18	274	9089	0.80	358						
8799	0.67	340	9093	0.98	382						
8800	0.67	340	9101	2.12	536						
8803	0.05	257	9102	2.04	525						
8805 M	0.24	282	9154	1.36	434						
8810	0.17	273	9156	0.92	374						
8814 M	0.20	277	9170	1.95	513						
8815 M	0.37	300	9178	18.38	750						

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FOOTNOTES

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

E Rate for classification already includes the specific disease loading shown in the table below

Asb = Asbestos

S = Silica

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

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

M Rate provides 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 rate are applied in addition to the basic classification when determining premium.

<u>Class Code</u>	<u>Non-Ratable Element Code</u>
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 - Rate includes a non-ratable disease element of **\$3.49**. (For coverage written separately for federal benefits only, **\$2.30**. For coverage written separately for state benefits only, **\$1.19**).
- 1016 - Rate includes a non-ratable disease element of **\$13.93**. (For coverage written separately for federal benefits only, **\$9.18**. For coverage written separately for state benefits only, **\$4.75**) It also includes a catastrophe loading of **\$0.09**.
- 2702 - For policies written on a production basis, upset factors of **\$10.00 Per Cord, 2.675 Per Ton and \$30.00 Per 1000 Board Feet** must be used.
- 2719 - For policies written on a production basis, upset factors of **\$10.00 Per Cord, 2.675 Per Ton and \$30.00 Per 1000 Board Feet** must be used.
- 6702 - The rate 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 rate and elr each x 1.215.
- 6703 - The rate 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 rate x 2.175 and elr x 2.032.
- 6704 - The rate 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 rate 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 rate for this classification is **\$0.32**. A charge of **\$0.11** is to be added to this class rate 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 tuberculosis ward or department.
- 9040 - The ex-medical rate for this classification is **\$1.19**. A charge of **\$0.11** is to be added to this class rate 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 tuberculosis ward or department.

MISCELLANEOUS VALUES

DEDUCTIBLE INSURANCE - The following per claim deductibles and percentages are to be offered to all employers in this state.

A. DEDUCTIBLE APPLIES TO TOTAL LOSSES :

<u>DEDUCTIBLE AMOUNT</u>	<u>HAZARD GROUPS AND PREMIUM REDUCTION PERCENTAGES</u>						
	A	B	C	D	E	F	G
\$ 1,000.	7.5%	6.0%	5.2%	4.3%	3.6%	2.5%	1.9%
\$ 1,500.	9.2%	7.4%	6.3%	5.3%	4.5%	3.1%	2.4%
\$ 2,000.	10.5%	8.5%	7.3%	6.2%	5.3%	3.8%	2.8%
\$ 2,500.	11.7%	9.5%	8.2%	7.0%	5.9%	4.3%	3.2%
\$ 3,000.	12.6%	10.3%	8.9%	7.7%	6.6%	4.8%	3.6%
\$ 3,500.	13.6%	11.1%	9.6%	8.3%	7.1%	5.2%	3.9%
\$ 4,000.	14.4%	11.8%	10.3%	8.9%	7.6%	5.6%	4.3%
\$ 4,500.	15.2%	12.5%	10.9%	9.5%	8.1%	6.0%	4.6%
\$ 5,000.	15.9%	13.1%	11.5%	10.0%	8.6%	6.4%	4.9%

