

SERFF Tracking Number: ELEC-125706646 State: Arkansas  
Filing Company: Electric Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: ARLC-2008-01  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: /

## Filing at a Glance

Company: Electric Insurance Company  
Product Name: Workers Compensation  
TOI: 16.0 Workers Compensation  
Sub-TOI: 16.0004 Standard WC

SERFF Tr Num: ELEC-125706646 State: Arkansas  
SERFF Status: Closed State Tr Num: EFT \$50  
Co Tr Num: ARLC-2008-01 State Status: Fees verified and received

Filing Type: Rate

Co Status: Reviewer(s): Betty Montesi, Carol Stiffler

Author: Nicole Caden

Disposition Date: 07/07/2008

Date Submitted: 06/23/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 07/01/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments: Not applicable.

Reference Organization:

Reference Number: AR-2008-02

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 07/07/2008

State Status Changed: 06/25/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing to adopt the July 1, 2008 loss costs using our current multiplier of 1.080.

## Company and Contact

### Filing Contact Information

Nicole Caden, Underwriting Specialist  
75 Sam Fonzo Drive

Nicole.Caden@electricinsurance.com  
(800) 227-2757 [Phone]

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Beverly, MA 01915

(978) 236-5044[FAX]

**Filing Company Information**

Electric Insurance Company  
75 Sam Fonzo Drive

CoCode: 21261  
Group Code: 57

State of Domicile: Massachusetts  
Company Type: Property &  
Casualty

Beverly, MA 01915  
(800) 227-2757 ext. [Phone]

Group Name: Electric  
FEIN Number: 04-2422119

State ID Number:

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## Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Electric Insurance Company	\$50.00	06/23/2008	21040654

SERFF Tracking Number: ELEC-125706646

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## Correspondence Summary

### Dispositions

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

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	07/02/2008	07/02/2008
Pending Industry Response	Carol Stiffler	06/23/2008	06/23/2008

#### Response Letters

Responded By	Created On	Date Submitted
Nicole Caden	07/03/2008	07/03/2008
Nicole Caden	06/24/2008	06/24/2008

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Effective date	Note To Filer	Carol Stiffler	06/24/2008	06/24/2008

SERFF Tracking Number: ELEC-125706646

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## Disposition

Disposition Date: 07/07/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ELEC-125706646 State: Arkansas  
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 Product Name: Workers Compensation  
 Project Name/Number: /

<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	Approved	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Approved	Yes
<b>Supporting Document</b>	Cover Letter	Approved	Yes

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TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/02/2008

Submitted Date 07/02/2008

Respond By Date

Dear Nicole Caden,

I am confused. If you want to use a 7/1/08 effective date, then these rates go into effect on that date--not 1/1/09. If you are currently writing WC in Arkansas, and I think you are, then those will be the rates on new and renewal policies after 7/1/08. But if you don't want to use them until 1/1/09 then that needs to be the effective date.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 07/03/2008

Submitted Date 07/03/2008

Dear Carol Stiffler,

### Comments:

### Response 1

Comments: Please approve using 7/1/2008 if still possible. Thanks.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

*SERFF Tracking Number:* ELEC-125706646

*State:* Arkansas

*Filing Company:* Electric Insurance Company

*State Tracking Number:* EFT \$50

*Company Tracking Number:* ARLC-2008-01

*TOI:* 16.0 Workers Compensation

*Sub-TOI:* 16.0004 Standard WC

*Product Name:* Workers Compensation

*Project Name/Number:* /

Sincerely,  
Nicole Caden

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Product Name: Workers Compensation  
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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 06/23/2008  
Submitted Date 06/23/2008  
Respond By Date  
Dear Nicole Caden,

This will acknowledge receipt of the captioned filing. In your cover letter you asked for a 1/1/09 approval date and on the General Info tab you asked for "on approval". I can approve them as early as 7/1/08 if you want or you can pick an effective date after 7/1/08 that will fit your requirements. This filing can be approved as soon as I get your response.

Please feel free to contact me if you have questions.

Sincerely,  
Carol Stiffler

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/24/2008  
Submitted Date 06/24/2008

Dear Carol Stiffler,

### Comments:

### Response 1

Comments: Carol, 7/1/2008 will work. We won't use the rates until 1/1/2009, that's probably why I did that. Sorry for the confusion.

Nicole

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

*SERFF Tracking Number: ELEC-125706646*

*State: Arkansas*

*Filing Company: Electric Insurance Company*

*State Tracking Number: EFT \$50*

*Company Tracking Number: ARLC-2008-01*

*TOI: 16.0 Workers Compensation*

*Sub-TOI: 16.0004 Standard WC*

*Product Name: Workers Compensation*

*Project Name/Number: /*

**No Rate/Rule Schedule items changed.**

Sincerely,  
Nicole Caden

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Filing Company: Electric Insurance Company State Tracking Number: EFT \$50  
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Product Name: Workers Compensation  
Project Name/Number: /

**Note To Filer**

**Created By:**

Carol Stiffler on 06/24/2008 11:02 AM

**Subject:**

Effective date

**Comments:**

Now I'm really confused. If you want to use a 7/1/08 effective date, then these rates go into effect on that date--not 1/1/09. If you are currently writing WC in Arkansas, and I think you are, then those will be the rates on new and renewal policies after 7/1/08. But if you don't want to use them until 1/1/09 then that needs to be the effective date.

*SERFF Tracking Number: ELEC-125706646*

*State: Arkansas*

*Filing Company: Electric Insurance Company*

*State Tracking Number: EFT \$50*

*Company Tracking Number: ARLC-2008-01*

*TOI: 16.0 Workers Compensation*

*Sub-TOI: 16.0004 Standard WC*

*Product Name: Workers Compensation*

*Project Name/Number: /*

## **Rate Information**

Rate data does NOT apply to filing.

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Filing Company: Electric Insurance Company State Tracking Number: EFT \$50  
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Product Name: Workers Compensation  
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## Supporting Document Schedules

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

**Comments:**

**Attachment:**

AR P&C Transmittal 2008-9.pdf

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

**Bypass Reason:** We are adopting 7/1/08 rates using current multiplier.

**Comments:**

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

**Bypass Reason:** We are adopting 7/1/08 rates using current mutliplier

**Comments:**

**Satisfied -Name:** Cover Letter **Review Status:** Approved 07/07/2008

**Comments:**

**Attachment:**

AR LC Filing 2009.pdf

## Property & Casualty Transmittal Document

Reset Form

<p style="text-align: center;"><b>1. Reserved for Insurance Dept. Use Only</b></p>	<p><b>2. Insurance Department Use only</b></p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <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> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>			
	Electric Insurance Company	21261			
<b>4.</b>	<b>Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
	Electric Insurance Company	Massachusetts	21261	04-2422119	20

<b>5. Company Tracking Number</b>	ARLC-2008-001
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Nicole Caden 75 Sam Fonzo Drive, Beverly, MA 01915	Underwriting Specialist	978-524-5044 or 800-227-2757 x5044	978-236-5044	nicole.caden@electricinsurance.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer Nicole Caden				

**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:   As approved   Renewal:
<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>	NCCI
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	
<b>18.</b>	<b>Company's Date of Filing</b>	6/24/08
<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

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # ARLC-2008-001

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

We are filing to adopt Loss Costs approved 7/1/2008, using our current multiplier of 1.080

[View Complete Filing Description](#)

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 #: EFT

Amount: 50.

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.)

## 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>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		

PC FFS-1

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	ARLC-2008-001
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>
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4a. Rate Change by Company (As Proposed)							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Electric Insurance Company	-12.8%			1			

4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected	1	

<b>6.</b>	Overall percentage of last rate revision	
<b>7.</b>	Effective Date of last rate revision	
<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
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	

June 23, 2008

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

Re: Electric Insurance Company - NAIC #21261  
Adoption of NCCI's Loss Cost Rates effective July 1, 2008  
NCCI Filing Item No.: AR-2008-02

Dear Commissioner:

This letter serves as our intent to adopt the approved voluntary advisory loss costs effective July 1, 2008. We do not wish to change our loss cost multiplier (1.080) at this time. These rates and ratings values are proposed to become effective January 1, 2009, or as early as possible.

Please feel free to contact me should you require further information (978-524-5044).

Sincerely,

Nicole Caden  
Underwriting Specialist

Attachment: Filing Fee, \$50