

SERFF Tracking Number: SMCG-125711523 State: Arkansas  
Filing Company: Louisiana Retailers Mutual Insurance Company State Tracking Number: #? \$50  
Company Tracking Number: 08-WC-AR-0469  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: LRMIC AR TRIPRA Notice 090108  
Project Name/Number: LRMIC AR TRIPRA Notice 090108/08-WC-AR-0469

## Filing at a Glance

Company: Louisiana Retailers Mutual Insurance Company

Product Name: LRMIC AR TRIPRA Notice SERFF Tr Num: SMCG-125711523 State: Arkansas  
090108

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: #? \$50

Sub-TOI: 16.0004 Standard WC

Co Tr Num: 08-WC-AR-0469

State Status: Fees verified and  
received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Carol  
Stiffler

Authors: Liz McCarty, Ethel Lee

Disposition Date: 06/26/2008

Date Submitted: 06/25/2008

Disposition Status: Approved

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

Effective Date (New): 09/01/2008

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

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: LRMIC AR TRIPRA Notice 090108

Status of Filing in Domicile: Not Filed

Project Number: 08-WC-AR-0469

Domicile Status Comments: n/a

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 06/26/2008

State Status Changed: 06/26/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to replace the informational filing of the Terrorism Insurance Premium Notice, ST-ML-506 (01/08).

The proposed Terrorism Insurance Premium Notice eliminates the distinction between foreign and domestic terrorism. BCIC proposes to use the attached Terrorism Insurance Premium Notice, ST-ML-506 (09/08).

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## Company and Contact

### Filing Contact Information

(This filing was made by a third party - summitconsultinginc)  
Ethel Lee, Regulatory Analyst ethel.lee@summitholdings.com  
P.O. Box 988 (863) 665-6060 [Phone]  
Lakeland, FL 33802-0988 (863) 667-7218[FAX]

### Filing Company Information

Louisiana Retailers Mutual Insurance Company CoCode: 10718 State of Domicile: Louisiana  
9489 Interline Avenue Group Code: Company Type: Property &  
Casualty  
Baton Rouge, LA 70809 Group Name: State ID Number:  
(225) 926-3264 ext. [Phone] FEIN Number: 59-2009824  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50 per filing  
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
106343	\$50.00	06/25/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	06/26/2008	06/26/2008

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## Disposition

Disposition Date: 06/26/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Your filing is approved on the effective date you requested contingent upon receipt of the filing fees shown in your filing.

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty		Yes
<b>Supporting Document</b>	Cover Letter		Yes
<b>Supporting Document</b>	Filing Memorandum		Yes
<b>Supporting Document</b>	F778 Form Filing Schedule		Yes
<b>Form</b>	Terrorism Insurance Premium Notice		Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
	Terrorism Insurance Premium Notice	ST-ML-506	(09/08)	Disclosure/ Replaced Notice	Replaced Form #: ST-ML-506 (01/08) Previous Filing #: 08-WC-AR-0432		TRIPRA Disclosure Notice Rev 9-01-08.pdf

## **TERRORISM INSURANCE PREMIUM NOTICE**

**This notice contains important information about the Terrorism Risk Insurance Act and its effect on your policy. Please read it carefully.**

### **THE TERRORISM RISK INSURANCE ACT**

The Terrorism Risk Insurance Act, including all amendments (“TRIA” or the “Act”), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer’s losses from a “certified act of terrorism” exceed a specified deductible amount, the government will reimburse the insurer for 85% of losses paid in excess of the deductible, but only if aggregate industry losses from such an act exceed \$100 million. An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

### **MANDATORY OFFER OF COVERAGE FOR “CERTIFIED ACTS OF TERRORISM” AND DISCLOSURE OF PREMIUM**

TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a “certified act of terrorism” AND that is otherwise covered under your policy.

A “certified act of terrorism” means:

[A]ny act that is certified by the Secretary [of the Treasury], in concurrence with the Secretary of State, and the Attorney General of the United States

(i) to be an act of terrorism;

(ii) to be a violent act or an act that is dangerous to –

- (I) human life;
- (II) property; or
- (III) infrastructure;

(iii) to have resulted in damage within the United States, or outside of the United States in the case of –

- (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
- (II) the premises of a United States mission; and

(iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

## **PREMIUM DISCLOSURE STATEMENT**

Your policy/insuring agreement does not contain an exclusion for losses resulting from “certified acts of terrorism.” Coverage for such losses is still subject to, and may be limited by, all other terms, conditions and exclusions in your policy/insuring agreement.