B. DEDUCTIBLE APPLIES TO MEDICAL LOSSES :

<u>DEDUCTIBLE AMOUNT</u>	<u>HAZARD GROUPS AND PREMIUM REDUCTION PERCENTAGES</u>						
	A	B	C	D	E	F	G
\$ 1,000.	7.3%	5.9%	5.0%	4.1%	3.5%	2.4%	1.7%
\$ 1,500.	8.8%	7.1%	6.0%	5.1%	4.3%	3.0%	2.2%
\$ 2,000.	9.9%	8.0%	6.9%	5.8%	4.9%	3.4%	2.6%
\$ 2,500.	10.8%	8.8%	7.6%	6.4%	5.5%	3.9%	2.9%
\$ 3,000.	11.7%	9.5%	8.2%	7.0%	5.9%	4.2%	3.2%
\$ 3,500.	12.3%	10.1%	8.8%	7.5%	6.4%	4.6%	3.5%
\$ 4,000.	13.0%	10.7%	9.3%	7.9%	6.8%	4.9%	3.7%
\$ 4,500.	13.6%	11.2%	9.7%	8.4%	7.1%	5.2%	3.9%
\$ 5,000.	14.1%	11.7%	10.1%	8.8%	7.5%	5.5%	4.2%

C. DEDUCTIBLE APPLIES TO INDEMNITY LOSSES :

<u>DEDUCTIBLE AMOUNT</u>	<u>HAZARD GROUPS AND PREMIUM REDUCTION PERCENTAGES</u>						
	A	B	C	D	E	F	G
\$ 1,000.	1.6%	1.2%	1.1%	1.0%	0.9%	0.8%	0.6%
\$ 1,500.	2.1%	1.7%	1.6%	1.4%	1.3%	1.1%	0.8%
\$ 2,000.	2.7%	2.1%	2.0%	1.9%	1.6%	1.3%	1.0%
\$ 2,500.	3.1%	2.6%	2.3%	2.2%	1.9%	1.6%	1.2%
\$ 3,000.	3.6%	2.9%	2.7%	2.5%	2.2%	1.9%	1.4%
\$ 3,500.	4.0%	3.2%	3.0%	2.8%	2.5%	2.1%	1.6%
\$ 4,000.	4.3%	3.6%	3.3%	3.1%	2.7%	2.3%	1.7%
\$ 4,500.	4.7%	3.9%	3.6%	3.3%	3.0%	2.5%	1.9%
\$ 5,000.	5.0%	4.2%	3.8%	3.6%	3.2%	2.7%	2.1%

MISCELLANEOUS VALUES

BASIS OF PREMIUM applicable in accordance with the footnote instructions for Code 7370 – “Taxicab Co”:

Employee Operated Vehicles	\$48,893.
Leased or Rented Vehicles	\$32,595.

7420 – “Aviation – Aerial Application, Seeding, Herding, or Scintillometer Surveying – Flying Crew” maximum payroll per week per employee	\$750.00
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DOMESTIC TERRORISM, EARTHQUAKES AND CATASTROPHIC INDUSTRIAL ACCIDENTS (Rate) 0.01

FOREIGN TERRORISM (Rate) 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: Non-Contact Sports”, Code 9179 – “Athletic Sports or Park: Contact Sports” and Code 9186 – “Carnival –Traveling” \$ 2,500.

MINIMUM PAYROLL applicable in accordance with Basic Manual Rule 2-E-1 – “Executive Officers” \$ 300.

PER PASSENGER SEAT SURCHARGE - In accordance with the Basic Manual footnote instructions for Code 7421, the surcharge is \$100. Per Passenger Seat
..... \$1,000. Maximum Surcharge Per Aircraft

PREMIUM DETERMINATION FOR PARTNERS AND SOLE PROPRIETORS, AND MEMBERS OF LIMITED LIABILITY COMPANIES in accordance with Basic Manual Rule 2-E-3 \$31,900.

UNITED STATES LONGSHORE AND HARBOR WORKERS COMPENSATION COVERAGE PERCENTAGE applicable only in connection with Rule 3-A-4 86%

[Multiply a Non-F classification rate 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)].

EXPENSE CONSTANT - Applicable in accordance with Basic Manual Rule 3-A-11: \$ 250.

PREMIUM DISCOUNT PERCENTAGE - (See Basic Manual Rule 3-A-19). The following premium discount percentages are applicable to the Standard Premiums:

First	\$ 5,000.	0.0%
Next	\$ 95,000.	10.9%
Next	\$400,000.	12.6%
Over	\$500,000.	14.4%

The **AVERAGE PREMIUM DISCOUNT INTERVAL TABLE** shown on **PAGE 9** may also be used in computing any applicable premium discounts based on the above premium discount values.

CAPITAL CITY INSURANCE COMPANY, INC.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

ARKANSAS

EFFECTIVE JULY 01, 1999

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AVERAGE PREMIUM DISCOUNT INTERVAL TABLE

<u>Standard Premium</u>	<u>Discount</u>	<u>Standard Premium</u>	<u>Discount</u>	<u>Standard Premium</u>	<u>Discount</u>
\$ 0 - \$ 5,023.	0 0%	\$ 9,160 - \$ 9,316.	5.0%	\$ 57,369 - \$ 64,117.	10.0%
\$ 5,024 - \$ 5,069.	0 1%	\$ 9,317 - \$ 9,478.	5.1%	\$ 64,118 - \$ 72,666.	10.1%
\$ 5,070 - \$ 5,117.	0 2%	\$ 9,479 - \$ 9,646.	5.2%	\$ 72,667 - \$ 83,846.	10.2%
\$ 5,118 - \$ 5,165.	0 3%	\$ 9,647 - \$ 9,819.	5.3%	\$ 83,847 - \$ 99,090.	10.3%
\$ 5,166 - \$ 5,215.	0 4%	\$ 9,820 - \$ 9,999.	5.4%	\$ 99,091 - \$ 104,418.	10.4%
\$ 5,216 - \$ 5,265.	0 5%	\$ 10,000 - \$ 10,186.	5.5%	\$ 104,419 - \$ 109,512.	10.5%
\$ 5,266 - \$ 5,317.	0 6%	\$ 10,187 - \$ 10,380.	5.6%	\$ 109,513 - \$ 115,128.	10.6%
\$ 5,318 - \$ 5,369.	0 7%	\$ 10,381 - \$ 10,582.	5.7%	\$ 115,129 - \$ 121,351.	10.7%
\$ 5,370 - \$ 5,422.	0 8%	\$ 10,583 - \$ 10,792.	5.8%	\$ 121,352 - \$ 128,285.	10.8%
\$ 5,423 - \$ 5,477.	0 9%	\$ 10,793 - \$ 11,010.	5.9%	\$ 128,286 - \$ 136,060.	10.9%
\$ 5,478 - \$ 5,532.	1 0%	\$ 11,011 - \$ 11,237.	6.0%	\$ 136,061 - \$ 144,838.	11.0%
\$ 5,533 - \$ 5,589.	1 1%	\$ 11,238 - \$ 11,473.	6.1%	\$ 144,839 - \$ 154,827.	11.1%
\$ 5,590 - \$ 5,647.	1 2%	\$ 11,474 - \$ 11,720.	6.2%	\$ 154,828 - \$ 166,296.	11.2%
\$ 5,648 - \$ 5,706.	1 3%	\$ 11,721 - \$ 11,978.	6.3%	\$ 166,297 - \$ 179,599.	11.3%
\$ 5,707 - \$ 5,767.	1 4%	\$ 11,979 - \$ 12,247.	6.4%	\$ 179,600 - \$ 195,217.	11.4%
\$ 5,768 - \$ 5,828.	1 5%	\$ 12,248 - \$ 12,528.	6.5%	\$ 195,218 - \$ 213,809.	11.5%
\$ 5,829 - \$ 5,891.	1 6%	\$ 12,529 - \$ 12,823.	6.6%	\$ 213,810 - \$ 236,315.	11.6%
\$ 5,892 - \$ 5,956.	1 7%	\$ 12,824 - \$ 13,132.	6.7%	\$ 236,316 - \$ 264,117.	11.7%
\$ 5,957 - \$ 6,022.	1 8%	\$ 13,133 - \$ 13,456.	6.8%	\$ 264,118 - \$ 299,333.	11.8%
\$ 6,023 - \$ 6,089.	1 9%	\$ 13,457 - \$ 13,797.	6.9%	\$ 299,334 - \$ 345,384.	11.9%
