

SERFF Tracking Number: EMCC-125795477 State: Arkansas
First Filing Company: EMC Property & Casualty Company, ... State Tracking Number: EFT \$100
Company Tracking Number: AR-WC-2008-06
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Rate & Rule Revision
Project Name/Number: /

Filing at a Glance

Companies: EMC Property & Casualty Company, EMCASCO Insurance Company, Employers Mutual Casualty Company, Union Insurance Company of Providence

Product Name: Rate & Rule Revision SERFF Tr Num: EMCC-125795477 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$100
Sub-TOI: 16.0004 Standard WC Co Tr Num: AR-WC-2008-06 State Status: Fees verified and received
Filing Type: Rate/Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Author: Stephanie McBride Disposition Date: 08/29/2008
Date Submitted: 08/28/2008 Disposition Status: Approved
Effective Date Requested (New): 11/01/2008 Effective Date (New): 11/01/2008
Effective Date Requested (Renewal): 11/01/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: NCCI Reference Number: AR-2008-02
Reference Title: Advisory Org. Circular:
Filing Status Changed: 08/29/2008
State Status Changed: 08/29/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
August 28, 2008

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

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EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415

EMCASCO INSURANCE COMPANY – 062-21407

UNION INSURANCE COMPANY OF PROVIDENCE – 062-21423

EMC PROPERTY & CASUALTY COMPANY – 062-25186

Workers Compensation

Rate and Rule Revision

Introducing Union Insurance Company of Providence and EMC Property & Casualty Company

Reference #: AR-2008-02

Company File #: AR-WC-2008-06

Effective: November 1, 2008

The captioned companies are members of the National Council on Compensation Insurance and NCCI files the workers compensation program on our behalf. We are submitting for your approval our intent to adopt the loss costs, miscellaneous values, and retrospective values found in reference number AR-2008-02. Along with this revision, in an effort to provide additional rate flexibility, we are pleased to introduce Union Insurance Company of Providence and EMC Property & Casualty Company as part of our program. These revisions will be applicable to policies effective on or after November 1, 2008. The corresponding form filing will be sent under separate cover.

Our loss cost multipliers for Union and EMC P&C will be 1.10. Our loss cost multiplier for Employers Mutual will be revised from 1.76 to 1.84 and for EMCASCO it will be revised from 1.50 to 1.56. In our previous revision, we implemented loss cost multiplier exceptions for select classes. Those deviations will remain in effect for Employers Mutual and EMCASCO, applicable to the newly adopted loss costs. Union and EMC P&C will not have any deviations. Please see the attached Loss Cost Multiplier Exceptions exhibit.

The minimum premium multiplier will remain at 185. The expense constant will remain at \$200. Minimum premiums will be calculated according to the following formulas:

Per Capita Classes: Rate + \$200, subject to a maximum of \$900

All Other Classes: (185 x Class Rate) + \$200, subject to a maximum of \$900

The estimated overall rate level effect is -8.3% for Employers Mutual, -9.5% for EMCASCO, and -8.5% for all companies

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combined. The premium level effect is -8.0% for Employers Mutual, -9.4% for EMCASCO, and -8.2% overall. As Union and EMC P&C as new companies, there is no effect to their implementation. Our 2007 Workers Compensation written premium in Arkansas is \$3,920,850, producing an estimated cumulative dollar effect of -\$320,886.

Our filing is supplemented with the following:

\$100 filing fee (available via EFT)

Transmittal Document

Loss Cost Multiplier Exceptions exhibit

Filing Forms RF-1 and RF-WC

Actuarial Memorandum

Five Year Experience for Deviated Classes

Rate Level Indications

Investment Income Exhibit

Expense Provisions

Revised Manual Pages WC-AC-1, WC-R-001 – WC-R-011, WC-RRX-1 – WC-RRX-4, and WC-X-1, which replace those same pages currently filed

We respectfully request your approval of this revision to be applicable to policies written on or after November 1, 2008.

Thank you.

Stephanie McBride

Filings Analyst

Rates and Filings Dept.

