

SERFF Tracking Number: CMPX-125656316 State: Arkansas  
Filing Company: Companion Commercial Insurance Company State Tracking Number: #154047 \$100  
Company Tracking Number: P#08056  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: AR WC Vol & A/R Loss Cost/ Rate Revisions 7/1/08/P#08056

## Filing at a Glance

Company: Companion Commercial Insurance Company

Product Name: Workers Compensation SERFF Tr Num: CMPX-125656316 State: Arkansas  
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #154047 \$100  
Sub-TOI: 16.0004 Standard WC Co Tr Num: P#08056 State Status: Fees verified and received

Filing Type: Rate/Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding  
Author: SPI CompanionPCGroup Disposition Date: 06/23/2008  
Date Submitted: 05/19/2008 Disposition Status: Approved  
Effective Date Requested (New): 09/01/2008 Effective Date (New): 09/01/2008  
Effective Date Requested (Renewal): Effective Date (Renewal):

State Filing Description:

6/18/08 Talked to filer and she has requested a check. They had trouble with EFT since she didn't select it when the filing was submitted.

## General Information

Project Name: AR WC Vol & A/R Loss Cost/ Rate Revisions 7/1/08 Status of Filing in Domicile:  
Project Number: P#08056 Domicile Status Comments:  
Reference Organization: NCCI Reference Number: AR-2008-02 Vol  
Reference Title: Advisory Org. Circular:

Filing Status Changed: 06/23/2008  
State Status Changed: 06/23/2008  
Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Commercial Casualty Insurance Company wishes to adopt NCCI's item filing AR-2008-02. The filing is approved effective July 1, 2008, however we would like to delay implementation until September 1, 2008. Companion also wishes to increase its loss cost multiplier from 1.326 to 1.483.

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## Company and Contact

### Filing Contact Information

LaTonya Ivey, Regulatory Compliance Analyst latonya.ivey@companiongroup.com

II

P.O. Box 100165 (803) 795-7770 [Phone]

Columbia, SC 29202 (803) 865-3155[FAX]

### Filing Company Information

Companion Commercial Insurance Company CoCode: 10794 State of Domicile: South Carolina

P.O. Box 100165 Group Code: 661 Company Type:

Columbia, SC 29202 Group Name: State ID Number:

(803) 735-0672 ext. [Phone] FEIN Number: 582292212

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## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	06/23/2008	06/23/2008
Approved	Carol Stiffler	05/20/2008	05/20/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	06/17/2008	06/17/2008			
Pending Industry Response	Carol Stiffler	06/16/2008	06/16/2008			
Pending Industry Response	Carol Stiffler	06/11/2008	06/11/2008	SPI CompanionPCGro up	06/12/2008	06/12/2008
Pending Industry Response	Carol Stiffler	05/20/2008	05/20/2008			

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fee	Note To Reviewer	SPI CompanionPCGr	05/19/2008	05/19/2008

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oup

*SERFF Tracking Number:*      *CMPX-125656316*                      *State:*                      *Arkansas*  
*Filing Company:*              *Companion Commercial Insurance Company*      *State Tracking Number:*      *#154047 \$100*  
*Company Tracking Number:*      *P#08056*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
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## Disposition

Disposition Date: 06/23/2008  
 Effective Date (New): 09/01/2008  
 Effective Date (Renewal):  
 Status: Approved  
 Comment: The filing fee was approved so the filing is approved.

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:
Companion Commercial Insurance Company	0.000%	\$0	17	\$149,605	%	%	%

SERFF Tracking Number: *CMPX-125656316* State: *Arkansas*  
 Filing Company: *Companion Commercial Insurance Company* State Tracking Number: *#154047 \$100*  
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 TOI: *16.0 Workers Compensation* Sub-TOI: *16.0004 Standard WC*  
 Product Name: *Workers Compensation*  
 Project Name/Number: *AR WC Vol & A/R Loss Cost/ Rate Revisions 7/1/08/P#08056*

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Approved	Yes
<b>Supporting Document</b>	Manual Exception Pages	Approved	Yes
<b>Supporting Document</b>	Cover Letter	Approved	Yes

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## Disposition

Disposition Date: 05/20/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment: I just saw the Note to Reviewer stating that the filing fee is being sent. I will approve this filings contingent on receiving the filing fee.

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:
Companion Commercial Insurance Company	0.000%	\$0	17	\$149,605	%	%	%

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<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Approved	Yes
<b>Supporting Document</b>	Manual Exception Pages	Approved	Yes
<b>Supporting Document</b>	Cover Letter	Approved	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/17/2008

Submitted Date 06/17/2008

Respond By Date

Dear LaTonya Ivey,

On May 19, 2008, we received the captioned workers compensation filing through SERFF. We have yet to receive the appropriate filing fee of \$100.00. Since no fees have been received, this filing is not eligible for use in Arkansas and any inadvertent approval will be revoked on June 27, 2008, unless the filing fee is received by this office.

Please identify the SERFF filing number on the check to assure proper credit or email me the EFT transaction number.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/16/2008

Submitted Date 06/16/2008

Respond By Date

Dear LaTonya Ivey,

I received your response that states the original EFT didn't transmit and you were resending it on 6/12/08. We still haven't received any notification that an EFT was sent. Can you provide the transaction #?

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/11/2008

Submitted Date 06/11/2008

Respond By Date

Dear LaTonya Ivey,

Our records do not show that we ever received the EFT you stated was being sent in your 5/19/08 Note to Reviewer.

Please either send the EFT or provide the EFT Transaction number so we can trace it.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 06/12/2008

Submitted Date 06/12/2008

Dear Carol Stiffler,

### Comments:

In response to your objection letter dated May 19, 2008.

### Response 1

Comments: The initial filing fee did not transmit, I am resending the filing fee.

Please let me know if you have any questions or need additional information.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

*SERFF Tracking Number:*      *CMPX-125656316*                      *State:*                      *Arkansas*  
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*Company Tracking Number:*      *P#08056*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*              *Workers Compensation*  
*Project Name/Number:*      *AR WC Vol & A/R Loss Cost/ Rate Revisions 7/1/08/P#08056*

**No Rate/Rule Schedule items changed.**

LaTonya Ivey  
(803) 795-7770

Sincerely,  
SPI CompanionPCGroup

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 05/20/2008

Submitted Date 05/20/2008

Respond By Date

Dear LaTonya Ivey,

An adoption of a loss cost filing with a change to the previously filed loss cost multiplier has a filing fee of \$100. This filing doesn't indicate that any fee is required which is incorrect. As soon as I have your acknowledgement that the fee is being sent, I can approve this filing contingent on receiving that fee.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

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**Note To Reviewer**

**Created By:**

SPI CompanionPCGroup on 05/19/2008 04:59 PM

**Subject:**

Filing Fee

**Comments:**

The filing has been amended to add the \$100.00 filing fee via EFT.

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**Rate Information**

Rate data applies to filing.

**Filing Method:** File and Use  
**Rate Change Type:** Neutral  
**Overall Percentage of Last Rate Revision:** 2.300%  
**Effective Date of Last Rate Revision:** 01/01/2008  
**Filing Method of Last Filing:** File and Use

**Company Rate Information**

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Companion Commercial Insurance Company	%	0.000%	\$0	17	\$149,605	%	%

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 06/23/2008

**Comments:**

**Attachment:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

**Satisfied -Name:** NAIC Loss Cost Filing Document  
for Workers' Compensation **Review Status:** Approved 06/23/2008

**Comments:**

**Attachments:**

AR - NAIC LC FILING DOC RF-WC.PDF

AR - NAIC RATE RULE FILING SCHEDULE.PDF

**Bypassed -Name:** NAIC loss cost data entry document **Review Status:** Approved 06/23/2008  
**Bypass Reason:** N/A

**Comments:**

**Satisfied -Name:** Manual Exception Pages **Review Status:** Approved 06/23/2008

**Comments:**

**Attachment:**

Manual Exception Pages.PDF

**Satisfied -Name:** Cover Letter **Review Status:** Approved 06/23/2008

**Comments:**

**Attachment:**

Cover Letter.PDF

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
	661

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Companion Commercial Insurance Company	SC	10794	582292212	

<b>5. Company Tracking Number</b>	P#08056
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	LaTonya Ivey P.O. Box 100165 Columbia SC 29202	Regulatory Compliance Analyst II	800-845-2724	803 865-3155	latonya.ivey@companion group.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		LaTonya Ivey		

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	16.0 Workers Compensation
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	16.0004 Standard WC
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>	Workers Compensation
<b>13.</b>	<b>Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" 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)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: 9/1/08      Renewal: 9/1/08
<b>15.</b>	<b>Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	NCCI
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	AR-2008-02
<b>18.</b>	<b>Company's Date of Filing</b>	5/19/08
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved



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

**CALCULATION OF COMPANY LOSS COST MULTIPLIER**

<b>This filing transmittal is part of Company Tracking #</b>	WC AR0805603R01
<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	

- Loss Cost Reference Filing** NCCI 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:**

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

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

**3. Loss cost modification:**

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

- Without Modification (factor = 1.000)  
 With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) **8.3%, based on market conditions and underwriting results**

**B.** Loss Cost Modification Expressed as a Factor: (See Examples Below) **1.083**

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

**NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.**

**4. Development of Expected Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)**

**PROJECTED EXPENSES: Compared to standard premium at company rates.**

		Selected Provisions	
<b>A.</b>	<b>Total Production Expense</b>	11.13	%
<b>B.</b>	<b>General Expense</b>	4.84	%
<b>C.</b>	<b>Taxes, Licenses &amp; Fee</b>	4.84	%
<b>D.</b>	<b>Underwriting profit &amp; Contingencies*</b>	2.64	%
<b>E.</b>	<b>Other (explain)</b>		%
<b>F.</b>	<b>Total</b>	23.44	%
	<b>* Explain how investment income is taken into account</b>		

<b>5.</b>	<b>A.</b>	<b>Expected Loss Ratio: ELR = 100% - 4F =</b>	76.56
	<b>B.</b>	<b>ELR in Decimal Form =</b>	.7656

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

6.	<b>Overall Impact of Expense Constant and Minimum Premiums:</b> (a 2.3% impact would be expressed as 1.023)	1.025
7.	<b>Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating:</b> (An 8.6% average discount would be expressed as 0.914)	.947
8.	<b>Company Formula Loss Cost Multiplier</b> [3B / ((7 - 4F) X 6)]	1.483
9.	<b>Company Selected Loss Cost Multiplier =</b> (Attach explanation for any difference between 6 and 7)	1.483

- |            |                                                                                                                                                                                     | Yes                      | No                                  |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| <b>10.</b> | <b>Are you amending your minimum premium formula?</b> If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>11.</b> | <b>Are you changing your premium discount schedules?</b> If yes, attach schedules and support, detailing premium or rate level changes.                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

## PROPERTY & CASUALTY 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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	P#08056
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File and Use
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)
Companion Commercial Insurance Company	0	0	0	17	149605	0	0

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholder affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)

**5. Overall Rate Information (Complete for Multiple Company Filings only)**

		COMPANY USE	STATE USE
<b>5a.</b>	Overall percentage rate indication(when applicable)	0	
<b>5b.</b>	Overall percentage rate impact for this filing	0	
<b>5c.</b>	Effect of Rate Filing – Written premium change for this program	0	
<b>5d.</b>	Effect of Rate Filing - Number of policyholders affected	17	

<b>6.</b>	Overall percentage of last rate revision	2.3
<b>7.</b>	Effective Date of last rate revision	01/01/2008
<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File and Use

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

**COMPANION COMMERCIAL INSURANCE COMPANY**  
**WORKERS COMP**  
**ARKANSAS EXCEPTIONS**

**LOSS COSTS AND MULTIPLIER**

New Business and renewals effective 9/1/08 use our 1.483 multiplier with NCCI's 7/08 Loss Costs and with any subsequent NCCI filing upon its effective date.

Prior: New Business and renewals effective 1/1/08 use our 1.326 multiplier with NCCI's 1/08 Loss Costs and with any subsequent NCCI filing upon its effective date.

**COMPANY EXCEPTIONS TO NCCI RULES**

**EXPENSE CONSTANT:** \$160

**MINIMUM PREMIUM RULE**

The following formula is to be used to calculate the minimum premium for all classes except Per Capita:

- Step 1. Loss Cost X Loss Cost Multiplier = Rate
- Step 2. Rate X 150 + Expense Constant = Minimum Premium
- Step 3. Maximum Minimum Premium = \$750

The following formula is to be used to calculate the minimum premium for Per Capita classes:

- Step 1. Loss Cost X Loss Cost Multiplier = Rate
- Step 2. Rate + Expense Constant = Minimum Premium
- Step 3. Maximum Minimum Premium = \$750

**PREMIUM DISCOUNT PLAN**

		<u>Discount</u>
First	\$5,000	0.0%
Next	\$95,000	10.9%
Next	\$400,000	12.6%
Over	\$500,000	14.4%

**DEDUCTIBLE CREDIT**

**Calculation:**

1. Use NCCI's 7/08 Loss Elimination Ratios (LER)
2. Conversion Factor = .663
3. Deductible Credit = .663 X LER
4. Round to nearest 0.1%

All deductible premium credits are applied to the Total Modified Premium, after application of Experience Modification and Schedule Rating Factor.

An appropriate Arkansas Workers Compensation Deductible Option Form must be offered on each risk.

**COMPANION COMMERCIAL INSURANCE COMPANY  
WORKERS COMP  
ARKANSAS EXCEPTIONS**

**STATE SPECIAL RATING PLANS AND PROGRAMS**

**Alcohol And Drug Free Workplace Premium Credit**

Upon certification by the Health and Safety Division of the Arkansas Workers' Compensation Commission, an insured is eligible for 5% premium credit in accordance with the Arkansas Exceptions to the NCCI Basic Manual.

**Waiver Of Subrogation**

When an insured performs work for third parties, it is not uncommon for a third party to require that the insured's insurance policies be endorsed to delete the RIGHT TO RECOVER FROM OTHERS condition in connection with work the insured is performing for that third party. This "waiver" is also commonly referred to as a "Waiver of Subrogation". Many times this requirement by the third party is a condition of the insured being awarded the contract to perform the work.

The information in this section establishes the rating basis, minimum premium and endorsement to be used when the company agrees to waive its right to recover in connection with the insured's work or contract with such third parties.

**A. RATING BASIS TO BE USED:**

Specific Waivers: Used when the waiver applies to a specific job. The premium charge is 5% of the premium developed for the specific job being covered, subject to a \$100 annual minimum premium.

Blanket Waivers: Used when the waiver applies to all jobs during the policy year. The premium charge is 2.5% of the total manual premium with a \$500 minimum premium per policy.

**B. ENDORSEMENT TO BE USED**

Use NCCI endorsement WC 00 03 13 Waiver Of Our Right To Recover From Others endorsement to provide coverage for Blanket Waivers and Specific Waivers.

**COMPANION COMMERCIAL INSURANCE COMPANY  
WORKERS COMP  
ARKANSAS EXCEPTIONS**

**SCHEDULED RATING PLAN**

**(A) Eligibility**

A risk is eligible for the application of this Plan if it meets the Premium Eligibility requirements on Page A-1 Appendix of the NCCI Experience Rating Plan Manual. The provisions of this plan recognize those characteristics of eligible risks which are NOT reflected in the risk's experience.

**(B) Required Documentation**

Form WCSCHED Schedule Rating Worksheet, must be completed for each period of coverage to which the provisions of this plan have been applied.

**(C) Maximum Modification Available**

The MAXIMUM modification available is 25%.

**(D) Risk Characteristics And Schedule Rating Amounts Available**

<b>Workers Compensation Schedule Rating Table</b>				
<b>Risk Characteristics</b>		<b>Range of Modifications</b>		
		<b>Credit</b>		<b>Debit</b>
A	Premises - condition, care and use	10%	to	10%
B	Classification peculiarities	10%	to	10%
C	Medical Facilities	5%	to	5%
D	Safety Devices	5%	to	5%
E	Employees - selection, training, supervision	10%	to	10%
F	Management			
	Cooperation with insurance carrier	5%	to	5%
	Safety Organization	5%	to	5%

3/20/01 SCHEDULE RATING MOVED TO LAST PAGE.

Page effective 12/15/00

New 12/01/00

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AR-CCIC-WC-3



# Companion Property & Casualty Group

Companion Property & Casualty  
Insurance Company

Companion Commercial  
Insurance Company

May 19, 2008

Commissioner Julie Benafield Bowman  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

Attn: Property & Casualty Division

RE: Companion Commercial Insurance Company NAIC#: 661-10794 FEIN#: 582292212  
Workers Compensation - AR WC Loss Cost Revisions 7/1/08  
Company Filing: P#08056  
Proposed Effective Date for new and renewal business on and after September 1, 2008

Dear Commissioner Benafield Bowman:

Commercial Casualty Insurance Company wishes to adopt NCCI's item filing AR-2008-02. The filing is approved effective July 1, 2008, however we would like to delay implementation until September 1, 2008. Companion also wishes to increase its loss cost multiplier from 1.326 to 1.483.

Please let me know if you need additional information.

Sincerely,

LaTonya Ivey  
Regulatory Compliance Analyst II  
Phone: 803-795-7770  
Fax: 803 865-3155  
Email: latonya.ivey@companiongroup.com