\$ 6,090 - \$ 6,158.	2 0%	\$ 13,798 - \$ 14,155.	7.0%	\$ 345,385 - \$ 408,181.	12.0%
\$ 6,159 - \$ 6,228.	2 1%	\$ 14,156 - \$ 14,533.	7.1%	\$ 408,182 - \$ 498,888.	12.1%
\$ 6,229 - \$ 6,300.	2 2%	\$ 14,534 - \$ 14,931.	7.2%	\$ 498,889 - \$ 523,023.	12.2%
\$ 6,301 - \$ 6,374.	2 3%	\$ 14,932 - \$ 15,352.	7.3%	\$ 523,024 - \$ 548,536.	12.3%
\$ 6,375 - \$ 6,449.	2 4%	\$ 15,353 - \$ 15,797.	7.4%	\$ 548,537 - \$ 576,666.	12.4%
\$ 6,450 - \$ 6,526.	2 5%	\$ 15,798 - \$ 16,268.	7.5%	\$ 576,667 - \$ 607,837.	12.5%
\$ 6,527 - \$ 6,606.	2 6%	\$ 16,269 - \$ 16,769.	7.6%	\$ 607,838 - \$ 642,571.	12.6%
\$ 6,607 - \$ 6,687.	2 7%	\$ 16,770 - \$ 17,301.	7.7%	\$ 642,572 - \$ 681,515.	12.7%
\$ 6,688 - \$ 6,770.	2 8%	\$ 17,302 - \$ 17,868.	7.8%	\$ 681,516 - \$ 725,483.	12.8%
\$ 6,771 - \$ 6,855.	2 9%	\$ 17,869 - \$ 18,474.	7.9%	\$ 725,484 - \$ 775,517.	12.9%
\$ 6,856 - \$ 6,942.	3 0%	\$ 18,475 - \$ 19,122.	8.0%	\$ 775,518 - \$ 832,962.	13.0%
\$ 6,943 - \$ 7,032.	3 1%	\$ 19,123 - \$ 19,818.	8.1%	\$ 832,963 - \$ 899,599.	13.1%
\$ 7,033 - \$ 7,124.	3 2%	\$ 19,819 - \$ 20,566.	8.2%	\$ 899,600 - \$ 977,826.	13.2%
\$ 7,125 - \$ 7,218.	3 3%	\$ 20,567 - \$ 21,372.	8.3%	\$ 977,827 - \$ 1,070,952.	13.3%
\$ 7,219 - \$ 7,315.	3 4%	\$ 21,373 - \$ 22,244.	8.4%	\$ 1,070,953 - \$ 1,183,684.	13.4%
\$ 7,316 - \$ 7,414.	3 5%	\$ 22,245 - \$ 23,191.	8.5%	\$ 1,183,685 - \$ 1,322,941.	13.5%
\$ 7,415 - \$ 7,517.	3 6%	\$ 23,192 - \$ 24,222.	8.6%	\$ 1,322,942 - \$ 1,499,333.	13.6%
\$ 7,518 - \$ 7,622.	3 7%	\$ 24,223 - \$ 25,348.	8.7%	\$ 1,499,334 - \$ 1,729,999.	13.7%
\$ 7,623 - \$ 7,730.	3 8%	\$ 25,349 - \$ 26,585.	8.8%	\$ 1,730,000 - \$ 2,044,545.	13.8%
\$ 7,731 - \$ 7,841.	3 9%	\$ 26,586 - \$ 27,948.	8.9%	\$ 2,044,546 - \$ 2,498,888.	13.9%
\$ 7,842 - \$ 7,956.	4 0%	\$ 27,949 - \$ 29,459.	9.0%	\$ 2,498,889 - \$ 3,212,857.	14.0%
\$ 7,957 - \$ 8,074.	4 1%	\$ 29,460 - \$ 31,142.	9.1%	\$ 3,212,858 - \$ 4,497,999.	14.1%
\$ 8,075 - \$ 8,195.	4 2%	\$ 31,143 - \$ 33,030.	9.2%	\$ 4,498,000 - \$ 7,496,666.	14.2%
\$ 8,196 - \$ 8,320.	4 3%	\$ 33,031 - \$ 35,161.	9.3%	\$ 7,496,667 - \$ 22,489,999.	14.3%
\$ 8,321 - \$ 8,449.	4 4%	\$ 35,162 - \$ 37,586.	9.4%	\$ 22,490,000 and Over	14.4%
\$ 8,450 - \$ 8,582.	4 5%	\$ 37,587 - \$ 40,370.	9.5%		
\$ 8,583 - \$ 8,719.	4 6%	\$ 40,371 - \$ 43,599.	9.6%		
\$ 8,720 - \$ 8,861.	4 7%	\$ 43,600 - \$ 47,391.	9.7%		
\$ 8,862 - \$ 9,008.	4 8%	\$ 47,392 - \$ 51,904.	9.8%		
\$ 9,009 - \$ 9,159.	4 9%	\$ 51,905 - \$ 57,368.	9.9%		