800-247-2128 Ext. 2684

Stephanie.M.McBride@EMCIns.com

Company and Contact

Filing Contact Information

Stephanie McBride, Filings Analyst

PO Box 712

Des Moines, IA 50306-0712

Stephanie.M.McBride@EMCIns.com

(515) 345-2684 [Phone]

(515) 345-2223[FAX]

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Filing Company Information

EMC Property & Casualty Company CoCode: 25186 State of Domicile: Iowa
717 Mulberry Street Group Code: 62 Company Type: P & C
Des Moines, IA 50309 Group Name: State ID Number:
(800) 247-2128 ext. [Phone] FEIN Number: 63-0329091

EMCASCO Insurance Company CoCode: 21407 State of Domicile: Iowa
717 Mulberry Street Group Code: 62 Company Type: P & C
Des Moines, IA 50309 Group Name: State ID Number:
(800) 247-2128 ext. [Phone] FEIN Number: 42-6070764

Employers Mutual Casualty Company CoCode: 21415 State of Domicile: Iowa
717 Mulberry Street Group Code: 62 Company Type: P & C
Des Moines, IA 50309 Group Name: State ID Number:
(800) 247-2128 ext. [Phone] FEIN Number: 42-0234980

Union Insurance Company of Providence CoCode: 21423 State of Domicile: Iowa
717 Mulberry Street Group Code: 62 Company Type: P & C
Des Moines, IA 50309 Group Name: State ID Number:
(800) 247-2128 ext. [Phone] FEIN Number: 05-0230479

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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EMC Property & Casualty Company	\$100.00	08/28/2008	22186127
EMCASCO Insurance Company	\$0.00	08/28/2008	
Employers Mutual Casualty Company	\$0.00	08/28/2008	
Union Insurance Company of Providence	\$0.00	08/28/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08/29/2008	08/29/2008

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Disposition

Disposition Date: 08/29/2008
 Effective Date (New): 11/01/2008
 Effective Date (Renewal):
 Status: Approved
 Comment:

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:
EMCASCO Insurance Company	-9.500%	\$-48,464	67	\$515,575	19.100%	-32.100%	3.900%
Employers Mutual Casualty Company	-8.300%	\$-272,422	639	\$3,405,275	20.200%	-31.800%	3.900%
EMC Property & Casualty Company	%	\$		\$	%	%	3.900%
Union Insurance Company of Providence	%	\$		\$	%	%	3.900%

Overall Rate Information for Multiple Company Filings Overall Percentage Rate Indicated For This Filing

3.900%

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Product Name: Rate & Rule Revision
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Overall Percentage Rate Impact For This Filing -8.200%
Effect of Rate Filing-Written Premium Change For This Program \$-320,886
Effect of Rate Filing - Number of Policyholders Affected 706

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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
Supporting Document	Memorandum and Exhibits	Approved	Yes
Rate	Manual Pages	Approved	Yes

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Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Decrease
Overall Percentage of Last Rate Revision: 2.600%
Effective Date of Last Rate Revision: 02/01/2008
Filing Method of Last Filing: Prior Approval

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):
EMC Property & Casualty Company	3.900%	%				%	%
EMCASCO Insurance Company	3.900%	-9.500%	-\$48,464	67	\$515,575	19.100%	-32.100%
Employers Mutual Casualty Company	3.900%	-8.300%	-\$272,422	639	\$3,405,275	20.200%	-31.800%
Union Insurance Company of Providence	3.900%	%				%	%

<i>SERFF Tracking Number:</i>	<i>EMCC-125795477</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>AR-WC-2008-06</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>Rate & Rule Revision</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:	3.900%
Overall Percentage Rate Impact For This Filing:	-8.200%
Effect of Rate Filing - Written Premium Change For This Program:	\$-320,886
Effect of Rate Filing - Number of Policyholders Affected:	706

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Manual Pages	WC-AC-1, WC-R-001 - WC-R-011, WC-RRX-1 - WC-RRX-4, & WC-X-1	Replacement	Manual Pages.pdf

WC008.4 WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS

Waiver of subrogation may be added to the Workers Compensation and Employers Liability insurance policy.

Use Class Code: 9030

Rating: Pricing for this coverage is a flat 3% of the premium associated with the specific job or work in questions, subject to a \$100 minimum premium.

Attach Endorsement WC000313

COMMERCIAL LINES MANUAL
WORKERS COMPENSATION AND EMPLOYERS LIABILITY

ARKANSAS

EMCC: RATE PAGES

CLASS CODES 0005 - 2670

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
0005	7.14	900	1642	4.54	900	2130	3.11	775
0008	2.91	738	1654	6.97	900	2131	2.10	589
0016	6.26	900	1655	5.50	900	2143	2.43	650
0034	4.80	900	1699	2.23	613	2157	4.51	900
0035	2.87	731	1701	3.44	836	2172	1.75	524
0036	4.56	900	1710E	6.81	900	2174	3.26	803
0037	5.15	900	1741E	2.06	581	2211	6.09	900
0042	7.10	900	1745X	3.33	816	2220	2.17	601
0050	5.78	900	1747	2.91	738	2286	1.58	492
0059D	0.33	261	1748	8.30	900	2288	4.49	900
0065D	0.06	211	1803D	5.96	900	2300	2.37	638
0066D	0.06	211	1852D	2.76	711	2302	1.90	552
0067D	0.06	211	1853	2.58	677	2305	2.37	638
0079	4.71	900	1860	2.17	601	2361	1.34	448
0083	10.86	900	1924	4.71	900	2362	1.95	561
0106	12.70	900	1925	3.26	803	2380	5.02	900
0113	6.37	900	2001	2.65	690	2386	1.25	431
0170	2.74	707	2002	3.33	816	2388	2.13	594
0251	5.61	900	2003	3.75	894	2402	2.39	642
0400	8.98	900	2014	7.07	900	2413	1.88	548
0401	12.25	900	2016	2.21	609	2416	1.86	544
0771*	0.33	261	2021	3.70	885	2417	1.75	524
0917	4.36	900	2039	4.95	900	2501	1.51	479
1005*	12.27	900	2041	4.75	900	2503	1.49	476
1016x*	45.80	900	2065	1.78	529	2534	2.39	642
1164E	7.93	900	2070	6.07	900	2570	5.50	900
1165E	5.23	900	2081	4.29	900	2585	3.44	836
1320	3.26	803	2089	2.82	722	2586	1.47	472
1322	17.48	900	2095	3.04	762	2587	3.22	796
1430	4.82	900	2105	2.70	700	2589	1.60	496
1438	2.70	700	2110	2.37	638	2600	7.10	900
1452	1.88	548	2111	2.80	718	2623	3.13	779
1463	12.95	900	2112	3.02	759	2651	2.93	742
1472	4.51	900	2114	2.98	751	2660	1.62	500
1624E	8.45	900	2121	2.48	659	2670	2.56	674

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

COMMERCIAL LINES MANUAL
WORKERS COMPENSATION AND EMPLOYERS LIABILITY

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EMCC: RATE PAGES (Cont'd.)

CLASS CODES 2683 - 3824

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
2683	2.19	605	3076	3.29	809	3336	2.45	653
2688	3.39	827	3081D	3.20	792	3365	11.37	900
2701	8.22	900	3082D	4.32	900	3372	3.16	785
2702X	33.54	900	3085D	3.61	868	3373	3.22	796
2710	9.77	900	3110	3.16	785	3383	1.20	422
2714	4.64	900	3111	3.31	812	3385	0.98	381
2719X	12.31	900	3113	2.61	683	3400	3.02	759
2731	4.12	900	3114	2.91	738	3507	3.44	836
2735	2.89	735	3118	1.34	448	3515	2.43	650
2759	9.40	900	3119	1.21	424	3548	1.51	479
2790	1.73	520	3122	1.67	509	3559	2.89	735
2802	5.85	900	3126	1.91	553	3574	1.25	431
2812	4.10	900	3131	1.16	415	3581	1.60	496
2835	1.78	529	3132	2.74	707	3612	2.45	653
2836	2.50	663	3145	2.65	690	3620	6.46	900
2841	4.14	900	3146	3.05	764	3629	2.17	601
2881	2.80	718	3169	2.72	703	3632	4.45	900
2883	4.54	900	3175D	3.16	785	3634	1.90	552
2913	4.54	900	3179	2.67	694	3635	2.30	626
2915	4.73	900	3180	1.99	568	3638	1.64	503
2916	2.59	679	3188	1.69	513	3642	0.94	374
2923	2.67	694	3220	2.10	589	3643	3.29	809
2942	2.61	683	3223	3.33	816	3647	3.74	892
2960	3.59	864	3224	2.72	703	3648	2.39	642
3004	3.05	764	3227	2.02	574	3681	1.73	520
3018	2.85	727	3240	3.37	823	3685	1.99	568
3022	3.53	853	3241	3.13	779	3719	2.91	738
3027	2.98	751	3255	2.59	679	3724	7.56	900
3028	2.58	677	3257	3.79	900	3726	3.37	823
3030	4.47	900	3270	3.59	864	3803	2.12	592
3040	4.14	900	3300	4.97	900	3807	2.34	633
3041	3.70	885	3303	4.25	900	3808	3.05	764
3042	3.53	853	3307	3.74	892	3821	4.60	900
3064	5.12	900	3315	2.93	742	3822	4.03	900
3069	8.78	900	3334	2.37	638	3824	5.39	900