THE PREMIUM CHARGE FOR THIS COVERAGE FOR THE POLICY PERIOD APPEARS ON THE ATTACHED QUOTE NEXT TO THE SEPARATE LINE ITEM CHARGE FOR “TERRORISM”.

### **YOU NEED NOT DO ANYTHING FURTHER AT THIS TIME.**

The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy.

If you have any questions regarding this notice please contact your sales representative or agent.

*SERFF Tracking Number:* SMCG-125711523 *State:* Arkansas  
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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty 06/25/2008

**Comments:**

**Attachment:**

08-WC-AR-0469 F 777 PC TD-1.pdf

**Review Status:**  
**Satisfied -Name:** Cover Letter 06/25/2008

**Comments:**

**Attachment:**

08-WC-AR-0469 ltr LRMIC.pdf

**Review Status:**  
**Satisfied -Name:** Filing Memorandum 06/25/2008

**Comments:**

**Attachment:**

Filing Memorandum 08-WC-AR-0469.pdf

**Review Status:**  
**Satisfied -Name:** F778 Form Filing Schedule 06/25/2008

**Comments:**

**Attachment:**

F778AL\_Form Sched 08-WC-AR-0469 Disclosure 9-08.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="width: 50%; 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					

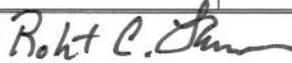
<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Louisiana Retailers Mutual Insurance Company	LA	10718	59-2009824	

<b>5. Company Tracking Number</b>	<b>08-WC-AR-0469</b>
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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
	Mr. Robert A. Laramore Summit Consulting, Inc. of Louisiana, MGA	Director of Regulations & Reinsurance	1-800-282-7648	863-667-7218	bob.laramore@ summitholdings.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Robert A. Laramore

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

9. Type of Insurance (TOI)	16.0000 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 09/01/2008      Renewal: 09/01/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	06/25/2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	08-WC-AR-0469
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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See Filing Memorandum

<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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**Check #:**  
**Amount: \$50.00**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**



LOUISIANA RETAILERS  
MUTUAL INSURANCE COMPANY

P.O. Box 80439 • Baton Rouge, LA 70898-0439 • (225) 926-3264 • 1-800-421-2944 • Fax (225) 926-4102

June 25, 2008

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

Re: Louisiana Retailers Mutual Insurance Company  
Workers Compensation Insurance  
Revised Filing of Terrorism Insurance Premium Notice  
NAIC Number 10718  
LRMIC Filing Number 08-WC-AR-0469

Dear Ms. Bowman:

Louisiana Retailers Mutual Insurance Company is licensed to write workers compensation insurance in the State of Arkansas. At this time, we are submitting for your review and approval the revised Terrorism Insurance Premium Notice, ST-ML-506 (09/08). The revised notice eliminates the distinction between foreign and domestic terrorism. An effective date of September 1, 2008 is requested.

Included in this filing are:

1. Cover Letter
2. Filing Memorandum
3. Property & Casualty Transmittal Document (PC TD-1)
4. Form Filing Schedule (PC-FFS-1)
5. Terrorism Insurance Premium Notice, ST-ML-506 (09/08)

Please send all questions and correspondence to: Louisiana Retailers Mutual Insurance Company  
ATTN: Robert Laramore  
P.O. Box 988  
Lakeland, FL 33802-0988  
Email: [bob.laramore@summitholdings.com](mailto:bob.laramore@summitholdings.com)  
Phone 1-800-282-7648, ext. 3652

To the best of my knowledge, this filing is in compliance with the statutes, rules regulations of the State of Arkansas.

Sincerely,



Robert A. Laramore  
Director of Regulation & Reinsurance  
Summit Consulting, Inc.,  
Managing General Agent

RAL/el  
Enclosures

**Filing Memorandum**  
**Louisiana Retailers Mutual Insurance Company**  
**08-WC-AR-0469**

**Purpose**

This filing replaces the informational filing of the Terrorism Insurance Premium Notice, ST-ML-506 (01/08).

**Proposal**

Louisiana Retailers Mutual Insurance Company (LRMIC) is proposing to use the attached Terrorism Insurance Premium Notice, ST-ML-506 (9/08).

The proposed Terrorism Insurance Premium Notice eliminates the distinction between foreign and domestic terrorism. It will be sent with all quotes for new business with effective dates on or after September 1, 2008.

**Impact**

This filing will not affect current premium levels.

**Proposed Effective Date**

Louisiana Retailers Mutual Insurance Company proposes an effective date of September 1, 2008

## FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		<b>08-WC-AR-0469</b>		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Terrorism Insurance Premium Notice	ST-ML-506 (09/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	ST-ML-506 (01/08)	08-WC-AR-0432
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		