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.

CAPITAL CITY INSURANCE COMPANY, INC.
(NAIC #: 00030589)
WORKERS COMPENSATION AND EMPLOYERS LIABILITY

ARKANSAS STATE EXCEPTION PAGES

LOSS COST MULTIPLIER
(LCM)

1.070 *

* This LCM applies to all classifications except 2702 and 2719. A Loss Cost Multiplier of 1.184 applies to class 2702 and a Loss Cost Multiplier of 1.642 applies to class 2719.

CAPITAL CITY INSURANCE COMPANY, INC.
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WORKERS COMPENSATION AND EMPLOYERS LIABILITY

ARKANSAS STATE EXCEPTION PAGES

4. DEDUCTIBLE COVERAGE

Per claim deductible amounts and credits shall be made available to all employers in this state. Deductible credits are to be applied to the standard premium prior to the application of any other rating factors including any applicable experience modification rating factors.

(A) Deductible Option Form To Be Completed :

Arkansas Workers Compensation Deductible Option Form, ARWCDOF, must be completed on each risk when coverage is first written and on each subsequent renewal.

(C) Deductible Amounts And Credits Available :

The following per claim deductible amounts and credits are available based on the method in which the deductible is applied and the Hazard Group for the classification developing the largest standard premium in this state

1. Deductible Applies To Total Losses

DEDUCTIBLE AMOUNT	HAZARD GROUPS AND PREMIUM REDUCTION PERCENTAGES						
	A	B	C	D	E	F	G
\$ 1,000.	7.5%	6.0%	5.2%	4.3%	3.6%	2.5%	1.9%
\$ 1,500.	9.2%	7.4%	6.3%	5.3%	4.5%	3.1%	2.4%
\$ 2,000.	10.5%	8.5%	7.3%	6.2%	5.3%	3.8%	2.8%
\$ 2,500.	11.7%	9.5%	8.2%	7.0%	5.9%	4.3%	3.2%
\$ 3,000.	12.6%	10.3%	8.9%	7.7%	6.6%	4.8%	3.6%
\$ 3,500.	13.6%	11.1%	9.6%	8.3%	7.1%	5.2%	3.9%
\$ 4,000.	14.4%	11.8%	10.3%	8.9%	7.6%	5.6%	4.3%
\$ 4,500.	15.2%	12.5%	10.9%	9.5%	8.1%	6.0%	4.6%
\$ 5,000.	15.9%	13.1%	11.5%	10.0%	8.6%	6.4%	4.9%

2. Deductible Applies To Medical Losses

DEDUCTIBLE AMOUNT	HAZARD GROUPS AND PREMIUM REDUCTION PERCENTAGES						
	A	B	C	D	E	F	G
\$ 1,000.	7.3%	5.9%	5.0%	4.1%	3.5%	2.4%	1.7%
\$ 1,500.	8.8%	7.1%	6.0%	5.1%	4.3%	3.0%	2.2%
\$ 2,000.	9.9%	8.0%	6.9%	5.8%	4.9%	3.4%	2.6%
\$ 2,500.	10.8%	8.8%	7.6%	6.4%	5.5%	3.9%	2.9%
\$ 3,000.	11.7%	9.5%	8.2%	7.0%	5.9%	4.2%	3.2%
\$ 3,500.	12.3%	10.1%	8.8%	7.5%	6.4%	4.6%	3.5%
\$ 4,000.	13.0%	10.7%	9.3%	7.9%	6.8%	4.9%	3.7%
\$ 4,500.	13.6%	11.2%	9.7%	8.4%	7.1%	5.2%	3.9%
\$ 5,000.	14.1%	11.7%	10.1%	8.8%	7.5%	5.5%	4.2%

CAPITAL CITY INSURANCE COMPANY, INC.
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 WORKERS COMPENSATION AND EMPLOYERS LIABILITY

ARKANSAS STATE EXCEPTION PAGES

3. Deductible Applies To Indemnity Losses :

DEDUCTIBLE AMOUNT	HAZARD GROUPS AND PREMIUM REDUCTION PERCENTAGES						
	A	B	C	D	E	F	G
\$ 1,000.	1.6%	1.2%	1.1%	1.0%	0.9%	0.8%	0.6%
\$ 1,500.	2.1%	1.7%	1.6%	1.4%	1.3%	1.1%	0.8%
\$ 2,000.	2.7%	2.1%	2.0%	1.9%	1.6%	1.3%	1.0%
\$ 2,500.	3.1%	2.6%	2.3%	2.2%	1.9%	1.6%	1.2%
\$ 3,000.	3.6%	2.9%	2.7%	2.5%	2.2%	1.9%	1.4%
\$ 3,500.	4.0%	3.2%	3.0%	2.8%	2.5%	2.1%	1.6%
\$ 4,000.	4.3%	3.6%	3.3%	3.1%	2.7%	2.3%	1.7%
\$ 4,500.	4.7%	3.9%	3.6%	3.3%	3.0%	2.5%	1.9%
\$ 5,000.	5.0%	4.2%	3.8%	3.6%	3.2%	2.7%	2.1%

SERFF Tracking Number: CAPT-125644520 State: Arkansas
Filing Company: Capital City Insurance Company, Inc. State Tracking Number: #? \$50
Company Tracking Number: WC-08-3(AR)
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Comp
Project Name/Number: Workers Comp/WC-08-3(AR)

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 06/04/2008

Comments:

Attachment:

AR WC-08-3 PCT.pdf

Satisfied -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 06/04/2008

Comments:

Attachment:

AR WC Loss Cost Filing Docs.pdf

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Approved 06/04/2008

Comments:

Attachment:

AR WC-08-3 Loss Cost Data Entry Doc.pdf

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only

2. Insurance Department Use only

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

3. Group Name	North Pointe Insurance Group				Group NAIC #	1141
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Capital City Insurance Company, Inc.	SC	00030589	57-0810811			

5. Company Tracking Number WC-08-3(AR)

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Tammy D. Raines P.O. Box 212157 Columbia, SC 29221-2157	Filing Analyst	803-731-7728 ext 5738	803-731-2167	traines@capcityins.com
7. Signature of authorized filer	<i>Tammy D. Raines</i>			
8. Please print name of authorized filer	Tammy D. Raines			