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EMCC: RATE PAGES (Cont'd.)

CLASS CODES 3826 - 5348

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
3826	0.98	381	4282	2.36	637	4693	1.03	391
3827	1.75	524	4283	2.19	605	4703	2.69	698
3830	1.25	431	4299	1.95	561	4717	1.99	568
3851	2.94	744	4304	3.07	768	4720	5.81	900
3865	1.42	463	4307	2.45	653	4740	1.71	516
3881	3.92	900	4351	1.27	435	4741	1.95	561
4000	8.04	900	4352	1.12	407	4751	1.66	507
4021	6.59	900	4360	1.01	387	4771*	1.90	552
4024E	2.47	657	4361	1.47	472	4777	1.93	557
4034	7.73	900	4362	1.29	439	4825	0.99	383
4036	2.80	718	4410	3.57	860	4828	1.86	544
4038	2.41	646	4420	4.31	900	4829	1.34	448
4053	3.83	900	4431	1.66	507	4902	1.49	476
4061	4.71	900	4432	1.78	529	4923	1.23	428
4062	2.56	674	4439	1.88	548	5020	8.19	900
4101	2.23	613	4452	3.62	870	5022	5.89	900
4111	3.40	829	4459	2.08	585	5037	23.09	900
4112	1.05	394	4470	2.65	690	5040	30.97	900
4113	1.47	472	4484	2.32	629	5057	22.15	900
4114	2.47	657	4493	2.82	722	5059	26.31	900
4130	5.06	900	4511	0.83	354	5069	33.23	900
4131	2.70	700	4557	1.90	552	5102	4.88	900
4133	2.67	694	4558	1.84	540	5146	5.96	900
4150	1.86	544	4561	2.21	609	5160	4.21	900
4206	4.08	900	4568	2.89	735	5183	4.18	900
4207	1.12	407	4581	1.93	557	5188	5.34	900
4239	1.42	463	4583	5.91	900	5190	3.64	873
4240	2.74	707	4611	1.07	398	5191X	2.21	609
4243	1.86	544	4635	5.50	900	5192	4.77	900
4244	3.29	809	4653	1.44	466	5213	8.41	900
4250	1.66	507	4665	7.45	900	5215	5.02	900
4251	1.97	564	4670	4.27	900	5221	6.18	900
4263	2.45	653	4683	5.45	900	5222	14.28	900
4273	2.13	594	4686	1.42	463	5223	6.29	900
4279	2.01	572	4692	0.53	298	5348	4.88	900

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EMCC: RATE PAGES (Cont'd.)

