

SERFF Tracking Number: MSMX-125690623 State: Arkansas  
 First Filing Company: Mitsui Sumitomo Insurance USA Inc., ... State Tracking Number: EFT \$50  
 Company Tracking Number: WC AR00055CGR01  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: AR-2008-06 - Arkansas - Approved Voluntary Loss Co  
 Project Name/Number: WC - Adoption of Advisory Prospective Loss Costs, Pure Premiums, Rating Values, Retrospective Rating Plan, and Rates/WC AR00055CGR01

## Filing at a Glance

Companies: Mitsui Sumitomo Insurance USA Inc., Mitsui Sumitomo Insurance Company of America

Product Name: AR-2008-06 - Arkansas - SERFF Tr Num: MSMX-125690623 State: Arkansas

Approved Voluntary Loss Co

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 16.0004 Standard WC

Co Tr Num: WC AR00055CGR01

State Status: Fees verified and received

Filing Type: Rate

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler

Author: SPI

Disposition Date: 06/11/2008

MitsuiSumitomoMarineManagemen

t

Date Submitted: 06/10/2008

Disposition Status: Approved

Effective Date Requested (New): 07/01/2008

Effective Date (New): 07/01/2008

Effective Date Requested (Renewal): 07/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: WC - Adoption of Advisory Prospective Loss Costs, Pure Status of Filing in Domicile:

Premiums, Rating Values, Retrospective Rating Plan, and Rates

Project Number: WC AR00055CGR01

Domicile Status Comments:

Reference Organization: National Council on Compensation Insurance, Reference Number: AR-2008-02 Inc.

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 06/11/2008

State Status Changed: 06/10/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We wish to place on file, on behalf of Mitsui Sumitomo Insurance Company of America ("MSIA") and Mitsui Sumitomo Insurance USA, Inc. ("MSU"), the National Council on Compensation Insurance, Inc's Arkansas Workers' Compensation

SERFF Tracking Number: MSMX-125690623 State: Arkansas  
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 AR00055CGR01

Advisory Loss Costs, Rating Values and Retrospective Rating Values, reference filing number AR-2008-02 announced in NCCI Approval Circular AR-2008-06.

Our previously filed and approved Company Loss Cost Multipliers of 1.517 for MSIA and 1.745 for MSU remain unchanged.

We respectfully request for this filing to become effective on and after July 1, 2008.

## Company and Contact

### Filing Contact Information

Scott Herbert, Senior Government Affairs Analyst  
 SHerbert@msigusa.com  
 15 Independence Boulevard  
 Warren, NJ 07059-0602  
 (908) 604-2961 [Phone]  
 (908) 604-2992[FAX]

### Filing Company Information

Mitsui Sumitomo Insurance USA Inc.  
 15 Independence Boulevard  
 P.O.Box 4602  
 Warren, NJ 07059-0602  
 (908) 604-2900 ext. [Phone]  
 CoCode: 22551  
 Group Code: 2978  
 State of Domicile: New York  
 Company Type: Property and Casualty

Mitsui Sumitomo Insurance Company of America  
 15 Independence Boulevard  
 P.O. Box 4602  
 Warren, NJ 07059-0602  
 (908) 604-2900 ext. [Phone]  
 Group Name: Mitsui Sumitomo Insurance Group  
 FEIN Number: 13-3467153  
 -----  
 CoCode: 20362  
 Group Code: 2978  
 State of Domicile: New York  
 Company Type: Property and Casualty

Mitsui Sumitomo Insurance Company of America  
 15 Independence Boulevard  
 P.O. Box 4602  
 Warren, NJ 07059-0602  
 (908) 604-2900 ext. [Phone]  
 Group Name: Mitsui Sumitomo Insurance Group  
 FEIN Number: 22-3818012  
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*SERFF Tracking Number:* MSMX-125690623                      *State:* Arkansas  
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*TOI:* 16.0 Workers Compensation                      *Sub-TOI:* 16.0004 Standard WC  
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AR00055CGR01

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mitsui Sumitomo Insurance Company of America	\$50.00	06/10/2008	20763252

SERFF Tracking Number: MSMX-125690623 State: Arkansas  
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 AR00055CGR01

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	06/11/2008	06/11/2008

### 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	06/10/2008	06/10/2008	SPI MitsuiSumitomoM arineManagement	06/11/2008	06/11/2008

SERFF Tracking Number: MSMX-125690623 State: Arkansas  
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## Disposition

Disposition Date: 06/11/2008  
 Effective Date (New): 07/01/2008  
 Effective Date (Renewal):  
 Status: Approved  
 Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Mitsui Sumitomo Insurance USA Inc.	-27.800%	\$-5,359		\$19,309	%	%	%
Mitsui Sumitomo Insurance Company of America	2.800%	\$1,265		\$45,739	%	%	%

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	-6.300%
Effect of Rate Filing-Written Premium Change For This Program	\$-4,094
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: MSMX-125690623 State: Arkansas  
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 AR00055CGR01

Item Type	Item Name	Item Status	Public Access
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Supporting Document	MSIA RF-WC	Approved	Yes
Supporting Document	MSIA Rate Pages Effective 7-1-2008	Approved	Yes
Supporting Document	WC_99_AR_01_01_08	Approved	Yes
Supporting Document	MSU RF-WC	Approved	Yes
Supporting Document	MSU Rate Pages Effective 7-1-2008	Approved	Yes
Supporting Document	WC_99_AR_01_M_01_08	Approved	Yes
Supporting Document	Retro Page RR1	Approved	Yes

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AR00055CGR01

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 06/10/2008  
Submitted Date 06/10/2008

Respond By Date

Dear Scott Herbert,

This will acknowledge receipt of the captioned filing.

### Objection 1

- WC\_99\_AR\_01\_01\_08 (Supporting Document)
- WC\_99\_AR\_01\_M\_01\_08 (Supporting Document)

Comment: Rate/rule filings cannot be combined with form filings. Forms WC\_99\_AR\_01\_M\_01\_08 (Supporting Document) and WC\_99\_AR\_01\_01\_08 will have to be filed separately.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/11/2008  
Submitted Date 06/11/2008

Dear Carol Stiffler,

### Comments:

We are in receipt of your letter of yesterday. Please note the following:

### Response 1

Comments: As discussed on the telephone this morning, this is not a combination filing (rate/rule with forms). We included these only for informational purposes to illustrate the small workers' compensation deductible percentages.

### Related Objection 1

Applies To:

*SERFF Tracking Number:* MSMX-125690623 *State:* Arkansas  
*First Filing Company:* Mitsui Sumitomo Insurance USA Inc., ... *State Tracking Number:* EFT \$50  
*Company Tracking Number:* WC AR00055CGR01  
*TOI:* 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC  
*Product Name:* AR-2008-06 - Arkansas - Approved Voluntary Loss Co  
*Project Name/Number:* WC - Adoption of Advisory Prospective Loss Costs, Pure Premiums, Rating Values, Retrospective Rating Plan, and Rates/WC  
AR00055CGR01

- WC\_99\_AR\_01\_01\_08 (Supporting Document)
- WC\_99\_AR\_01\_M\_01\_08 (Supporting Document)

**Comment:**

Rate/rule filings cannot be combined with form filings. Forms WC\_99\_AR\_01\_M\_01\_08 (Supporting Document) and WC\_99\_AR\_01\_01\_08 will have to be filed separately.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

I hope this helps clarify this matter. Please let me know if you require any further information regarding this submission. Feel free to contact me at (800) 388-1802, ext. 2961.

Thank you for your assistance in this matter.

Sincerely,

Scott M. Herbert  
Senior Government Affairs Analyst  
Mitsui Sumitomo Marine Management (U.S.A.), Inc.  
(800) 388-1802, ext. 2961  
fax: (908) 604-2992  
email: sherbert@msigusa.com

Sincerely,

SPI MitsuiSumitomoMarineManagement

SERFF Tracking Number: MSMX-125690623 State: Arkansas  
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 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: AR-2008-06 - Arkansas - Approved Voluntary Loss Co  
 Project Name/Number: WC - Adoption of Advisory Prospective Loss Costs, Pure Premiums, Rating Values, Retrospective Rating Plan, and Rates/WC AR00055CGR01

## Rate Information

Rate data applies to filing.

**Filing Method:** Prior Approval  
**Rate Change Type:**  
**Overall Percentage of Last Rate Revision:** -0.300%  
**Effective Date of Last Rate Revision:** 01/01/2008  
**Filing Method of Last Filing:** Prior Approval

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Mitsui Sumitomo Insurance USA Inc.	%	-27.800%	\$-5,359		\$19,309	%	%
Mitsui Sumitomo Insurance Company of America	%	2.800%	\$1,265		\$45,739	%	%

## Overall Rate Information for Multiple Company Filings

**Overall % Rate Indicated:**  
**Overall Percentage Rate Impact For This Filing:** -6.300%

SERFF Tracking Number: MSMX-125690623 State: Arkansas  
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Project Name/Number: WC - Adoption of Advisory Prospective Loss Costs, Pure Premiums, Rating Values, Retrospective Rating Plan, and Rates/WC AR00055CGR01

**Effect of Rate Filing - Written Premium Change For This Program: \$-4,094**

**Effect of Rate Filing - Number of Policyholders Affected: 0**



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 AR00055CGR01

## Supporting Document Schedules

**Review Status:**  
**Bypassed -Name:** NAIC Loss Cost Filing Document for Workers' Compensation Approved 06/11/2008  
**Bypass Reason:** Bypass  
**Comments:**

**Review Status:**  
**Bypassed -Name:** NAIC loss cost data entry document Approved 06/11/2008  
**Bypass Reason:** Bypass  
**Comments:**

**Review Status:**  
**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty Approved 06/11/2008  
**Comments:**  
**Attachment:**  
 AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

**Review Status:**  
**Satisfied -Name:** Filing Memorandum Approved 06/11/2008  
**Comments:**  
**Attachment:**  
 Filing Memorandum.PDF

**Review Status:**  
**Satisfied -Name:** MSIA RF-WC Approved 06/11/2008  
**Comments:**  
**Attachment:**  
 MSIA RF-WC.PDF

**Review Status:**

SERFF Tracking Number: MSMX-125690623 State: Arkansas  
First Filing Company: Mitsui Sumitomo Insurance USA Inc., ... State Tracking Number: EFT \$50  
Company Tracking Number: WC AR00055CGR01  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
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Project Name/Number: WC - Adoption of Advisory Prospective Loss Costs, Pure Premiums, Rating Values, Retrospective Rating Plan, and Rates/WC  
AR00055CGR01

**Satisfied -Name:** MSIA Rate Pages Effective 7-1-2008 Approved 06/11/2008

**Comments:**

**Attachment:**

MSIA Rate Pages Effective 7-1-2008.PDF

SERFF Tracking Number: MSMX-125690623 State: Arkansas  
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AR00055CGR01

**Satisfied -Name:** WC\_99\_AR\_01\_01\_08 **Review Status:** Approved 06/11/2008  
**Comments:**  
**Attachment:**  
WC\_99\_AR\_01\_01\_08.PDF

**Satisfied -Name:** MSU RF-WC **Review Status:** Approved 06/11/2008  
**Comments:**  
**Attachment:**  
MSU RF-WC.PDF

**Satisfied -Name:** MSU Rate Pages Effective 7-1-2008 **Review Status:** Approved 06/11/2008  
**Comments:**  
**Attachment:**  
MSU Rate Pages Effective 7-1-2008.PDF

**Satisfied -Name:** WC\_99\_AR\_01\_M\_01\_08 **Review Status:** Approved 06/11/2008  
**Comments:**  
**Attachment:**  
WC\_99\_AR\_01\_M\_01\_08.PDF

**Satisfied -Name:** Retro Page RR1 **Review Status:** Approved 06/11/2008  
**Comments:**  
**Attachment:**  
Retro Page RR1.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>
Mitsui Sumitomo Insurance Group	2978

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Mitsui Sumitomo Insurance Company of America	NY	20362	22-3818012	
Mitsui Sumitomo Insurance USA Inc.	NY	22551	13-3467153	

<b>5. Company Tracking Number</b>	WC AR00055CGR01
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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
	Scott Herbert 15 Independence Boulevard, P.O. Box 4602 Warren NJ 07059-0602	Senior Government Affairs Analyst	800-388-1802	908-604-2992	SHerbert@msigusa.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Scott Herbert		

**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>	
<b>13.</b>	<b>Filing Type</b>	<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)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: 07/01/2008      Renewal: 07/01/2008
<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>	National Council on Compensation Insurance, Inc.
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	AR-2008-02
<b>18.</b>	<b>Company's Date of Filing</b>	June 10, 2008
<b>19.</b>	<b>Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved



# Mitsui Sumitomo Insurance Group (MSIG)

Mitsui Sumitomo Insurance Company of America (MSIA)

Mitsui Sumitomo Insurance USA Inc. (MSU)

## STATE OF ARKANSAS Workers' Compensation

### Filing Memorandum:

MSIG intends to adopt the following:

NCCI Reference #	NCCI Approval	Revision Type	MSIG Effective
AR-2008-02	AR-2008-06	Loss Costs	07/01/08

Loss Cost Multipliers (LCMs) for each writing company are as follows:

Company	Current LCM	Proposed LCM	%Chg
MSIA	1.517	1.517	0.0%
MSU	1.745	1.745	0.0%

The estimated impact of this revision (including LCM Revision):

Company	2007 WP	Impact	%Chg
MSIA	\$45,739	\$1,265	2.8%
MSU	\$19,309	(\$5,359)	-27.8%
<b>Total</b>	<b>\$65,048</b>	<b>(\$4,094)</b>	<b>-6.3%</b>

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING  
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE  
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE: 06/09/08

1. INSURER NAME Mitsui Sumitomo Insurance Company of America  
ADDRESS 15 Independence Boulevard  
Warren, New Jersey 07059

PERSON RESPONSIBLE FOR FILING Scott M. Herbert

TITLE Senior Government Affairs Analyst TELEPHONE # (800) 388-1802

2. INSURER NAIC # 20362 Group No. 2978

3. ADVISORY ORGANIZATION National Council On Compensation Insurance, Inc. ("NCCI")

4. ADVISORY ORGANIZATION REFERENCE FILING # AR-2008-06

5. 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.

6. A. PROPOSED RATE LEVEL CHANGE	<u>2.8 %</u>	EFFECTIVE DATE	<u>07/01/08</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>2.8 %</u>	EFFECTIVE DATE	<u>07/01/08</u>
7. A. PRIOR RATE LEVEL CHANGE	<u>3.1 %</u>	EFFECTIVE DATE	<u>01/01/08</u>
B. PRIOR PREMIUM LEVEL CHANGE	<u>3.1 %</u>	EFFECTIVE DATE	<u>01/01/08</u>

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM" (RF-WC Page 2)  
(USE A SEPARATE SUMMARY FOR EACH INSURER-SELECTED LOSS COST MULTIPLIER.)

9. 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.

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.

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING  
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE  
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE: 10/26/07

1. INSURER NAME Mitsui Sumitomo Insurance Company of America

ADDRESS 15 Independence Boulevard

Warren, New Jersey 07059

PERSON RESPONSIBLE FOR FILING Scott M. Herbert

TITLE Senior Government Affairs Analyst TELEPHONE # (800) 388-1802

2. INSURER NAIC # 20362 Group No. 2978

3. ADVISORY ORGANIZATION National Council On Compensation Insurance, Inc. ("NCCI")

4. ADVISORY ORGANIZATION REFERENCE FILING # AR-2007-10

5. 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.

6. A. PROPOSED RATE LEVEL CHANGE 3.1 % EFFECTIVE DATE 01/01/08

B. PROPOSED PREMIUM LEVEL CHANGE 3.1 % EFFECTIVE DATE 01/01/08

7. A. PRIOR RATE LEVEL CHANGE 0 % EFFECTIVE DATE 10/01/07

B. PRIOR PREMIUM LEVEL CHANGE 0 % EFFECTIVE DATE 10/01/07

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM" (RF-WC Page 2)  
(USE A SEPARATE SUMMARY FOR EACH INSURER-SELECTED LOSS COST MULTIPLIER.)

9. 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.

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.

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING  
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE  
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE: 06/28/07

1. INSURER NAME Mitsui Sumitomo Insurance Company of America  
ADDRESS 15 Independence Boulevard  
P.O. Box 4602  
Warren, New Jersey 07059

PERSON RESPONSIBLE FOR FILING Scott M. Herbert

TITLE Senior Government Affairs Analyst TELEPHONE # (800) 388-1802

2. INSURER NAIC # 20362 Group No. 2978

3. ADVISORY ORGANIZATION National Council on Compensation Insurance, Inc. ("NCCI")

4. ADVISORY ORGANIZATION REFERENCE FILING # AR-2007-01

5. 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.

6. A. PROPOSED RATE LEVEL CHANGE	<u>0 %</u>	EFFECTIVE DATE	<u>10/01/07</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>0 %</u>	EFFECTIVE DATE	<u>10/01/07</u>
7. A. PRIOR RATE LEVEL CHANGE	<u>-4.4 %</u>	EFFECTIVE DATE	<u>01/01/07</u>
B. PRIOR PREMIUM LEVEL CHANGE	<u>-4.4 %</u>	EFFECTIVE DATE	<u>01/01/07</u>

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM" (RF-WC Page 2)  
(USE A SEPARATE SUMMARY FOR EACH INSURER-SELECTED LOSS COST MULTIPLIER.)

9. 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.

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.

RECEIVED

JUL 02 2007

MAILROOM  
ARKANSAS INSURANCE DEPARTMENT

AID/P&C OCT 01 2007

**ARKANŠAS (03)**  
**MITSUJ SUMITOMO INSURANCE COMPANY OF AMERICA**  
**WORKERS' COMPENSATION RATES**  
**EFFECTIVE: JULY 1, 2008**  
**NCCI LOSS COSTS EFFECTIVE: JULY 1, 2008**

CLASS CODE	LC BASE	RATE	MIN PREM	CLASS CODE	LC BASE	RATE	MIN PREM	CLASS CODE	LC BASE	RATE	MIN PREM	CLASS CODE	LC BASE	RATE	MIN PREM
0005	3.88	5.89	750	2001	1.44	2.18	750	2651	1.59	2.41	750	3169	1.48	2.25	750
0008	1.58	2.40	750	2002	1.81	2.75	750	2660	0.88	1.33	544	3175D	1.72	2.61	750
0016	3.40	5.16	750	2003	2.04	3.09	750	2670	1.39	2.11	750	3179	1.45	2.20	750
0034	2.61	3.96	750	2014	3.84	5.83	750	2683	1.19	1.81	697	3180	1.08	1.64	643
0035	1.56	2.37	750	2016	1.20	1.82	700	2688	1.84	2.79	750	3188	0.92	1.40	566
0036	2.48	3.76	750	2021	2.01	3.05	750	2701	4.47	6.78	750	3220	1.14	1.73	671
0037	2.80	4.25	750	2039	2.69	4.08	750	2702X	18.23	27.65	750	3223	1.81	2.75	750
0042	3.86	5.86	750	2041	2.58	3.91	750	2710	5.31	8.06	750	3224	1.48	2.25	750
0050	3.14	4.76	750	2065	0.97	1.47	589	2714	2.52	3.82	750	3227	1.10	1.67	652
0059D	0.18	0.27	206	2070	3.30	5.01	750	2719X	6.69	10.15	750	3240	1.83	2.78	750
0065D	0.03	0.05	136	2081	2.33	3.53	750	2731	2.24	3.40	750	3241	1.70	2.58	750
0066D	0.03	0.05	136	2089	1.53	2.32	750	2735	1.57	2.38	750	3255	1.41	2.14	750
0067D	0.03	0.05	136	2095	1.65	2.50	750	2759	5.11	7.75	750	3257	2.06	3.13	750
0079	2.56	3.88	750	2105	1.47	2.23	750	2790	0.94	1.43	576	3270	1.95	2.96	750
0083	5.90	8.95	750	2110	1.29	1.96	745	2802	3.18	4.82	750	3300	2.70	4.10	750
0106	6.90	10.47	750	2111	1.52	2.31	750	2812	2.23	3.38	750	3303	2.31	3.50	750
0113	3.46	5.25	750	2112	1.64	2.49	750	2835	0.97	1.47	589	3307	2.03	3.08	750
0170	1.49	2.26	750	2114	1.62	2.46	750	2836	1.36	2.06	750	3315	1.59	2.41	750
0251	3.05	4.63	750	2121	1.35	2.05	750	2841	2.25	3.41	750	3334	1.29	1.96	745
0400	4.88	7.40	750	2130	1.69	2.56	750	2881	1.52	2.31	750	3336	1.33	2.02	750
0401	6.66	10.10	750	2131	1.14	1.73	671	2883	2.47	3.75	750	3365	6.18	9.38	750
0771N	0.18	0.27	206	2143	1.32	2.00	750	2913	2.47	3.75	750	3372	1.72	2.61	750
0908P	86.00	130.46	750	2150	0.00	0.00	120	2915	2.57	3.90	750	3373	1.75	2.65	750
0909	0.00	0.00	120	2156	0.00	0.00	120	2916	1.41	2.14	750	3383	0.65	0.99	436
0912	0.00	0.00	120	2157	2.45	3.72	750	2923	1.45	2.20	750	3385	0.53	0.80	375
0913P	212.00	321.60	750	2172	0.95	1.44	579	2942	1.42	2.15	750	3400	1.64	2.49	750
0917	2.37	3.60	750	2174	1.77	2.69	750	2960	1.95	2.96	750	3507	1.87	2.84	750
1005*	6.67	10.12	750	2211	3.31	5.02	750	3004	1.66	2.52	750	3515	1.32	2.00	750
1016X*	24.89	37.76	750	2220	1.18	1.79	691	3018	1.55	2.35	750	3548	0.82	1.24	515
1164E	4.31	6.54	750	2286	0.86	1.30	534	3022	1.92	2.91	750	3559	1.57	2.38	750
1165E	2.84	4.31	750	2288	2.44	3.70	750	3027	1.62	2.46	750	3574	0.68	1.03	448
1320	1.77	2.69	750	2300	1.29	1.96	745	3028	1.40	2.12	750	3581	0.87	1.32	541
1322	9.50	14.41	750	2302	1.03	1.56	617	3030	2.43	3.69	750	3612	1.33	2.02	750
1430	2.62	3.97	750	2305	1.29	1.96	745	3040	2.25	3.41	750	3620	3.51	5.32	750
1438	1.47	2.23	750	2361	0.73	1.11	474	3041	2.01	3.05	750	3629	1.18	1.79	691
1452	1.02	1.55	614	2362	1.06	1.61	633	3042	1.92	2.91	750	3632	2.42	3.67	750
1463	7.04	10.68	750	2380	2.73	4.14	750	3064	2.78	4.22	750	3634	1.03	1.56	617
1472	2.45	3.72	750	2386	0.68	1.03	448	3066	0.00	0.00	120	3635	1.25	1.90	726
1624E	4.59	6.96	750	2388	1.16	1.76	681	3069	4.77	7.24	750	3638	0.89	1.35	550
1642	2.47	3.75	750	2402	1.30	1.97	748	3076	1.79	2.72	750	3642	0.51	0.77	365
1654	3.79	5.75	750	2413	1.02	1.55	614	3081D	1.74	2.64	750	3643	1.79	2.72	750
1655	2.99	4.54	750	2416	1.01	1.53	608	3082D	2.35	3.56	750	3647	2.03	3.08	750
1699	1.21	1.84	707	2417	0.95	1.44	579	3085D	1.96	2.97	750	3648	1.30	1.97	748
1701	1.87	2.84	750	2501	0.82	1.24	515	3110	1.72	2.61	750	3681	0.94	1.43	576
1710E	3.70	5.61	750	2503	0.81	1.23	512	3111	1.80	2.73	750	3685	1.08	1.64	643
1741E	1.12	1.70	662	2534	1.30	1.97	748	3113	1.42	2.15	750	3719	1.58	2.40	750
1745X	1.81	2.75	750	2570	2.99	4.54	750	3114	1.58	2.40	750	3724	4.11	6.23	750
1747	1.58	2.40	750	2576	0.00	0.00	120	3118	0.73	1.11	474	3726	1.83	2.78	750
1748	4.51	6.84	750	2578	0.00	0.00	120	3119	0.66	1.00	439	3803	1.15	1.74	675
1803D	3.24	4.92	750	2585	1.87	2.84	750	3122	0.91	1.38	560	3807	1.27	1.93	735
1852D	1.50	2.28	750	2586	0.80	1.21	506	3126	1.04	1.58	624	3808	1.66	2.52	750
1853	1.40	2.12	750	2587	1.75	2.65	750	3131	0.63	0.96	426	3821	2.50	3.79	750
1860	1.18	1.79	691	2589	0.87	1.32	541	3132	1.49	2.26	750	3822	2.19	3.32	750
1924	2.56	3.88	750	2600	3.86	5.86	750	3145	1.44	2.18	750	3824	2.93	4.44	750
1925	1.77	2.69	750	2623	1.70	2.58	750	3146	1.66	2.52	750	3826	0.53	0.80	375

**ARKANSAS (03)**  
**mitsui sumitomo insurance company of america**  
**WORKERS' COMPENSATION RATES**  
**EFFECTIVE: JULY 1, 2008**  
**NCCI LOSS COSTS EFFECTIVE: JULY 1, 2008**

CLASS CODE	LC BASE	RATE	MIN PREM	CLASS CODE	LC BASE	RATE	MIN PREM	CLASS CODE	LC BASE	RATE	MIN PREM	CLASS CODE	LC BASE	RATE	MIN PREM
3827	0.95	1.44	579	4511	0.45	0.68	337	5462	3.45	5.23	750	6836	3.83	5.81	750
3830	0.68	1.03	448	4557	1.03	1.56	617	5472	3.14	4.76	750	6843F	9.72	14.75	750
3851	1.60	2.43	750	4558	1.00	1.52	605	5473	4.30	6.52	750	6845F	14.75	22.38	750
3885	0.77	1.17	493	4561	1.20	1.82	700	5474	4.72	7.16	750	6854	3.32	5.04	750
3881	2.13	3.23	750	4568	1.57	2.38	750	5478	2.87	4.35	750	6872F	12.67	19.22	750
4000	4.37	6.63	750	4581	1.05	1.59	627	5479	5.08	7.71	750	6874F	25.92	39.32	750
4021	3.58	5.43	750	4583	3.21	4.87	750	5480	5.14	7.80	750	6882	3.32	5.04	750
4024E	1.34	2.03	750	4611	0.58	0.88	401	5491	1.33	2.02	750	6884	7.50	11.38	750
4034	4.20	6.37	750	4635	2.99	4.54	750	5506	2.40	3.64	750	7016M	2.95	4.48	750
4036	1.52	2.31	750	4653	0.78	1.18	496	5507	3.61	5.48	750	7024M	3.28	4.98	750
4038	1.31	1.99	750	4665	4.05	6.14	750	5508D	6.09	9.24	750	7038M	3.72	5.64	750
4053	2.08	3.16	750	4670	2.32	3.52	750	5535	4.77	7.24	750	7046M	16.36	24.82	750
4061	2.56	3.88	750	4683	2.96	4.49	750	5536	0.00	0.00	120	7047M	5.28	8.01	750
4062	1.39	2.11	750	4686	0.77	1.17	493	5537	3.15	4.78	750	7050M	6.65	10.09	750
4101	1.21	1.84	707	4692	0.29	0.44	260	5538	0.00	0.00	120	7090M	4.13	6.27	750
4111	1.85	2.81	750	4693	0.56	0.85	391	5551	9.16	13.90	750	7098M	18.18	27.58	750
4112	0.57	0.86	394	4703	1.46	2.21	750	5606	1.09	1.65	646	7099M	29.29	44.43	750
4113	0.80	1.21	506	4717	1.08	1.64	643	5610	3.57	5.42	750	7133	2.25	3.41	750
4114	1.34	2.03	750	4720	3.16	4.79	750	5645	7.29	11.06	750	7151M	2.73	4.14	750
4130	2.75	4.17	750	4740	0.93	1.41	569	5651	5.41	8.21	750	7152M	4.89	7.42	750
4131	1.47	2.23	750	4741	1.06	1.61	633	5703	58.96	89.44	750	7153M	3.04	4.61	750
4133	1.45	2.20	750	4751	0.90	1.37	557	5705	3.45	5.23	750	7222	6.30	9.56	750
4150	1.01	1.53	608	4771N	1.03	1.56	617	5951	0.26	0.39	244	7228X	4.47	6.78	750
4206	2.22	3.37	750	4777	1.05	1.59	627	6003	6.46	9.80	750	7229X	4.69	7.11	750
4207	0.61	0.93	416	4825	0.54	0.82	381	6005	4.91	7.45	750	7230	2.64	4.00	750
4239	0.77	1.17	493	4828	1.01	1.53	608	6017	2.52	3.82	750	7231	3.50	5.31	750
4240	1.49	2.26	750	4829	0.73	1.11	474	6018	1.37	2.08	750	7232	8.26	12.53	750
4243	1.01	1.53	608	4902	0.81	1.23	512	6045	1.59	2.41	750	7309F	14.74	22.36	750
4244	1.79	2.72	750	4923	0.67	1.02	445	6204	6.43	9.75	750	7313F	4.18	6.34	750
4250	0.90	1.37	557	5020	4.45	6.75	750	6206	4.08	6.19	750	7317F	6.61	10.03	750
4251	1.07	1.62	636	5022	3.20	4.85	750	6213	5.37	8.15	750	7327F	19.51	29.60	750
4263	1.33	2.02	750	5037	12.55	19.04	750	6214	1.81	2.75	750	7333M	3.54	5.37	750
4273	1.16	1.76	681	5040	16.83	25.53	750	6216	4.18	6.34	750	7335M	3.93	5.96	750
4279	1.09	1.65	646	5057	12.04	18.26	750	6217	3.27	4.96	750	7337M	6.33	9.60	750
4282	1.28	1.94	738	5059	14.30	21.69	750	6229	3.24	4.92	750	7350F	12.72	19.30	750
4283	1.19	1.81	697	5069	18.06	27.40	750	6233	3.53	5.36	750	7360	4.56	6.92	750
4299	1.06	1.61	633	5102	2.65	4.02	750	6235	9.39	14.24	750	7370	3.22	4.88	750
4304	1.67	2.53	750	5146	3.24	4.92	750	6236	7.73	11.73	750	7380X	2.22	3.37	750
4307	1.33	2.02	750	5160	2.29	3.47	750	6237	1.98	3.00	750	7382	1.83	2.78	750
4308	0.00	0.00	120	5183	2.27	3.44	750	6251D	5.15	7.81	750	7390	2.37	3.60	750
4351	0.69	1.05	455	5188	2.90	4.40	750	6252D	3.85	5.84	750	7394M	7.18	10.89	750
4352	0.61	0.93	416	5190	2.08	3.16	750	6260D	3.40	5.16	750	7395M	7.98	12.11	750
4360	0.55	0.83	385	5191X	1.20	1.82	700	6306	3.66	5.55	750	7398M	12.86	19.51	750
4361	0.80	1.21	506	5192	2.59	3.93	750	6319	3.57	5.42	750	7403	1.90	2.88	750
4362	0.70	1.06	458	5213	4.57	6.93	750	6325	2.98	4.52	750	7405N	0.75	1.14	483
4410	1.94	2.94	750	5215	2.73	4.14	750	6400	4.47	6.78	750	7409*	0.00	0.00	120
4420	2.34	3.55	750	5221	3.36	5.10	750	6504	1.54	2.34	750	7420X*	16.46	24.97	750
4431	0.90	1.37	557	5222	7.76	11.77	750	6702M*	4.96	7.52	750	7421	1.74	2.64	750
4432	0.97	1.47	589	5223	3.42	5.19	750	6703M*	8.87	13.46	750	7422	1.47	2.23	750
4439	1.02	1.55	614	5348	2.65	4.02	750	6704M*	5.51	8.36	750	7423	0.00	0.00	120
4452	1.97	2.99	750	5402	2.94	4.46	750	6801F	7.56	11.47	750	7425	2.72	4.13	750
4459	1.13	1.71	665	5403	6.08	9.22	750	6811	3.32	5.04	750	7431N	1.11	1.68	656
4470	1.44	2.18	750	5437	2.88	4.37	750	6824F	21.77	33.03	750	7445N	0.40	0.61	314
4484	1.26	1.91	729	5443	2.61	3.96	750	6826F	8.35	12.67	750	7453N	0.60	0.91	410
4493	1.53	2.32	750	5445	3.27	4.96	750	6834	2.35	3.56	750	7502	1.63	2.47	750

\*Refer to the Footnotes Page for additional information on this class code.

ARKANSAS (03)

mitsui sumitomo insurance company of america

WORKERS' COMPENSATION RATES

EFFECTIVE: JULY 1, 2008

NCCI LOSS COSTS EFFECTIVE: JULY 1, 2008

CLASS CODE	LC BASE	RATE	MIN PREM	CLASS CODE	LC BASE	RATE	MIN PREM	CLASS CODE	LC BASE	RATE	MIN PREM
7515	0.70	1.06	458	8235	2.71	4.11	750	9012	1.27	1.93	735
7520	1.48	2.25	750	8263	6.12	9.28	750	9014	1.82	2.76	750
7538	6.63	10.06	750	8264	2.21	3.35	750	9015X	1.58	2.40	750
7539	2.84	4.31	750	8265	6.05	9.18	750	9016	4.08	6.19	750
7540	1.86	2.82	750	8279	5.85	8.87	750	9019	1.94	2.94	750
7580	1.23	1.87	716	8288	3.94	5.98	750	9033	1.29	1.96	745
7590	3.40	5.16	750	8291	1.37	2.08	750	9040*	2.31	3.50	750
7600	1.71	2.59	750	8292	1.95	2.96	750	9052	1.02	1.55	614
7601	7.71	11.70	750	8293	4.49	6.81	750	9058	1.17	1.77	684
7605	2.15	3.26	750	8295X	4.91	7.45	750	9059	1.81	2.75	750
7610	0.35	0.53	289	8304	4.52	6.86	750	9060	1.19	1.81	697
7611	3.45	5.23	750	8350	3.72	5.64	750	9061	0.91	1.38	560
7612	7.69	11.67	750	8380	2.33	3.53	750	9063	0.65	0.99	436
7613	3.07	4.66	750	8381	0.98	1.49	595	9077F	2.78	4.22	750
7704	0.00	0.00	120	8385	1.58	2.40	750	9082	1.05	1.59	627
7705	1.69	2.56	750	8392	1.97	2.99	750	9083	1.06	1.61	633
7710	3.79	5.75	750	8393	1.12	1.70	662	9084	1.23	1.87	716
7711	3.79	5.75	750	8500	4.16	6.31	750	9089	0.75	1.14	483
7720X	1.69	2.56	750	8601	0.54	0.82	381	9093	0.92	1.40	566
7855	4.08	6.19	750	8606	1.83	2.78	750	9101	1.98	3.00	750
8001	1.46	2.21	750	8709F	5.24	7.95	750	9102	1.91	2.90	750
8002	2.13	3.23	750	8719	1.23	1.87	716	9110	0.00	0.00	120
8006	1.27	1.93	735	8720	0.89	1.35	550	9154	1.27	1.93	727
8008	0.80	1.21	506	8721	0.26	0.39	244	9156	0.86	1.30	529
8010	1.24	1.88	719	8726F	6.01	9.12	750	9170	1.82	2.76	750
8013	0.32	0.49	276	8734M	0.42	0.64	324	9178	17.18	26.06	750
8015	0.42	0.64	324	8737M	0.38	0.58	305	9179	23.57	35.76	750
8017	0.77	1.17	493	8738M	0.67	1.02	445	9180	2.43	3.69	750
8018X*	1.65	2.50	750	8742X	0.31	0.47	270	9182	1.77	2.69	750
8021	1.22	1.85	710	8745	3.00	4.55	750	9186	34.91	52.96	750
8031	2.54	3.85	750	8748	0.27	0.41	251	9220	2.23	3.38	750
8032	1.04	1.58	624	8755	0.17	0.26	203	9402	2.82	4.28	750
8033	1.24	1.88	719	8799	0.63	0.96	426	9403	3.75	5.69	750
8039	0.90	1.37	557	8800	0.63	0.96	426	9410	1.15	1.74	667
8044	1.81	2.75	750	8803	0.05	0.08	146	9501	2.88	4.37	750
8045	0.27	0.41	251	8805M	0.22	0.33	225	9505	2.50	3.79	750
8046	1.75	2.65	750	8810	0.16	0.24	197	9516	2.13	3.23	750
8047	0.70	1.06	458	8814M	0.19	0.29	212	9519	1.20	1.82	692
8050	0.00	0.00	120	8815M	0.35	0.53	289	9521	3.47	5.26	750
8058	1.80	2.73	750	8820	0.14	0.21	187	9522	1.03	1.56	610
8072	0.53	0.80	375	8824	1.62	2.46	750	9534	4.58	6.95	750
8102	1.66	2.52	750	8825	1.38	2.09	750	9554	4.86	7.37	750
8103	2.45	3.72	750	8826	1.46	2.21	750	9586	0.43	0.65	324
8105	3.17	4.81	750	8829	1.76	2.67	750	9600	1.07	1.62	629
8106	2.51	3.81	750	8831	1.72	2.61	750	9620	0.87	1.32	535
8107	2.14	3.25	750	8832	0.18	0.27	206				
8111	2.47	3.75	750	8833X*	0.59	0.90	407				
8116	2.75	4.17	750	8835	1.29	1.96	745				
8203	3.61	5.48	750	8842	0.96	1.46	585				
8204	3.13	4.75	750	8861	0.00	0.00	120				
8209	1.96	2.97	750	8864	0.96	1.46	585				
8215	3.76	5.70	750	8868	0.25	0.38	241				
8227	2.05	3.11	750	8869	0.48	0.73	353				
8232	4.13	6.27	750	8871	0.15	0.23	193				
8233	3.36	5.10	750	8901	0.17	0.26	203				

\*Refer to the Footnotes Page for additional information on this class code.

ARKANSAS (03)  
 MITSUI SUMITOMO INSURANCE COMPANY OF AMERICA  
 WORKERS' COMPENSATION RATE FOOTNOTES  
 EFFECTIVE: JULY 1, 2008  
 NCCI LOSS COSTS EFFECTIVE: JULY 1, 2008

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

E Rates for the classification already includes the specific disease loading in the table below.

Disease			Disease			Disease		
Code No.	Loading	Symbol	Code No.	Loading	Symbol	Code No.	Loading	Symbol
0059D	0.27	S	1710E	0.05	S	3175D	0.03	S
0065D	0.05	S	1741E	0.23	S	4024E	0.02	S
0066D	0.05	S	1803D	0.23	S	5508D	0.03	S
0067D	0.05	S	1852D	0.05	Asb	6251D	0.06	S
1164E	0.08	S	3081D	0.05	S	6252D	0.03	S
1165E	0.03	S	3082D	0.05	S	6260D	0.03	S
1624E	0.05	S	3085D	0.05	S			

S=Silica, Asb=Asbestos

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

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

N This code is part of a ratable/non-ratable group shown below. The statistical non-ratable code and corresponding advisory rate and/or loss cost 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 \$4.94. (For coverage written separately for federal benefits only, \$3.26. For coverage written separately for state benefits only, \$1.68.)
- 1016 Rate includes a non-ratable disease element of \$19.75. (For coverage written separately for federal benefits only, \$13.01. For coverage separately for state benefits only, \$6.74.) It also includes a catastrophe loading of \$0.12. Refer to the Manual of Underground Coal Mine Rules, Classifications, and Rates for the rules applicable to the use of this classification code.
- 6702 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 eir each x 1.215.
- 6703 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 2.75 and eir x 2.032.

**ARKANSAS (03)**  
**mitsui sumitomo insurance company of america**  
**WORKERS' COMPENSATION RATE FOOTNOTES**  
**EFFECTIVE: JULY 1, 2008**  
**NCCI LOSS COSTS EFFECTIVE: JULY 1, 2008**

Class Codes with Specific Footnotes (cont.)

- 6704 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 rate and eir each x 1.35.
- 7409 The ELR on the rate page is based on 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 \$0.45. A charge of \$0.15 is to be added to this 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 tubercular ward or department.
- 9040 The ex-medical rate for this classification is \$1.68. A charge of \$0.15 is to be added to this 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 tubercular ward or department.

ARKANSAS (03)  
MITSUI SUMITOMO INSURANCE COMPANY OF AMERICA  
WORKERS' COMPENSATION RATES MISCELLANEOUS VALUES  
EFFECTIVE: JULY 1, 2008  
NCCI RATING VALUES EFFECTIVE: JULY 1, 2008

<b>Basis of premium</b> applicable in accordance with the footnote instructions for Code 7370 --		
"Taxicab Co. - Drivers":	Employee operated vehicle.....	\$48,893.00
	Leased or rented vehicle.....	\$32,595.00
7420--"Aviation - Aerial Application, Seeding, herding, or Scintillometer Surveying - Flying Crew"	Maximum payroll per week per employee.....	\$750.00
<b>Expense Constant</b> applicable in accordance with <i>Basic Manual</i> Rule 3-A-11.....		\$160.00
<b>Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents</b> .....		\$0.02
<b>Foreign Terrorism</b> .....		\$0.03
<b>Maximum Payroll</b> applicable in accordance with <i>Basic Manual</i> Rule 2-E-1 - "Executive Officers" and the <i>Basic Manual</i> footnote instructions for Code 9178 - "Athletic Sports or Park: Noncontact Sports", Code 9179 - "Athletic Sports or Park: Contact Sports", and Code 9186 - "Carnival--Traveling".....		
		\$2,500.00
<b>Minimum Payroll</b> applicable in accordance with <i>Basic Manual</i> Rule 2-E-1 - "Executive Officers".....		
		\$300.00
<b>Per Passenger Seat Surcharge</b> - In accordance with the footnote instructions for classification Code 7421, the surcharge is		
	maximum surcharge per aircraft.....	\$1,000.00
	per passenger seat.....	\$100.00
<b>Premium Determination for Partners and Sole Proprietors and Members of Limited Liability Companies</b> in accordance with <i>Basic Manual</i> Rule 2-E-3.....		
		\$31,900.00
<b>United States Longshore and Harbor Workers' Compensation Coverage Percentage</b> applicable only in connection with <i>Basic Manual</i> 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).)