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)	16.000
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: 08/01/2008 Renewal: 08/01/2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI, Inc.
17. Reference Organization # & Title	Item #AR-2008-02 - AR Vol. Loss Costs & Rating Values eff. 7-1-08
18. Company's Date of Filing	6-3-08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # WC-08-3(AR)

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

Capital City Insurance Company is filing to adopt the 7/1/2008 NCCI Voluntary Loss Costs and Rating Values as contained in Circular AR-2008-02 (Item Number AR-2008-02). We will continue to use our previously approved Loss Cost Multipliers of 1.070 for all classifications except 2702 and 2719, 1.184 for classification 2702 and 1.642 for classification 2719 which were approved for our use effective 2/1/2004

We are requesting that our filing be approved for use on all new and renewal policies effective on or after August 1, 2008.

[View Complete Filing Description](#)

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 #: 0000000327

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 #	WC-08-3(AR)
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	NA
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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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)
Capital City Ins. Co.	-8.7%	-8.7%	\$-319,851	169	3,676,450		

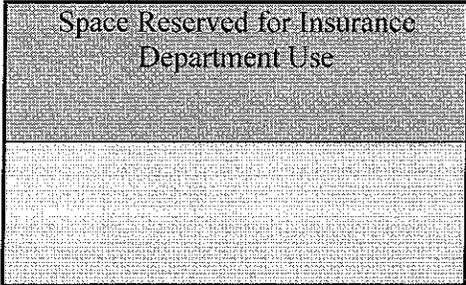
4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. 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	-5.0%
7.	Effective Date of last rate revision	7/1/2007
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Workers Compensation and Employers Liability Rate Pages Page 1 -10	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	Workers Compensation and Employers Liability State Exception Pages WC-AR-E-1, WC-AR-E-7, WC-AR-E-8	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

Date: 6-3-2008



**WORKERS' COMPENSATION
LOSS COST FILING DOCUMENT COVER FORM**

**INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION
PROSPECTIVE LOSS COSTS**

1. INSURER NAME Capital City Insurance Company, Inc.
ADDRESS P.O. Box 212157
Columbia, SC 29221-2157
2. PERSON RESPONSIBLE FOR FILING Tammy D. Raines
TITLE Filing Analyst TELEPHONE # 803-731-7728, ext. 5738
3. INSURER NAIC # 30589
4. ADVISORY ORGANIZATION NCCI, Inc.
- 5A. PROPOSED RATE LEVEL CHANGE -8.7 % EFFECTIVE DATE 08/01/2008
5B. PROPOSED PREMIUM LEVEL CHANGE* -8.7 % EFFECTIVE DATE 08/01/2008
- 6A. PRIOR RATE LEVEL CHANGE -5.0 % EFFECTIVE DATE 07/01/2007
6B. PRIOR PREMIUM LEVEL CHANGE* -5.0 % EFFECTIVE DATE 07/01/2007
7. ATTACH "NAIC LOSS COST FILING DOCUMENT—WORKERS' COMPENSATION"
(Attach this document separately for each insurer selected loss cost multiplier.)

* The premium level change is the change in the insurer's annual collectible premium.

NAIC LOSS COST FILING DOCUMENT—~~FOR WORKERS' COMPENSATION~~

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	WC-08-3(AR)
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	NA

Loss Cost Reference Filing NCCI Item Filing #AR-2008-02 () **Independent Rate Filing**
(Advisory Org. & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments

1. Check one of the following:

- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. **Note: Some states have statutes that prohibit this option for some lines of business.**
- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? No If no, complete a copy of this form for each affected class with appropriate justification. **Class 2702 Only**

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)
(X) With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) -27.9%

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 0.721

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	7.9 %
B.	General Expense	14.5 %
C.	Taxes, Licenses & Fee	5.0 %
D.	Underwriting profit & contingencies*	3.8 %
E.	Other (explain)	%
F.	Total	31.2 %
* Explain how investment income is taken into account		

