

SERFF Tracking Number: FLWR-125740018 State: Arkansas  
Filing Company: Florists' Mutual Insurance Company State Tracking Number: EFT \$25  
Company Tracking Number: 08-9  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: AR WC Rule Filing Item R-1398 01-09  
Project Name/Number: AR WC Rule Filing Item R-1398 01-09/08-9

## Filing at a Glance

Company: Florists' Mutual Insurance Company

Product Name: AR WC Rule Filing Item R-1398 SERFF Tr Num: FLWR-125740018 State: Arkansas  
01-09

TOI: 16.0 Workers Compensation  
Sub-TOI: 16.0004 Standard WC

SERFF Status: Closed  
Co Tr Num: 08-9

State Tr Num: EFT \$25  
State Status: Fees verified and  
received

Filing Type: Rule

Co Status:

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

Author: Danielle Milby

Disposition Date: 07/21/2008

Date Submitted: 07/21/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2009

Effective Date (New): 01/01/2009

Effective Date Requested (Renewal): 01/01/2009

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: AR WC Rule Filing Item R-1398 01-09

Status of Filing in Domicile: Pending

Project Number: 08-9

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: Item R-1398

Reference Title: 2008 Update to Retrospective Rating Plan Parameters Advisory Org. Circular: CIF-2008-15

- State Hazard Group Relativities

Filing Status Changed: 07/21/2008

State Status Changed: 07/21/2008

Deemer Date:

Corresponding Filing Tracking Number: 08-9

Filing Description:

Florists' Mutual Insurance Company is filing to adopt Item R-1398 - 2008 Update to Retrospective Rating Plan Parameters - State Hazard Group Relativities approved in NCCI Circular CIF-2008-15 effective January 1, 2009.

## Company and Contact

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**Filing Contact Information**

Danielle Milby, Compliance Analyst dmilby@hortica-insurance.com  
 #1 Horticultural Lane (618) 655-1822 [Phone]  
 Edwardsville, IL 62025 (618) 655-2519[FAX]

**Filing Company Information**

Florists' Mutual Insurance Company CoCode: 13978 State of Domicile: Illinois  
 #1 Horticultural Lane Group Code: 349 Company Type: Parent  
 PO Box 428  
 Edwardsville, IL 62025 Group Name: State ID Number:  
 (800) 851-7740 ext. [Phone] FEIN Number: 37-0277830  
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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Florists' Mutual Insurance Company	\$25.00	07/21/2008	21509695

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07/21/2008	07/21/2008

*SERFF Tracking Number:* FLWR-125740018      *State:* Arkansas  
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## **Disposition**

Disposition Date: 07/21/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FLWR-125740018 State: Arkansas  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes

*SERFF Tracking Number:*      *FLWR-125740018*                      *State:*                      *Arkansas*  
*Filing Company:*              *Florists' Mutual Insurance Company*              *State Tracking Number:*      *EFT \$25*  
*Company Tracking Number:*      *08-9*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*              *AR WC Rule Filing Item R-1398 01-09*  
*Project Name/Number:*      *AR WC Rule Filing Item R-1398 01-09/08-9*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: FLWR-125740018 State: Arkansas  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty  
**Review Status:** Approved 07/21/2008

**Comments:**

**Attachment:**

NAIC Property and Casualty Transmittal Document.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document for Workers' Compensation  
**Review Status:** Approved 07/21/2008

**Bypass Reason:** Not Applicable

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document  
**Review Status:** Approved 07/21/2008

**Bypass Reason:** Not Applicable

**Comments:**

Property & Casualty Transmittal Document

Reset Form

**1. Reserved for Insurance Dept. Use Only**

**2. Insurance Department Use only**

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

<b>3. Group Name</b>	<b>Group NAIC #</b>
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4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Florists' Mutual Insurance Company	Illinois	13978	370277830	12

<b>5. Company Tracking Number</b>	08-9
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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
Danielle Milby #1 Horticultural Lane Edwardsville, IL 62025	Compliance Analyst II	800-851-7740 Ext: 1822	618-655-2519	dmilby@hortica-insurance.com

7. Signature of authorized filer 

8. Please print name of authorized filer Danielle Milby

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

9. Type of Insurance (TOI)	16.0 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]	N/A
12. Company Program Title (Marketing title)	N/A
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" 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: 01/01/2009      Renewal: 01/01/2009
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI Item R-1398
17. Reference Organization # & Title	2008 Update to Retrospective Rating Plan Parameters - State Haz.
18. Company's Date of Filing	07/21/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # 08-9

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

Florists' Mutual Insurance Company is filing to adopt Item R-1398 - 2008 Update to Retrospective Rating Plan Parameters - State Hazard Group Relativities approved in NCCI Circular CIF-2008-15 effective January 1, 2009.

[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: 25.00

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.)

## 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>	08-9
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	N/A
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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>	08-9
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	N/A
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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>	Prior Approval
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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)
FMIC	0	0	0	0	0	0	0

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		

<b>6.</b>	Overall percentage of last rate revision	0
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<b>7.</b>	Effective Date of last rate revision	0
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<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Item R-1398 - 2008 Update to Retrospective Rating Plan Parameters - State Hazard Group Relativities	<input checked="" 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	