**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 approval eligibility amounts by state.

## ARKANSAS WORKERS' COMPENSATION DEDUCTIBLE DISCLOSURE NOTICE AND SELECTION FORM

Arkansas law requires that we provide a notice outlining the available deductible for medical and/or indemnity expenses payable under your Workers' Compensation and Employers Liability Policy issued by Mitsui Sumitomo Insurance Company of America. Any deductible you select will apply separately to each claim.

If you select a deductible your workers' compensation premium will be reduced by the appropriate premium percentage reduction shown below. For multi-state workers compensation policies, the reduction will apply to the portion of the premium attributable to your Arkansas operations.

Your policy may or may not already include a deductible. If you do not wish to change your policy, you do not have to return this form. If your policy does not have a deductible and you want one, or if your policy has a deductible and you want to change it, please place an "x" next to the deductible you want and return the signed, completed form to Sumitomo or your agent prior to the policy period effective date.

### POLICY PREMIUM PERCENTAGE REDUCTION

#### Hazard Group

<u>Deductible Amount</u>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
_____ \$1,000	6.2%	5.0%	4.3%	3.6%
_____ \$1,500	7.5%	6.2%	5.3%	4.5%
_____ \$2,000	8.6%	7.1%	6.1%	5.3%
_____ \$2,500	9.5%	7.9%	6.9%	5.9%
_____ \$3,000	10.3%	8.6%	7.5%	6.5%
_____ \$3,500	11.1%	9.2%	8.1%	7.0%
_____ \$4,000	11.8%	9.8%	8.7%	7.5%
_____ \$4,500	12.4%	10.4%	9.2%	8.0%
_____ \$5,000	13.0%	10.9%	9.7%	8.4%

#### Hazard Group

<u>Deductible Amount</u>	<b>E</b>	<b>F</b>	<b>G</b>
_____ \$1,000	3.0%	2.1%	1.6%
_____ \$1,500	3.8%	2.7%	2.1%
_____ \$2,000	4.5%	3.2%	2.5%
_____ \$2,500	5.0%	3.6%	2.8%
_____ \$3,000	5.5%	4.1%	3.1%
_____ \$3,500	6.0%	4.5%	3.5%
_____ \$4,000	6.5%	4.8%	3.7%
_____ \$4,500	6.9%	5.2%	4.0%
_____ \$5,000	7.3%	5.5%	4.3%

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Representative of Named Insured

Named Insured: \_\_\_\_\_

Named Insured's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Binder/Policy Number: \_\_\_\_\_

Name and Address of Agent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARKANSAS INSURANCE DEPARTMENT**

**WORKERS COMPENSATION INSURER RATE FILING  
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE  
LOSS COSTS REFERENCE FILING ADOPTION FORM**

DATE: 06/09/08

1. INSURER NAME Mitsui Sumitomo Insurance USA Inc.  
 ADDRESS 15 Independence Boulevard  
Warren, New Jersey 07059

PERSON RESPONSIBLE FOR FILING Scott M. Herbert  
 TITLE Senior Government Affairs Analyst TELEPHONE # (800) 388-1802

2. INSURER NAIC # 22551 Group No. 2978

3. ADVISORY ORGANIZATION National Council On Compensation Insurance, Inc. ("NCCI")

4. ADVISORY ORGANIZATION REFERENCE FILING # AR-2008-06

5. 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.

6. A. PROPOSED RATE LEVEL CHANGE	<u>-27.8 %</u>	EFFECTIVE DATE	<u>07/01/08</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>-27.8 %</u>	EFFECTIVE DATE	<u>07/01/08</u>
7. A. PRIOR RATE LEVEL CHANGE	<u>0 %</u>	EFFECTIVE DATE	<u>01/01/08</u>
B. PRIOR PREMIUM LEVEL CHANGE	<u>0 %</u>	EFFECTIVE DATE	<u>01/01/08</u>

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM" (RF-WC Page 2)  
 (USE A SEPARATE SUMMARY FOR EACH INSURER-SELECTED LOSS COST MULTIPLIER.)

9. 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.

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.

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING  
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE  
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE: 10/26/07

1. INSURER NAME Mitsui Sumitomo Insurance USA Inc.

ADDRESS 15 Independence Boulevard

Warren, New Jersey 07059

PERSON RESPONSIBLE FOR FILING Scott M. Herbert

TITLE Senior Government Affairs Analyst TELEPHONE # (800) 388-1802

2. INSURER NAIC # 22551 Group No. 2978

3. ADVISORY ORGANIZATION National Council On Compensation Insurance, Inc. ("NCCI")

4. ADVISORY ORGANIZATION REFERENCE FILING # AR-2007-10

5. 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.

6. A. PROPOSED RATE LEVEL CHANGE 0 % EFFECTIVE DATE 01/01/08  
B. PROPOSED PREMIUM LEVEL CHANGE 0 % EFFECTIVE DATE 01/01/08

7. A. PRIOR RATE LEVEL CHANGE 0 % EFFECTIVE DATE 10/01/07  
B. PRIOR PREMIUM LEVEL CHANGE 0 % EFFECTIVE DATE 10/01/07

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM" (RF-WC Page 2)  
(USE A SEPARATE SUMMARY FOR EACH INSURER-SELECTED LOSS COST MULTIPLIER.)

9. 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.

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.

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING  
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE  
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE: 06/28/07

1. INSURER NAME Mitsui Sumitomo Insurance USA Inc.  
ADDRESS 15 Independence Boulevard  
P.O. Box 4602  
Warren, New Jersey 07059

PERSON RESPONSIBLE FOR FILING Scott M. Herbert  
TITLE Senior Government Affairs Analyst TELEPHONE # (800) 388-1802

2. INSURER NAIC # 22551 Group No. 2978

3. ADVISORY ORGANIZATION National Council on Compensation Insurance, Inc. ("NCCI")

4. ADVISORY ORGANIZATION REFERENCE FILING # AR-2007-01

5. 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.

6. A. PROPOSED RATE LEVEL CHANGE	<u>0 %</u>	EFFECTIVE DATE	<u>10/01/07</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>0 %</u>	EFFECTIVE DATE	<u>10/01/07</u>
7. A. PRIOR RATE LEVEL CHANGE	<u>5.1 %</u>	EFFECTIVE DATE	<u>01/01/07</u>
B. PRIOR PREMIUM LEVEL CHANGE	<u>5.1 %</u>	EFFECTIVE DATE	<u>01/01/07</u>

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM" (RF-WC Page 2)  
(USE A SEPARATE SUMMARY FOR EACH INSURER-SELECTED LOSS COST MULTIPLIER.)

9. 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.

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.

RECEIVED

JUL 02 2007

MAILROOM  
ARKANSAS INSURANCE DEPARTMENT

AID/P&C OCT 01 2007

ARKANSAS (03)

MITSUI SUMITOMO INSURANCE USA Inc.

WORKERS' COMPENSATION RATES

EFFECTIVE: JULY 1, 2008

NCCI LOSS COSTS EFFECTIVE: JULY 1, 2008

CLASS CODE	LC BASE	RATE	MIN PREM	CLASS CODE	LC BASE	RATE	MIN PREM	CLASS CODE	LC BASE	RATE	MIN PREM	CLASS CODE	LC BASE	RATE	MIN PREM
0005	3.88	6.77	750	2001	1.44	2.51	750	2651	1.59	2.77	750	3169	1.48	2.58	750
0008	1.58	2.76	750	2002	1.81	3.16	750	2660	0.88	1.54	611	3175D	1.72	3.00	750
0016	3.40	5.93	750	2003	2.04	3.56	750	2670	1.39	2.43	750	3179	1.45	2.53	750
0034	2.61	4.55	750	2014	3.84	6.70	750	2683	1.19	2.08	750	3180	1.08	1.88	719
0035	1.56	2.72	750	2016	1.20	2.09	750	2688	1.84	3.21	750	3188	0.92	1.61	633
0036	2.48	4.33	750	2021	2.01	3.51	750	2701	4.47	7.80	750	3220	1.14	1.99	750
0037	2.80	4.89	750	2039	2.69	4.69	750	2702X	18.23	31.81	750	3223	1.81	3.16	750
0042	3.86	6.74	750	2041	2.58	4.50	750	2710	5.31	9.27	750	3224	1.48	2.58	750
0050	3.14	5.48	750	2065	0.97	1.69	659	2714	2.52	4.40	750	3227	1.10	1.92	732
0059D	0.18	0.31	219	2070	3.30	5.76	750	2719X	6.69	11.67	750	3240	1.83	3.19	750
0065D	0.03	0.05	136	2081	2.33	4.07	750	2731	2.24	3.91	750	3241	1.70	2.97	750
0066D	0.03	0.05	136	2089	1.53	2.67	750	2735	1.57	2.74	750	3255	1.41	2.46	750
0067D	0.03	0.05	136	2095	1.65	2.88	750	2759	5.11	8.92	750	3257	2.06	3.59	750
0079	2.56	4.47	750	2105	1.47	2.57	750	2790	0.94	1.64	643	3270	1.95	3.40	750
0083	5.90	10.30	750	2110	1.29	2.25	750	2802	3.18	5.55	750	3300	2.70	4.71	750
0106	6.90	12.04	750	2111	1.52	2.65	750	2812	2.23	3.89	750	3303	2.31	4.03	750
0113	3.46	6.04	750	2112	1.64	2.86	750	2835	0.97	1.69	659	3307	2.03	3.54	750
0170	1.49	2.60	750	2114	1.62	2.83	750	2836	1.36	2.37	750	3315	1.59	2.77	750
0251	3.05	5.32	750	2121	1.35	2.36	750	2841	2.25	3.93	750	3334	1.29	2.25	750
0400	4.88	8.52	750	2130	1.69	2.95	750	2881	1.52	2.65	750	3336	1.33	2.32	750
0401	6.66	11.62	750	2131	1.14	1.99	750	2883	2.47	4.31	750	3365	6.18	10.78	750
0771N	0.18	0.31	219	2143	1.32	2.30	750	2913	2.47	4.31	750	3372	1.72	3.00	750
0908P	86.00	150.07	750	2150	0.00	0.00	120	2915	2.57	4.48	750	3373	1.75	3.05	750
0909	0.00	0.00	120	2156	0.00	0.00	120	2916	1.41	2.46	750	3383	0.65	1.13	480
0912	0.00	0.00	120	2157	2.45	4.28	750	2923	1.45	2.53	750	3385	0.53	0.92	413
0913P	212.00	369.94	750	2172	0.95	1.66	649	2942	1.42	2.48	750	3400	1.64	2.86	750
0917	2.37	4.14	750	2174	1.77	3.09	750	2960	1.95	3.40	750	3507	1.87	3.26	750
1005*	6.67	11.64	750	2211	3.31	5.78	750	3004	1.66	2.90	750	3515	1.32	2.30	750
1016X*	24.89	43.43	750	2220	1.18	2.06	750	3018	1.55	2.70	750	3548	0.82	1.43	576
1164E	4.31	7.52	750	2286	0.86	1.50	598	3022	1.92	3.35	750	3559	1.57	2.74	750
1165E	2.84	4.96	750	2288	2.44	4.26	750	3027	1.62	2.83	750	3574	0.68	1.19	499
1320	1.77	3.09	750	2300	1.29	2.25	750	3028	1.40	2.44	750	3581	0.87	1.52	605
1322	9.50	16.58	750	2302	1.03	1.80	694	3030	2.43	4.24	750	3612	1.33	2.32	750
1430	2.62	4.57	750	2305	1.29	2.25	750	3040	2.25	3.93	750	3620	3.51	6.12	750
1438	1.47	2.57	750	2361	0.73	1.27	525	3041	2.01	3.51	750	3629	1.18	2.06	750
1452	1.02	1.78	687	2362	1.06	1.85	710	3042	1.92	3.35	750	3632	2.42	4.22	750
1463	7.04	12.28	750	2380	2.73	4.76	750	3064	2.78	4.85	750	3634	1.03	1.80	694
1472	2.45	4.28	750	2386	0.68	1.19	499	3066	0.00	0.00	120	3635	1.25	2.18	750
1624E	4.59	8.01	750	2388	1.16	2.02	750	3069	4.77	8.32	750	3638	0.89	1.55	614
1642	2.47	4.31	750	2402	1.30	2.27	750	3076	1.79	3.12	750	3642	0.51	0.89	404
1654	3.79	6.61	750	2413	1.02	1.78	687	3081D	1.74	3.04	750	3643	1.79	3.12	750
1655	2.99	5.22	750	2416	1.01	1.76	681	3082D	2.35	4.10	750	3647	2.03	3.54	750
1699	1.21	2.11	750	2417	0.95	1.66	649	3085D	1.96	3.42	750	3648	1.30	2.27	750
1701	1.87	3.26	750	2501	0.82	1.43	576	3110	1.72	3.00	750	3681	0.94	1.64	643
1710E	3.70	6.46	750	2503	0.81	1.41	569	3111	1.80	3.14	750	3685	1.08	1.88	719
1741E	1.12	1.95	742	2534	1.30	2.27	750	3113	1.42	2.48	750	3719	1.58	2.76	750
1745X	1.81	3.16	750	2570	2.99	5.22	750	3114	1.58	2.76	750	3724	4.11	7.17	750
1747	1.58	2.76	750	2576	0.00	0.00	120	3118	0.73	1.27	525	3726	1.83	3.19	750
1748	4.51	7.87	750	2578	0.00	0.00	120	3119	0.66	1.15	487	3803	1.15	2.01	750
1803D	3.24	5.65	750	2585	1.87	3.26	750	3122	0.91	1.59	627	3807	1.27	2.22	750
1852D	1.50	2.62	750	2586	0.80	1.40	566	3126	1.04	1.81	697	3808	1.66	2.90	750
1853	1.40	2.44	750	2587	1.75	3.05	750	3131	0.63	1.10	471	3821	2.50	4.36	750
1860	1.18	2.06	750	2589	0.87	1.52	605	3132	1.49	2.60	750	3822	2.19	3.82	750
1924	2.56	4.47	750	2600	3.86	6.74	750	3145	1.44	2.51	750	3824	2.93	5.11	750
1925	1.77	3.09	750	2623	1.70	2.97	750	3146	1.66	2.90	750	3826	0.53	0.92	413

ARKANSAS (03)  
 MITSUI SUMITOMO INSURANCE USA Inc.  
 WORKERS' COMPENSATION RATES  
 EFFECTIVE: JULY 1, 2008  
 NCCI LOSS COSTS EFFECTIVE: JULY 1, 2008

CLASS CODE	LC BASE	RATE	MIN PREM	CLASS CODE	LC BASE	RATE	MIN PREM	CLASS CODE	LC BASE	RATE	MIN PREM	CLASS CODE	LC BASE	RATE	MIN PREM
3827	0.95	1.66	649	4511	0.45	0.79	372	5462	3.45	6.02	750	6836	3.83	6.68	750
3830	0.68	1.19	499	4557	1.03	1.80	694	5472	3.14	5.48	750	6843F	9.72	16.96	750
3851	1.60	2.79	750	4558	1.00	1.75	678	5473	4.30	7.50	750	6845F	14.75	25.74	750
3865	0.77	1.34	547	4561	1.20	2.09	750	5474	4.72	8.24	750	6854	3.32	5.79	750
3881	2.13	3.72	750	4568	1.57	2.74	750	5478	2.87	5.01	750	6872F	12.67	22.11	750
4000	4.37	7.63	750	4581	1.05	1.83	703	5479	5.08	8.86	750	6874F	25.92	45.23	750
4021	3.58	6.25	750	4583	3.21	5.60	750	5480	5.14	8.97	750	6882	3.32	5.79	750
4024E	1.34	2.34	750	4611	0.58	1.01	442	5491	1.33	2.32	750	6884	7.50	13.09	750
4034	4.20	7.33	750	4635	2.99	5.22	750	5508	2.40	4.19	750	7016M	2.95	5.15	750
4036	1.52	2.65	750	4653	0.78	1.36	554	5507	3.61	6.30	750	7024M	3.28	5.72	750
4038	1.31	2.29	750	4665	4.05	7.07	750	5508D	6.09	10.63	750	7038M	3.72	6.49	750
4053	2.08	3.63	750	4670	2.32	4.05	750	5535	4.77	8.32	750	7046M	16.36	28.55	750
4061	2.56	4.47	750	4683	2.96	5.17	750	5536	0.00	0.00	120	7047M	5.28	9.21	750
4062	1.39	2.43	750	4686	0.77	1.34	547	5537	3.15	5.50	750	7050M	6.65	11.60	750
4101	1.21	2.11	750	4692	0.29	0.51	283	5538	0.00	0.00	120	7090M	4.13	7.21	750
4111	1.85	3.23	750	4693	0.56	0.98	432	5551	9.16	15.98	750	7098M	18.18	31.72	750
4112	0.57	0.99	436	4703	1.46	2.55	750	5606	1.09	1.90	726	7099M	29.29	51.11	750
4113	0.80	1.40	566	4717	1.08	1.88	719	5610	3.57	6.23	750	7133	2.25	3.93	750
4114	1.34	2.34	750	4720	3.16	5.51	750	5645	7.29	12.72	750	7151M	2.73	4.76	750
4130	2.75	4.80	750	4740	0.93	1.62	636	5651	5.41	9.44	750	7152M	4.89	8.53	750
4131	1.47	2.57	750	4741	1.06	1.85	710	5703	58.96	102.89	750	7153M	3.04	5.30	750
4133	1.45	2.53	750	4751	0.90	1.57	620	5705	3.45	6.02	750	7222	6.30	10.99	750
4150	1.01	1.76	681	4771N	1.03	1.80	694	5951	0.26	0.45	263	7228X	4.47	7.80	750
4206	2.22	3.87	750	4777	1.05	1.83	703	6003	6.46	11.27	750	7229X	4.69	8.18	750
4207	0.61	1.06	458	4825	0.54	0.94	420	6005	4.91	8.57	750	7230	2.64	4.61	750
4239	0.77	1.34	547	4828	1.01	1.76	681	6017	2.52	4.40	750	7231	3.50	6.11	750
4240	1.49	2.60	750	4829	0.73	1.27	525	6018	1.37	2.39	750	7232	8.26	14.41	750
4243	1.01	1.76	681	4902	0.81	1.41	569	6045	1.59	2.77	750	7309F	14.74	25.72	750
4244	1.79	3.12	750	4923	0.67	1.17	493	6204	6.43	11.22	750	7313F	4.18	7.29	750
4250	0.90	1.57	620	5020	4.45	7.77	750	6206	4.08	7.12	750	7317F	6.61	11.53	750
4251	1.07	1.87	716	5022	3.20	5.58	750	6213	5.37	9.37	750	7327F	19.51	34.04	750
4263	1.33	2.32	750	5037	12.55	21.90	750	6214	1.81	3.16	750	7333M	3.54	6.18	750
4273	1.16	2.02	750	5040	16.83	29.37	750	6216	4.18	7.29	750	7335M	3.93	6.86	750
4279	1.09	1.90	726	5057	12.04	21.01	750	6217	3.27	5.71	750	7337M	6.33	11.05	750
4282	1.28	2.23	750	5059	14.30	24.95	750	6229	3.24	5.65	750	7350F	12.72	22.20	750
4283	1.19	2.08	750	5069	18.06	31.51	750	6233	3.53	6.16	750	7360	4.56	7.96	750
4299	1.06	1.85	710	5102	2.65	4.62	750	6235	9.39	16.39	750	7370	3.22	5.62	750
4304	1.67	2.91	750	5146	3.24	5.65	750	6236	7.73	13.49	750	7380X	2.22	3.87	750
4307	1.33	2.32	750	5160	2.29	4.00	750	6237	1.98	3.46	750	7382	1.83	3.19	750
4308	0.00	0.00	120	5183	2.27	3.96	750	6251D	5.15	8.99	750	7390	2.37	4.14	750
4351	0.69	1.20	503	5188	2.90	5.06	750	6252D	3.85	6.72	750	7394M	7.18	12.53	750
4352	0.61	1.06	458	5190	2.08	3.63	750	6260D	3.40	5.93	750	7395M	7.98	13.93	750
4360	0.55	0.96	426	5191X	1.20	2.09	750	6306	3.66	6.39	750	7398M	12.86	22.44	750
4361	0.80	1.40	566	5192	2.59	4.52	750	6319	3.57	6.23	750	7403	1.90	3.32	750
4362	0.70	1.22	509	5213	4.57	7.97	750	6325	2.98	5.20	750	7405N	0.75	1.31	538
4410	1.94	3.39	750	5215	2.73	4.76	750	6400	4.47	7.80	750	7409*	0.00	0.00	120
4420	2.34	4.08	750	5221	3.36	5.86	750	6504	1.54	2.69	750	7420X*	16.46	28.72	750
4431	0.90	1.57	620	5222	7.76	13.54	750	6702M*	4.96	8.66	750	7421	1.74	3.04	750
4432	0.97	1.69	659	5223	3.42	5.97	750	6703M*	8.87	15.48	750	7422	1.47	2.57	750
4439	1.02	1.78	687	5348	2.65	4.62	750	6704M*	5.51	9.61	750	7423	0.00	0.00	120
4452	1.97	3.44	750	5402	2.94	5.13	750	6801F	7.56	13.19	750	7425	2.72	4.75	750
4459	1.13	1.97	748	5403	6.08	10.61	750	6811	3.32	5.79	750	7431N	1.11	1.94	738
4470	1.44	2.51	750	5437	2.88	5.03	750	6824F	21.77	37.99	750	7445N	0.40	0.70	343
4484	1.26	2.20	750	5443	2.61	4.55	750	6826F	8.35	14.57	750	7453N	0.60	1.05	455
4493	1.53	2.67	750	5445	3.27	5.71	750	6834	2.35	4.10	750	7502	1.63	2.84	750

\*Refer to the Footnotes Page for additional information on this class code.

ARKANSAS (03)  
 MITSUI SUMITOMO INSURANCE USA Inc.  
 WORKERS' COMPENSATION RATES  
 EFFECTIVE: JULY 1, 2008  
 NCCI LOSS COSTS EFFECTIVE: JULY 1, 2008

CLASS CODE	LC BASE	RATE	MIN PREM	CLASS CODE	LC BASE	RATE	MIN PREM	CLASS CODE	LC BASE	RATE	MIN PREM
7515	0.70	1.22	509	8235	2.71	4.73	750	9012	1.27	2.22	750
7520	1.48	2.58	750	8263	6.12	10.68	750	9014	1.82	3.18	750
7538	6.63	11.57	750	8264	2.21	3.86	750	9015X	1.58	2.76	750
7539	2.84	4.96	750	8265	6.05	10.56	750	9016	4.08	7.12	750
7540	1.86	3.25	750	8279	5.85	10.21	750	9019	1.94	3.39	750
7580	1.23	2.15	750	8288	3.94	6.88	750	9033	1.29	2.25	750
7590	3.40	5.93	750	8291	1.37	2.39	750	9040*	2.31	4.03	750
7600	1.71	2.98	750	8292	1.95	3.40	750	9052	1.02	1.78	687
7601	7.71	13.45	750	8293	4.49	7.84	750	9058	1.17	2.04	750
7605	2.15	3.75	750	8295X	4.91	8.57	750	9059	1.81	3.16	750
7610	0.35	0.61	314	8304	4.52	7.89	750	9060	1.19	2.08	750
7611	3.45	6.02	750	8350	3.72	6.49	750	9061	0.91	1.59	627
7612	7.69	13.42	750	8380	2.33	4.07	750	9063	0.65	1.13	480
7613	3.07	5.36	750	8381	0.98	1.71	665	9077F	2.78	4.85	750
7704	0.00	0.00	120	8385	1.58	2.76	750	9082	1.05	1.83	703
7705	1.69	2.95	750	8392	1.97	3.44	750	9083	1.06	1.85	710
7710	3.79	6.61	750	8393	1.12	1.95	742	9084	1.23	2.15	750
7711	3.79	6.61	750	8500	4.16	7.26	750	9089	0.75	1.31	538
7720X	1.69	2.95	750	8601	0.54	0.94	420	9093	0.92	1.61	633
7855	4.08	7.12	750	8606	1.83	3.19	750	9101	1.98	3.46	750
8001	1.46	2.55	750	8709F	5.24	9.14	750	9102	1.91	3.33	750
8002	2.13	3.72	750	8719	1.23	2.15	750	9110	0.00	0.00	120
8006	1.27	2.22	750	8720	0.89	1.55	614	9154	1.27	2.22	750
8008	0.80	1.40	566	8721	0.26	0.45	263	9156	0.86	1.50	591
8010	1.24	2.16	750	8726F	6.01	10.49	750	9170	1.82	3.18	750
8013	0.32	0.56	299	8734M	0.42	0.73	353	9178	17.18	29.98	750
8015	0.42	0.73	353	8737M	0.38	0.66	330	9179	23.57	41.13	750
8017	0.77	1.34	547	8738M	0.67	1.17	493	9180	2.43	4.24	750
8018X*	1.65	2.88	750	8742X	0.31	0.54	292	9182	1.77	3.09	750
8021	1.22	2.13	750	8745	3.00	5.24	750	9186	34.91	60.92	750
8031	2.54	4.43	750	8748	0.27	0.47	270	9220	2.23	3.89	750
8032	1.04	1.81	697	8755	0.17	0.30	216	9402	2.82	4.92	750
8033	1.24	2.16	750	8799	0.63	1.10	471	9403	3.75	6.54	750
8039	0.90	1.57	620	8800	0.63	1.10	471	9410	1.15	2.01	750
8044	1.81	3.16	750	8803	0.05	0.09	149	9501	2.88	5.03	750
8045	0.27	0.47	270	8805M	0.22	0.38	241	9505	2.50	4.36	750
8046	1.75	3.05	750	8810	0.16	0.28	209	9516	2.13	3.72	750
8047	0.70	1.22	509	8814M	0.19	0.33	225	9519	1.20	2.09	750
8050	0.00	0.00	120	8815M	0.35	0.61	314	9521	3.47	6.06	750
8058	1.80	3.14	750	8820	0.14	0.24	197	9522	1.03	1.80	686
8072	0.53	0.92	413	8824	1.62	2.83	750	9534	4.58	7.99	750
8102	1.66	2.90	750	8825	1.38	2.41	750	9554	4.86	8.48	750
8103	2.45	4.28	750	8826	1.46	2.55	750	9586	0.43	0.75	356
8105	3.17	5.53	750	8829	1.76	3.07	750	9600	1.07	1.87	708
8106	2.51	4.38	750	8831	1.72	3.00	750	9620	0.87	1.52	598
8107	2.14	3.73	750	8832	0.18	0.31	219				
8111	2.47	4.31	750	8833X*	0.59	1.03	448				
8116	2.75	4.80	750	8835	1.29	2.25	750				
8203	3.61	6.30	750	8842	0.96	1.68	656				
8204	3.13	5.46	750	8861	0.00	0.00	120				
8209	1.96	3.42	750	8864	0.96	1.68	656				
8215	3.76	6.56	750	8868	0.25	0.44	260				
8227	2.05	3.58	750	8869	0.48	0.84	388				
8232	4.13	7.21	750	8871	0.15	0.26	203				
8233	3.36	5.86	750	8901	0.17	0.30	216				

\*Refer to the Footnotes Page for additional information on this class code.

ARKANSAS (03)  
 MITSUI SUMITOMO INSURANCE USA Inc.  
 WORKERS' COMPENSATION RATE FOOTNOTES  
 EFFECTIVE: JULY 1, 2008  
 NCCI LOSS COSTS EFFECTIVE: JULY 1, 2008

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

Disease			Disease			Disease		
Code No.	Loading	Symbol	Code No.	Loading	Symbol	Code No.	Loading	Symbol
0059D	0.31	S	1710E	0.05	S	3175D	0.03	S
0065D	0.05	S	1741E	0.26	S	4024E	0.02	S
0066D	0.05	S	1803D	0.26	S	5508D	0.03	S
0067D	0.05	S	1852D	0.05	Asb	6251D	0.07	S
1164E	0.09	S	3081D	0.05	S	6252D	0.03	S
1165E	0.03	S	3082D	0.05	S	6260D	0.03	S
1624E	0.05	S	3085D	0.05	S			

S=Silica, Asb=Asbestos

- F Rate provides for coverage under the United States Lingshore and Harbor Workers Compensation Act and its extensions. Rate contains a provision for federal assessment.
- M Rate provides for coverage under Admiralty Law and Federal Employer's Liability Act (FELA). A provision for the USL&HW assessment is included for those classifications under Program II USL Act.
- N This code is part of a ratable/non-ratable group shown below. The statistical non-ratable code and corresponding advisory rate and/or loss cost 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 \$5.69. (For coverage written separately for federal benefits only, \$3.75. For coverage written separately for state benefits only, \$1.94.)
- 1016 Rate includes a non-ratable disease element of \$22.72. (For coverage written separately for federal benefits only, \$14.97. For coverage separately for state benefits only, \$7.75.) It also includes a catastrophe loading of \$0.14.
- 6702 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 eir each x 1.215.
- 6703 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 eir x 2.032.

**ARKANSAS (03)**  
**MITSUI SUMITOMO INSURANCE USA Inc.**  
**WORKERS' COMPENSATION RATE FOOTNOTES**  
**EFFECTIVE: JULY 1, 2008**  
**NCCI LOSS COSTS EFFECTIVE: JULY 1, 2008**

Class Codes with Specific Footnotes (cont.)

- 6704 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 rate and eir 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 January 1, 2008 (\$750 payroll limitation). An ELR of 7.71 should be applied to policies with effective dates prior to January 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 \$0.52. A charge of \$0.17 is to be added to this 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 tubercular ward or department.
- 9040 The ex-medical rate for this classification is \$1.94. A charge of \$0.17 is to be added to this 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 tubercular ward or department.

ARKANSAS (03)  
 MITSUI SUMITOMO INSURANCE USA Inc.  
 WORKERS' COMPENSATION RATES MISCELLANEOUS VALUES  
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 NCCI RATING VALUES EFFECTIVE: JULY 1, 2008

<b>Basis of premium</b> applicable in accordance with the footnote instructions for Code 7370 --		
"Taxicab Co. - Drivers":	Employee operated vehicle.....	\$48,893.00
	Leased or rented vehicle.....	\$32,595.00
7420--"Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew"	Maximum payroll per week per employee.....	\$750.00
<b>Expense Constant</b> applicable in accordance with <i>Basic Manual</i> Rule 3-A-11.....		\$160.00
<b>Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents</b> .....		\$0.02
<b>Foreign Terrorism</b> .....		\$0.03
<b>Maximum Payroll</b> applicable in accordance with <i>Basic Manual</i> Rule 2-E-1 - "Executive Officers" and the <i>Basic Manual</i> footnote instructions for Code 9178 - "Athletic Sports or Park: Noncontact Sports", Code 9179 - "Athletic Sports or Park: Contact Sports", and Code 9186 - "Carnival--Traveling".....		
		\$2,500.00
<b>Minimum Payroll</b> applicable in accordance with <i>Basic Manual</i> Rule 2-E-1 - "Executive Officers".....		
		\$300.00
<b>Per Passenger Seat Surcharge</b> - In accordance with the footnote instructions for classification Code 7421, the surcharge is		
	maximum surcharge per aircraft.....	\$1,000.00
	per passenger seat.....	\$100.00
<b>Premium Determination for Partners and Sole Proprietors and Members of Limited Liability Companies</b> in accordance with <i>Basic Manual</i> Rule 2-E-3.....		
		\$31,900.00
<b>United States Longshore and Harbor Workers' Compensation Coverage Percentage</b> applicable only in connection with <i>Basic Manual</i> 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).)

**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 approval eligibility amounts by state.

## ARKANSAS WORKERS' COMPENSATION DEDUCTIBLE DISCLOSURE NOTICE AND SELECTION FORM

Arkansas law requires that we provide a notice outlining the available deductible for medical and/or indemnity expenses payable under your Workers' Compensation and Employers Liability Policy issued by Mitsui Sumitomo Insurance USA Inc. Any deductible you select will apply separately to each claim.

If you select a deductible your workers' compensation premium will be reduced by the appropriate premium percentage reduction shown below. For multi-state workers compensation policies, the reduction will apply to the portion of the premium attributable to your Arkansas operations.

Your policy may or may not already include a deductible. If you do not wish to change your policy, you do not have to return this form. If your policy does not have a deductible and you want one, or if your policy has a deductible and you want to change it, please place an "x" next to the deductible you want and return the signed, completed form to Sumitomo or your agent prior to the policy period effective date.

### POLICY PREMIUM PERCENTAGE REDUCTION

	<b>Hazard Group</b>			
<u>Deductible Amount</u>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
_____ \$1,000	7.1%	5.8%	5.0%	4.2%
_____ \$1,500	8.6%	7.1%	6.1%	5.2%
_____ \$2,000	9.9%	8.1%	7.0%	6.0%
_____ \$2,500	10.9%	9.1%	7.9%	6.8%
_____ \$3,000	11.9%	9.9%	8.6%	7.4%
_____ \$3,500	12.7%	10.6%	9.3%	8.1%
_____ \$4,000	13.5%	11.3%	10.0%	8.6%
_____ \$4,500	14.3%	11.9%	10.5%	9.2%
_____ \$5,000	14.9%	12.6%	11.1%	9.7%

	<b>Hazard Group</b>		
<u>Deductible Amount</u>	<b>E</b>	<b>F</b>	<b>G</b>
_____ \$1,000	3.5%	2.4%	1.9%
_____ \$1,500	4.4%	3.1%	2.4%
_____ \$2,000	5.1%	3.7%	2.9%
_____ \$2,500	5.8%	4.2%	3.2%
_____ \$3,000	6.4%	4.7%	3.6%
_____ \$3,500	6.9%	5.1%	4.0%
_____ \$4,000	7.4%	5.6%	4.3%
_____ \$4,500	7.9%	6.0%	4.6%
_____ \$5,000	8.4%	6.4%	4.9%

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Representative of Named Insured

Named Insured: \_\_\_\_\_

Named Insured's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Binder/Policy Number: \_\_\_\_\_

Name and Address of Agent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WORKERS COMPENSATION AND EMPLOYERS LIABILITY  
Rates & Rating Values  
Arkansas

Effective Date: July 1, 2008

APPLICABLE TO RATES  
RETROSPECTIVE RATING PLANS  
Rating Values

1. Hazard Group Differentials						
A	B	C	D	E	F	G
1.89	1.42	1.26	1.13	0.98	0.79	0.59

2. Tax Multipliers	
a. State (Non-F classes)	1.066
b. Federal Classes, or non-F classes where rate is increased by the USL & HW Act Percentage	1.167

3.a. Expected Loss Ratio	3.b. Expected Loss and Allocated Expense Ratio
0.615	0.673

4.a. Table of Expense Ratios Table XIX-A	4.b. Table of Expense Ratios for ALAE Option Table XIX-C

5. 2008 Table of Expected Loss Ranges  
Effective January 1, 2008

6.a.

Excess Loss Factors  
(Applicable to New and Renewal Policies)

Per Accident Limitation	A	B	C	D	E	F	G
\$10,000 †	0.354	0.387	0.407	0.424	0.443	0.470	0.492
\$15,000 †	0.315	0.351	0.373	0.392	0.414	0.445	0.471
\$20,000 †	0.285	0.323	0.345	0.366	0.390	0.424	0.454
\$25,000	0.261	0.299	0.323	0.345	0.370	0.405	0.439
\$30,000	0.241	0.279	0.304	0.326	0.352	0.389	0.426
\$35,000	0.225	0.262	0.287	0.309	0.336	0.375	0.413
\$40,000	0.210	0.247	0.272	0.295	0.322	0.362	0.402
\$50,000	0.186	0.222	0.247	0.270	0.298	0.339	0.382
\$75,000	0.148	0.179	0.204	0.225	0.253	0.295	0.343
\$100,000	0.125	0.152	0.175	0.194	0.223	0.264	0.314
\$125,000	0.108	0.132	0.155	0.173	0.200	0.240	0.291
\$150,000	0.096	0.118	0.140	0.157	0.183	0.221	0.273
\$175,000	0.087	0.107	0.128	0.144	0.168	0.206	0.257
\$200,000	0.080	0.098	0.118	0.132	0.156	0.192	0.244
\$225,000	0.074	0.090	0.110	0.124	0.146	0.181	0.233
\$250,000	0.069	0.085	0.103	0.117	0.138	0.172	0.223
\$275,000	0.065	0.080	0.098	0.110	0.130	0.163	0.214
\$300,000	0.061	0.075	0.093	0.105	0.124	0.156	0.206
\$325,000	0.058	0.071	0.088	0.100	0.119	0.150	0.198
\$350,000	0.055	0.068	0.084	0.096	0.113	0.144	0.192
\$375,000	0.053	0.065	0.081	0.092	0.109	0.138	0.186
\$400,000	0.051	0.063	0.078	0.088	0.105	0.133	0.181
\$425,000	0.049	0.060	0.075	0.084	0.101	0.129	0.175
\$450,000	0.047	0.057	0.072	0.082	0.098	0.125	0.171
\$475,000	0.045	0.055	0.070	0.079	0.094	0.121	0.167
\$500,000	0.044	0.054	0.068	0.076	0.092	0.117	0.163
\$600,000	0.039	0.048	0.061	0.069	0.082	0.106	0.149
\$700,000	0.036	0.043	0.055	0.063	0.074	0.097	0.138
\$800,000	0.034	0.041	0.052	0.058	0.070	0.090	0.129
\$900,000	0.031	0.038	0.049	0.054	0.065	0.084	0.122
\$1,000,000	0.029	0.036	0.045	0.051	0.061	0.079	0.115
\$2,000,000	0.017	0.022	0.029	0.033	0.040	0.052	0.078
\$3,000,000	0.012	0.016	0.021	0.024	0.030	0.040	0.061
\$4,000,000	0.009	0.013	0.016	0.019	0.024	0.032	0.050
\$5,000,000	0.007	0.010	0.014	0.016	0.019	0.026	0.042
\$6,000,000	0.006	0.008	0.011	0.013	0.016	0.022	0.036
\$7,000,000	0.005	0.007	0.009	0.011	0.013	0.019	0.032
\$8,000,000	0.005	0.006	0.008	0.009	0.012	0.016	0.028
\$9,000,000	0.004	0.005	0.007	0.009	0.011	0.014	0.025
\$10,000,000	0.004	0.005	0.007	0.007	0.009	0.013	0.022

† This loss limit is not applicable for retrospective rating in this state.

6.b.

Excess Loss and Allocated Expense Factors  
(Applicable to New and Renewal Policies)

A	B	C	D	E	F	G
0.404	0.440	0.460	0.479	0.498	0.525	0.539
0.364	0.403	0.426	0.446	0.469	0.500	0.521
0.333	0.373	0.397	0.420	0.444	0.479	0.504
0.307	0.349	0.374	0.397	0.424	0.461	0.490
0.286	0.328	0.354	0.378	0.405	0.444	0.477
0.268	0.309	0.336	0.360	0.389	0.429	0.465
0.252	0.293	0.320	0.344	0.374	0.416	0.454
0.226	0.266	0.293	0.318	0.349	0.391	0.434
0.182	0.217	0.244	0.268	0.300	0.345	0.394
0.154	0.186	0.212	0.235	0.266	0.311	0.364
0.134	0.163	0.188	0.210	0.240	0.284	0.339
0.121	0.146	0.171	0.191	0.220	0.264	0.319
0.109	0.132	0.157	0.175	0.203	0.246	0.302
0.100	0.122	0.145	0.162	0.189	0.231	0.287
0.092	0.113	0.135	0.152	0.177	0.217	0.273
0.087	0.105	0.127	0.143	0.168	0.207	0.263
0.082	0.100	0.121	0.135	0.159	0.197	0.252
0.077	0.094	0.114	0.129	0.151	0.188	0.243
0.073	0.089	0.109	0.123	0.144	0.181	0.235
0.069	0.085	0.104	0.117	0.138	0.173	0.227
0.067	0.081	0.100	0.112	0.132	0.167	0.221
0.063	0.078	0.096	0.108	0.128	0.161	0.214
0.061	0.074	0.092	0.104	0.123	0.156	0.208
0.059	0.072	0.090	0.100	0.119	0.151	0.203
0.057	0.069	0.086	0.097	0.115	0.146	0.198
0.055	0.067	0.084	0.094	0.112	0.142	0.193
0.049	0.059	0.075	0.084	0.100	0.129	0.177
0.044	0.054	0.069	0.076	0.092	0.117	0.165
0.042	0.050	0.064	0.071	0.085	0.109	0.154
0.038	0.047	0.059	0.067	0.079	0.102	0.146
0.036	0.044	0.056	0.063	0.074	0.096	0.138
0.022	0.028	0.036	0.041	0.049	0.063	0.094
0.016	0.020	0.027	0.030	0.037	0.049	0.074
0.012	0.016	0.021	0.024	0.030	0.040	0.061
0.010	0.013	0.017	0.020	0.024	0.034	0.052
0.007	0.010	0.014	0.016	0.020	0.028	0.045
0.007	0.009	0.012	0.014	0.017	0.024	0.040
0.006	0.007	0.011	0.012	0.015	0.021	0.035
0.005	0.007	0.009	0.011	0.013	0.019	0.032
0.005	0.006	0.009	0.010	0.012	0.017	0.028

7. Retrospective Development Factors

With Loss Limit			Without Loss Limit			4th & Subsequent Adjustment
1st Adj.	2nd Adj.	3rd Adj.	1st Adj.	2nd Adj.	3rd Adj.	
0.05	0.05	0.03	0.11	0.11	0.08	0.00

8. State Special Classifications by Hazard Group  
Refer to Appendix E of NCCI's Basic Manual