5.	A.	Expected Loss Ratio: ELR = 100% - 4F =	68.8%
	B.	ELR in Decimal Form =	.688

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)	1.024
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)	0.907
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.184
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.184

- | | | | |
|-----|---|-----|-----|
| | | 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. | () | (X) |
| 11. | Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level changes. | () | (X) |

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	WC-08-3(AR)
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	NA

(X) **Loss Cost Reference Filing** NCCI Item Filing #AR-2008-02 () **Independent Rate Filing**
(Advisory Org. & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. **Note: Some states have statutes that prohibit this option for some lines of business.**
- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? No If no, complete a copy of this form for each affected class with appropriate justification.

Class 2719 Only

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
(Check One)

- (X) 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) 1.00

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	7.9 %
B.	General Expense	14.5 %
C.	Taxes, Licenses & Fee	5.0 %
D.	Underwriting profit & contingencies*	3.8 %
E.	Other (explain)	%
F.	Total	31.2 %
* Explain how investment income is taken into account		

5.	A.	Expected Loss Ratio: ELR = 100% - 4F =	68.8%
	B.	ELR in Decimal Form =	.688

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)	1.024
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)	0.907
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.642
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.642

- | | | | |
|-----|--|-----|-----|
| | | 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 | () | (X) |
| 11. | Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level changes | () | (X) |

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	WC-08-3(AR)
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	NA

Loss Cost Reference Filing NCCI Item Filing #AR-2008-02 () **Independent Rate Filing**
(Advisory Org. & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments

1. Check one of the following:

- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. **Note: Some states have statutes that prohibit this option for some lines of business.**
- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? No If no, complete a copy of this form for each affected class with appropriate justification. **All Classes Except 2702 & 2719**

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) -34.8%

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 0.652

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	7.9 %
B.	General Expense	14.5 %
C.	Taxes, Licenses & Fee	5.0 %
D.	Underwriting profit & contingencies*	3.8 %
E.	Other (explain)	%
F.	Total	31.2 %
* Explain how investment income is taken into account		

5.	A.	Expected Loss Ratio: ELR = 100% - 4F =	68.8%
	B.	ELR in Decimal Form =	.688

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)	1.024
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)	0.907
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.070
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.070

- | | | | |
|-----|---|-----|-----|
| | | 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. | () | (X) |
| 11. | Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level changes | () | (X) |

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking # **WC-08-3(AR)**

2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number **NCCI Inc. Item Filing Number AR-2008-02**

		Company Name			Company NAIC Number
3.	A.	Capital City Insurance Company, Inc.	B.		00030589

		Product Coding Matrix Line of Business (i.e., Type of Insurance)			Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A.	16.0	B.		16.0000

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(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
Workers Comp	-8.7%	-8.7%	68.8%	Class 2702 – 0.721	Class 2702 – 1.184	250	Class 2702 – 1.184
				Class 2719 – 1.000	Class 2719 – 1.642		Class 2719 – 1.642
				All Other Classes 0.652	All Other Classes 1.070		All Other Classes 1.070
TOTAL OVERALL EFFECT	-8.7%	-8.7%					

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2007	169	-5.0%	7/1/07	\$3,637	\$1,182	32.5%	35.2%
2006	128	+10.2%	7/1/06	\$3,108	\$2,272	73.1%	37.9%
2005	134	NA		\$3,479	\$824	23.7%	65.3%
2004	117	+13.4%	10/1/04	\$2,523	\$492	19.5%	54.3%
2003	122	NA		\$2,500	\$1,147	45.9%	65.9%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	7.9%
B. General Expense	14.5%
C. Taxes, License & Fees	5.0%
D. Underwriting Profit & Contingencies	3.8%
E. Other (explain)	
F. TOTAL	31.2%

8. Y Apply Lost Cost Factors to Future filings? (Y or N)

9. Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):

10. -8.7% Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable):