

SERFF Tracking Number: LBRM-125708134 State: Arkansas
 First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 2008-02208
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS
 Project Name/Number: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS/2008-02208

Filing at a Glance

Companies: The Ohio Casualty Insurance Company, West American Insurance Company, American Fire and Casualty Company, Ohio Security Insurance Company

Product Name: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS
 TOI: 16.0 Workers Compensation
 Sub-TOI: 16.0004 Standard WC
 Filing Type: Rate

SERFF Tr Num: LBRM-125708134 State: Arkansas
 SERFF Status: Closed
 Co Tr Num: 2008-02208
 Co Status:

State Tr Num: EFT \$50
 State Status: Fees verified and received
 Reviewer(s): Betty Montesi, Carol Stiffler
 Disposition Date: 06/24/2008
 Disposition Status: Approved
 Date Submitted: 06/24/2008

Effective Date Requested (New): On Approval
 Effective Date Requested (Renewal): On Approval
 Effective Date (New): 07/01/2008
 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS
 Project Number: 2008-02208
 Reference Organization: NCCI
 Reference Title:
 Filing Status Changed: 06/24/2008
 State Status Changed: 06/24/2008
 Corresponding Filing Tracking Number:
 Filing Description:

Status of Filing in Domicile:
 Domicile Status Comments:
 Reference Number: AR-2008-02
 Advisory Org. Circular:
 Deemer Date:

Effective the date of your Approval we wish to no longer have our Loss Cost Multipliers and, if utilized, expense constants be applicable to future revisions of the Rating Organization's prospective Loss Costs for this line of insurance for the above mentioned companies.

For all future filings we will file to have our loss cost multipliers and, if utilized, expense constants be

SERFF Tracking Number: LBRM-125708134 State: Arkansas
 First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 2008-02208
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS
 Project Name/Number: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS/2008-02208

applicable only to the Rating Organization Reference Filing that we are adopting.

At this time we wish to keep our currently approved Loss Cost Multipliers in effect in conjunction with our currently approved Rating Organizations Loss Costs

Company and Contact

Filing Contact Information

Tammy Blake, State Filings Analyst tammy.blake@LibertyMutual.com
 62 Maple Avenue (800) 826-6189 [Phone]
 Keene, NH 03431 (603) 352-9252[FAX]

Filing Company Information

| | | |
|-------------------------------------|-------------------------|-----------------------------------|
| The Ohio Casualty Insurance Company | CoCode: 24074 | State of Domicile: Ohio |
| 9450 Seward Road | Group Code: 111 | Company Type: Property & Casualty |
| Fairfield, OH 45014-5456 | Group Name: | State ID Number: |
| (800) 843-6446 ext. [Phone] | FEIN Number: 31-0396250 | |

| | | |
|---------------------------------|-------------------------|-----------------------------------|
| West American Insurance Company | CoCode: 44393 | State of Domicile: Indiana |
| 9450 Seward Road | Group Code: 111 | Company Type: Property & Casualty |
| Fairfield, OH 45014-5456 | Group Name: | State ID Number: |
| (800) 843-6446 ext. [Phone] | FEIN Number: 31-0624491 | |

| | | |
|------------------------------------|-------------------------|-----------------------------------|
| American Fire and Casualty Company | CoCode: 24066 | State of Domicile: Ohio |
| 9450 Seward Road | Group Code: 111 | Company Type: Property & Casualty |
| Fairfield, OH 45014-5456 | Group Name: | State ID Number: |
| (800) 843-6446 ext. [Phone] | FEIN Number: 59-0141790 | |

| | | |
|---------------------------------|-----------------|-----------------------------------|
| Ohio Security Insurance Company | CoCode: 24082 | State of Domicile: Ohio |
| 9450 Seward Road | Group Code: 111 | Company Type: Property & Casualty |
| Fairfield, OH 45014-5456 | Group Name: | State ID Number: |

SERFF Tracking Number: LBRM-125708134 State: Arkansas
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-02208
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS
Project Name/Number: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS/2008-02208

(800) 843-6446 ext. [Phone]

FEIN Number: 31-0541777

SERFF Tracking Number: LBRM-125708134 State: Arkansas
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-02208
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS
Project Name/Number: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS/2008-02208

Filing Fees

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

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-------------------------------------|---------|----------------|---------------|
| The Ohio Casualty Insurance Company | \$50.00 | 06/24/2008 | 21062105 |
| West American Insurance Company | \$0.00 | 06/24/2008 | |
| American Fire and Casualty Company | \$0.00 | 06/24/2008 | |
| Ohio Security Insurance Company | \$0.00 | 06/24/2008 | |

SERFF Tracking Number: LBRM-125708134 State: Arkansas
 First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 2008-02208
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS
 Project Name/Number: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS/2008-02208

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|----------------|------------|----------------|
| Approved | Carol Stiffler | 06/24/2008 | 06/24/2008 |

Objection Letters and Response Letters

| Objection Letters | | | | Response Letters | | |
|-------------------|----------------|------------|----------------|------------------|------------|----------------|
| Status | Created By | Created On | Date Submitted | Responded By | Created On | Date Submitted |
| Pending | Carol Stiffler | 06/24/2008 | 06/24/2008 | Tammy Blake | 06/24/2008 | 06/24/2008 |
| Industry Response | | | | | | |

Amendments

| Item | Schedule | Created By | Created On | Date Submitted |
|--------------|---------------------|-------------|------------|----------------|
| COVER LETTER | Supporting Document | Tammy Blake | 06/24/2008 | 06/24/2008 |

SERFF Tracking Number: LBRM-125708134 State: Arkansas
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-02208
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS
Project Name/Number: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS/2008-02208

Disposition

Disposition Date: 06/24/2008
Effective Date (New): 07/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

| | |
|---|--------|
| Overall Percentage Rate Indicated For This Filing | 0.000% |
| Overall Percentage Rate Impact For This Filing | 0.000% |
| Effect of Rate Filing-Written Premium Change For This Program | \$0 |
| Effect of Rate Filing - Number of Policyholders Affected | 0 |

SERFF Tracking Number: LBRM-125708134 State: Arkansas
 First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 2008-02208
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS
 Project Name/Number: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS/2008-02208

| 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 (revised) | COVER LETTER | Approved | Yes |
| Supporting Document | COVER LETTER | Withdrawn | Yes |

SERFF Tracking Number: LBRM-125708134 State: Arkansas
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-02208
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS
Project Name/Number: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS/2008-02208

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/24/2008

Submitted Date 06/24/2008

Respond By Date

Dear Tammy Blake,

This will acknowledge receipt of the captioned filing.

Objection 1

- COVER LETTER (Supporting Document)

Comment: The state shown in your cover letter indicates that these are Oklahoma Loss Cost Multipliers and the LCMs I have on file for Ohio Security (1.73) and West American (1.38) are different than those listed in the cover letter. It is possible that there was a rounding error in my spreadsheet and my spreadsheet may be wrong. Please confirm which are the correct LCMs.

Please change the cover letter to indicate that it is for Arkansas.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 06/24/2008

Submitted Date 06/24/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: ATTACHED, PLEASE FIND MY REVISED COVER LETTER SHOWING THE CORRECT STATE AND CORRECT LCM'S PER COMPANY. I APOLOGIZE FOR MY ERROR.

THANK YOU,

SERFF Tracking Number: LBRM-125708134 State: Arkansas
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-02208
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS
Project Name/Number: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS/2008-02208

TAMMY BLAKE

Related Objection 1

Applies To:

- COVER LETTER (Supporting Document)

Comment:

The state shown in your cover letter indicates that these are Oklahoma Loss Cost Multipliers and the LCMs I have on file for Ohio Security (1.73) and West American (1.38) are different than those listed in the cover letter. It is possible that there was a rounding error in my spreadsheet and my spreadsheet may be wrong. Please confirm which are the correct LCMs.

Please change the cover letter to indicate that it is for Arkansas.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: COVER LETTER

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Tammy Blake

SERFF Tracking Number: LBRM-125708134 State: Arkansas
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-02208
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS
Project Name/Number: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS/2008-02208

Amendment Letter

Amendment Date:

Submitted Date: 06/24/2008

Comments:

COVER LETTER

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: COVER LETTER

Comment:

2008-02208.trb.pdf

SERFF Tracking Number: LBRM-125708134 State: Arkansas
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-02208
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS
Project Name/Number: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS/2008-02208

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LBRM-125708134 State: Arkansas
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-02208
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS
Project Name/Number: AR-WC-TAKE AUTO ADOPTION OFF FOR LOSS COSTS/2008-02208

Supporting Document Schedules

| | | | |
|-------------------------|---|-----------------------------------|------------|
| Bypassed -Name: | Uniform Transmittal Document- Property & Casualty | Review Status: Approved | 06/24/2008 |
| Bypass Reason: | N/A | | |
| Comments: | | | |
| Satisfied -Name: | NAIC Loss Cost Filing Document for Workers' Compensation | Review Status: Approved | 06/24/2008 |
| Comments: | LOSS COSTS ADOPTION FORM | | |
| Attachment: | LOSS COSTS ADOPTION FORM-ALL.pdf | | |
| Bypassed -Name: | NAIC loss cost data entry document | Review Status: Approved | 06/24/2008 |
| Bypass Reason: | N/A | | |
| Comments: | | | |
| Satisfied -Name: | COVER LETTER | Review Status: Approved | 06/24/2008 |
| Comments: | | | |
| Attachment: | 2008-02208.trb.pdf | | |

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

CALCULATION OF COMPANY LOSS COST MULTIPLIER

| | |
|---|------------|
| This filing transmittal is part of Company Tracking # | 2008-02208 |
| This filing corresponds to form filing number (Company tracking number of form filing, if applicable) | N/A |

- Loss Cost Reference 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? N/A

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.) N/A

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) N/A

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

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

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

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



62 Maple Avenue
Keene, NH 03431
603-352-3221

June 24, 2008

Hon. Julie Benafield Bowman
Commissioner Of Insurance
Arkansas Insurance Department
1200 West Third St
Little Rock, AR 72201-1904

Attn: Mr. Bill Lacy, Director
Property and Casualty Division

RE: Workers Compensation
Rate Filing
THE OHIO CASUALTY INSURANCE COMPANY
NAIC #111-24074
OHIO SECURITY INSURANCE COMPANY
NAIC #111-24082
WEST AMERICAN INSURANCE COMPANY
NAIC #111-44393
AMERICAN FIRE AND CASUALTY COMPANY
NAIC #111-24066
Company Filing #2008-02208

Dear Mr. Lacy:

Effective the date of your Approval we wish to no longer have our Loss Cost Multipliers and, if utilized, expense constants be applicable to future revisions of the Rating Organization's prospective Loss Costs for this line of insurance for the above mentioned companies.

For all future filings we will file to have our loss cost multipliers and, if utilized, expense constants be applicable only to the Rating Organization Reference Filing that we are adopting.

At this time we wish to keep our currently approved Loss Cost Multipliers in effect in conjunction with our currently approved Rating Organizations Loss Costs as shown:

| STATE | COMPANY | LCM | NCCI LOSS COSTS |
|----------|----------------------------|-------|-----------------|
| ARKANSAS | OHIO CASUALTY | 2.150 | EFF 01/01/08 |
| | OHIO SECURITY | 1.730 | AR-2008-02 |
| | WEST AMERICAN | 1.380 | |
| | AMERICAN FIRE AND CASUALTY | 1.100 | |

Questions regarding the above filing should be directed to me at 603-358-4520 or 800-826-6189 ext. 84520.

Sincerely,

Tammy R. Blake
Sr. Analyst Regulatory Filing AM
E-mail: tammy.blake@libertymutual.comDear Mr. Lacy: