

SERFF Tracking Number: UTCX-125674818 State: Arkansas  
First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: EFT \$20  
Company Tracking Number: WC AR09811CGF01  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: Workers Compensation/WC AR09811CGF01

## Filing at a Glance

Companies: Utica Mutual Insurance Company, Graphic Arts Mutual Insurance Company  
Product Name: Workers Compensation SERFF Tr Num: UTCX-125674818 State: Arkansas  
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$20  
Sub-TOI: 16.0004 Standard WC Co Tr Num: WC AR09811CGF01 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol Stiffler  
Author: SPI UticaNational Disposition Date: 06/02/2008  
Date Submitted: 06/02/2008 Disposition Status: Approved  
Effective Date Requested (New): 09/01/2008 Effective Date (New): 09/01/2008  
Effective Date Requested (Renewal): Effective Date (Renewal):  
State Filing Description:

## General Information

Project Name: Workers Compensation Status of Filing in Domicile: Not Filed  
Project Number: WC AR09811CGF01 Domicile Status Comments:  
Reference Organization: NCCI Reference Number: NCCI Item P-1406  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 06/02/2008 Deemer Date:  
State Status Changed: 06/02/2008  
Corresponding Filing Tracking Number:  
Filing Description:  
With this filing we are adopting NCCI Item Filing P-1406 - Withdrawal of Endorsement WC 00 01 13 A and Revisions to Endorsements WC 00 04 21 B and WC 00 04 22 as set forth in NCCI Circular CIF-2008-04.

## Company and Contact

### Filing Contact Information

Tina Cirelli, Senior State Filings Coordinator tina.cirelli@uticanational.com

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180 Genesee Street (315) 734-2129 [Phone]  
New Hartford, NY 13413 (315) 734-2252[FAX]

**Filing Company Information**

Utica Mutual Insurance Company CoCode: 25976 State of Domicile: New York  
180 Genesee Street Group Code: 201 Company Type:  
New Hartford, NY 13413 Group Name: Utica National State ID Number:  
Insurance Group  
(315) 734-2000 ext. [Phone] FEIN Number: 15-0476880  
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Graphic Arts Mutual Insurance Company CoCode: 25984 State of Domicile: New York  
180 Genesee Street Group Code: 201 Company Type:  
New Hartford, NY 13413 Group Name: Utica National State ID Number:  
Insurance Group  
(315) 734-2000 ext. [Phone] FEIN Number: 13-5274760  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Utica Mutual Insurance Company	\$20.00	06/02/2008	20611066

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	06/02/2008	06/02/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
AR - EXPD FILING TRANS FOR TER RISK	Supporting Document	SPI UticaNational	06/02/2008	06/02/2008

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## Disposition

Disposition Date: 06/02/2008  
Effective Date (New): 09/01/2008  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - EXPD FILING TRANS FOR TER RISK	Approved	Yes

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**Amendment Letter**

Amendment Date:

Submitted Date: 06/02/2008

**Comments:**

Please note that the attached transmittal was left off of the original submission inadvertently. We are sorry for any inconvenience this may have caused your department.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: AR - EXPD FILING TRANS FOR TER RISK**

Comment:

AR - EXPD FILING TRANS FOR TER RISK.PDF

<i>SERFF Tracking Number:</i>	<i>UTCX-125674818</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Utica Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
<i>Company Tracking Number:</i>	<i>WC AR09811CGF01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation/WC AR09811CGF01</i>		

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:**  
**Bypassed -Name:** Uniform Transmittal Document- Property & Casualty **Approved** 06/02/2008  
**Bypass Reason:** Information generates through new version of SERFF.  
**Comments:**

**Review Status:**  
**Satisfied -Name:** AR - EXPD FILING TRANS FOR TER RISK **Approved** 06/02/2008  
**Comments:**  
**Attachment:**  
AR - EXPD FILING TRANS FOR TER RISK.PDF

**EXPEDITED FILING TRANSMITTAL DOCUMENT  
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) AR

Indicate Type of Filing
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Utica Mutual Insurance Company	NY	0201-25976	15-0476880
Graphic Arts Mutual Insurance Company	NY	0201-25984	13-5274760

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Tina D. Cirelli 180 Genesee Street New Hartford NY 13413	315-734-2129 Ext. 2129	315-734-2252	tina.cirelli@uticanational.com

**Filing information**

<b>Line of Insurance</b> (see attachment)	Workers Compensation
<b>Company Program Title</b> (Marketing title) (if applicable)	Workers Compensation
<b>Filing Type ** see note below</b>	
<b>This application is used with:</b>	
<b>Effective Date Requested</b>	09/01/2008
<b>Filing date</b>	06/02/2008
<b>Company Tracking Number</b>	WC AR09811CGF01
<b>Date filing approved in domiciliary state, if applicable</b>	

	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Terrorism Risk Insurance Program Reauthorization Act Endorsement	WC 00 04 22 A Ed. 09-2008	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	WC 00 04 22 Ed. 01-2008	
02	Domestic Terrorism Earthquakes & Catastrophic Industrial Accidents Premium Endorsement	WC 00 04 21 C Ed. 09-2008	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	WC 00 04 21 B Ed. 01-2008	

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.



Signature

Tina D. Cirelli  
Print Name:

Senior State Filings  
Coordinator

Title: