

SERFF Tracking Number: BALG-125698059 State: Arkansas  
Filing Company: Protective Insurance Company State Tracking Number: EFT \$25  
Company Tracking Number: ARPIC08-04R  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers' Compensation  
Project Name/Number: TRIPRA Rates Revision/ARPIC08-04R

## Filing at a Glance

Company: Protective Insurance Company

Product Name: Workers' Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rate/Rule

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

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

State Filing Description:

SERFF Tr Num: BALG-125698059 State: Arkansas

SERFF Status: Closed

Co Tr Num: ARPIC08-04R

Co Status:

Author: Jeremy Jaynes

Date Submitted: 07/23/2008

State Tr Num: EFT \$25

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Disposition Date: 07/23/2008

Disposition Status: Approved

Effective Date (New): 09/01/2008

Effective Date (Renewal):

## General Information

Project Name: TRIPRA Rates Revision

Project Number: ARPIC08-04R

Reference Organization:

Reference Title:

Filing Status Changed: 07/23/2008

State Status Changed: 07/23/2008

Corresponding Filing Tracking Number:

Filing Description:

Protective Insurance Company is a licensed provider of Workers' Compensation in Arkansas, and a member of the National Council of Compensation Insurance. As such, it is our intent to adopt NCCI's filing of Item B-1407 eliminating the distinction between foreign and domestic terrorism nationally; replacing references of "Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents (DTEC)" with the term "Catastrophe (other than Certified Acts of Terrorism)"; producing separate miscellaneous values for the voluntary and assigned risk market by state to address losses resulting from terrorism based on an updated terrorism model; and withdrawing Statistical Code 9752 and replacing it with national Statistical Code 9740.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number: B-1407

Advisory Org. Circular: CIF-2008-07

Deemer Date:

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Forms associated with this filing have been submitted by NCCI on our behalf, and will be implemented without deviation.

## Company and Contact

### Filing Contact Information

Jeremy Jaynes, Compliance Analyst jjaynes@baldwinandlyons.com  
 1099 N Meridian St (800) 231-6024 [Phone]  
 Indianapolis, IN 46204 (317) 715-9615[FAX]

### Filing Company Information

Protective Insurance Company CoCode: 12416 State of Domicile: Indiana  
 1099 N Meridian St Group Code: 867 Company Type: Property &  
 Indianapolis, IN 46204 Group Name: Baldwin & Lyons, Inc. State ID Number:  
 (317) 636-9800 ext. 416[Phone] FEIN Number: 35-6021485  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation: State charges \$25 per Rate/Rule filing.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Protective Insurance Company	\$25.00	07/23/2008	21560543

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07/23/2008	07/23/2008

*SERFF Tracking Number:*      *BALG-125698059*                      *State:*                      *Arkansas*  
*Filing Company:*              *Protective Insurance Company*                      *State Tracking Number:*      *EFT \$25*  
*Company Tracking Number:*      *ARPIC08-04R*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*              *Workers' Compensation*  
*Project Name/Number:*      *TRIPRA Rates Revision/ARPIC08-04R*

## **Disposition**

Disposition Date: 07/23/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.



<i>SERFF Tracking Number:</i>	<i>BALG-125698059</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Protective Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>ARPIC08-04R</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>TRIPRA Rates Revision/ARPIC08-04R</i>		

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
 Property & Casualty **Review Status:** Approved 07/23/2008

**Comments:**

**Attachment:**

AR Transmittal.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document  
 for Workers' Compensation **Review Status:** Approved 07/23/2008

**Bypass Reason:** N/A - no changes to the previously approved Loss Costs are being made.

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document **Review Status:** Approved 07/23/2008

**Bypass Reason:** N/A - no changes to the previously approved Loss Costs are being made.

**Comments:**

## 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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</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

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
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 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

22. Filing Fees (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]

Check #:  
Amount:

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.)

PC TD-1 pg 2 of 2