

SERFF Tracking Number: UTCX-125732425 State: Arkansas
First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: #? \$25
Company Tracking Number: WC AR09916CGR01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Workers Compensation/WC AR09916CGR01

Filing at a Glance

Companies: Utica Mutual Insurance Company, Graphic Arts Mutual Insurance Company
Product Name: Workers Compensation SERFF Tr Num: UTCX-125732425 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #? \$25
Sub-TOI: 16.0004 Standard WC Co Tr Num: WC AR09916CGR01 State Status: Fees verified
Filing Type: Rate/Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler
Author: SPI UticaNational Disposition Date: 07/14/2008
Date Submitted: 07/14/2008 Disposition Status: Approved
Effective Date Requested (New): 07/01/2009 Effective Date (New): 07/01/2008
Effective Date Requested (Renewal): Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Workers Compensation Status of Filing in Domicile:
Project Number: WC AR09916CGR01 Domicile Status Comments:
Reference Organization: National Council on Compensation Insurance, Reference Number: NCCI Item Filing R-1397
Inc. (NCCI)
Reference Title: Advisory Org. Circular:
Filing Status Changed: 07/14/2008
State Status Changed: 07/14/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
With this filing we are adopting NCCI Item Filing R-1397 - Update to Retrospective Rating Plan Parameters - Excess
Loss Factors as set forth in Circular CIF-2008-10.

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

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? No
Retaliatory? No
Fee Explanation:
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07/14/2008	07/14/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fee	Note To Reviewer	SPI UticaNational	07/14/2008	07/14/2008

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Disposition

Disposition Date: 07/14/2008
 Effective Date (New): 07/01/2008
 Effective Date (Renewal):
 Status: Approved
 Comment: This filing is approved contingent on receiving the filing fee.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Utica Mutual Insurance Company	%	\$		\$	%	%	%
Graphic Arts Mutual Insurance Company	%	\$		\$	%	%	%

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		Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation		Yes
Supporting Document	NAIC loss cost data entry document		Yes

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Note To Reviewer

Created By:

SPI UticaNational on 07/14/2008 12:40 PM

Subject:

Filing Fee

Comments:

We have been experiencing problems with our EFT system. We will be sending a check via mail for the filing fee.

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Rate Information

Rate data applies to filing.

Filing Method: File and Use
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: Neutral
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Utica Mutual Insurance Company	%	%				%	%
Graphic Arts Mutual Insurance Company	%	%				%	%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:
Overall Percentage Rate Impact For This Filing:
Effect of Rate Filing - Written Premium Change For This Program: \$0

<i>SERFF Tracking Number:</i>	<i>UTCX-125732425</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Utica Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$25</i>
<i>Company Tracking Number:</i>	<i>WC AR09916CGR01</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 AR09916CGR01</i>		

Effect of Rate Filing - Number of Policyholders Affected: 0

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** 07/14/2008

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** 07/14/2008

Bypass Reason: Not applicable to this filing.

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** 07/14/2008

Bypass Reason: Not applicable to this filing.

Comments:

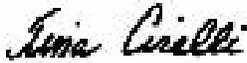
Property & Casualty Transmittal Document

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		

3. Group Name	Utica National Insurance Group				Group NAIC #	0201
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Utica Mutual Insurance Company	NY	25976	15-0476880			
Graphic Arts Mutual Insurance Company	NY	25984	13-5274760			

5. Company Tracking Number	WC AR09916CGR01
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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
Tina D. Cirelli 180 Genesee Street New Hartford NY 13413	Senior State Filings Coordinator	800-274-1914 Ext. 2129	315-734-2252	tina.cirelli@uticanational.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Tina D. Cirelli			

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]	
12. Company Program Title (Marketing Title)	AR - Adoption of NCCI Item Filing R-1397
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: 07/01/2009 Renewal: 07/01/2009
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	National Council on Compensation Insurance, Inc. (NCCI)
17. Reference Organization # & Title	NCCI Item Filing R-1397; Update to Retrospective Rating Plan Parameters - Excess Loss Factors
18. Company's Date of Filing	07/14/2008
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 #	WC AR09916CGR01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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With this filing we are adopting NCCI Item Filing R-1397 - Update to Retrospective Rating Plan Parameters - Excess Loss Factors as set forth in Circular CIF-2008-10.

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 #: N/A-EFT Amount: \$25.00
	Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

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