CLASS CODES 5402 - 8017

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
5402	5.41	900	6216	7.69	900	7420x*	30.29	900
5403	9.48	900	6217	6.02	900	7421	3.20	792
5437	5.30	900	6229	5.96	900	7422	2.70	700
5443	4.80	900	6233	6.50	900	7425	5.00	900
5445	6.93	900	6235	17.28	900	7431*	2.04	577
5462	6.35	900	6236	14.22	900	7445*	0.74	337
5472	5.78	900	6237	3.64	873	7453*	1.10	404
5473	7.91	900	6251D	9.48	900	7502	3.00	755
5474	8.68	900	6252D	7.08	900	7515	1.29	439
5478	5.28	900	6260D	6.26	900	7520	2.31	627
5479	9.35	900	6306	6.73	900	7538	12.20	900
5480	9.46	900	6319	6.57	900	7539	5.23	900
5491	2.45	653	6325	5.48	900	7540	3.42	833
5506	4.42	900	6400	8.22	900	7580	2.26	618
5507	6.64	900	6504	2.83	724	7590	6.26	900
5508D	11.21	900	6811	6.11	900	7600	3.15	783
5535	8.78	900	6834	4.32	900	7601	14.19	900
5537	5.80	900	6836	7.05	900	7605	3.96	900
5551	16.85	900	6854	6.11	900	7610	0.64	318
5606	2.01	572	6882	6.11	900	7611	6.35	900
5610	6.57	900	6884	13.80	900	7612	14.15	900
5645	11.37	900	7133	4.14	900	7613	5.65	900
5651	9.95	900	7222	11.59	900	7705	3.11	775
5703	108.49	900	7228X	8.22	900	7710	6.97	900
5705	6.35	900	7229X	8.63	900	7711	6.97	900
5951	0.48	289	7230	4.86	900	7720X	3.11	775
6003	11.89	900	7231	6.44	900	7855	7.51	900
6005	9.03	900	7232	15.20	900	8001	2.69	698
6017	4.64	900	7360	8.39	900	8002	3.92	900
6018	2.52	666	7370	5.92	900	8006	2.34	633
6045	2.93	742	7380X	4.08	900	8008	1.47	472
6204	11.83	900	7382	3.37	823	8010	2.28	622
6206	7.51	900	7390	4.36	900	8013	0.59	309
6213	9.88	900	7403	3.50	848	8015	0.77	342
6214	3.33	816	7405*	1.38	455	8017	1.42	463

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

COMMERCIAL LINES MANUAL
WORKERS COMPENSATION AND EMPLOYERS LIABILITY

ARKANSAS

EMCC: RATE PAGES (Cont'd.)

CLASS CODES 8018 - 9501

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
8018X*	3.04	762	8295X	9.03	900	8871	0.28	252
8021	2.24	614	8304	8.32	900	8901	0.31	257
8031	4.67	900	8350	6.84	900	9012	2.34	633
8032	1.91	553	8380	3.22	796	9014	3.35	820
8033	2.28	622	8381	1.80	533	9015X	2.91	738
8039	1.66	507	8385	2.91	738	9016	7.51	900
8044	3.33	816	8392	3.62	870	9019	3.57	860
8045	0.50	293	8393	2.06	581	9033	2.37	638
8046	3.22	796	8500	7.65	900	9040*	4.25	900
8047	1.29	439	8601	0.99	383	9052	1.88	548
8058	3.31	812	8606	3.37	823	9058	2.15	598
8072	0.98	381	8719	2.26	618	9059	3.33	816
8102	3.05	764	8720	1.64	503	9060	2.19	605
8103	4.51	900	8721	0.48	289	9061	1.67	509
8105	5.83	900	8742X	0.57	305	9063	1.20	422
8106	4.62	900	8745	5.52	900	9082	1.93	557
8107	2.95	746	8748	0.50	293	9083	1.95	561
8111	4.54	900	8755	0.31	257	9084	2.26	618
8116	3.80	900	8799	1.16	415	9089	1.38	455
8203	6.64	900	8800	1.16	415	9093	1.69	513
8204	5.76	900	8803	0.09	217	9101	3.64	873
8209	3.61	868	8810	0.29	254	9102	3.51	849
8215	6.92	900	8820	0.26	248	9154	2.34	633
8227	3.77	897	8824	2.98	751	9156	1.58	492
8232	7.60	900	8825	2.54	670	9170	3.35	820
8233	6.18	900	8826	2.69	698	9178	31.61	900
8235	4.99	900	8829	3.24	799	9179	43.37	900
8263	11.26	900	8831	3.16	785	9180	4.47	900
8264	4.07	900	8832	0.33	261	9182	3.26	803
8265	11.21	900	8833X*	1.09	402	9186	64.23	900
8279	10.76	900	8835	2.37	638	9220	4.10	900
8288	7.25	900	8842	1.77	527	9402	5.19	900
8291	2.52	666	8864	1.77	527	9403	6.90	900
8292	3.59	864	8868	0.46	285	9410	2.12	592
8293	8.26	900	8869	0.88	363	9501	5.30	900

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

LEGEND

- A** Rate for each individual risk must be obtained by Home Office from Rating Organization having jurisdiction.
- D** Special Disease Rule for this classification-See Rule 3-A-7 of NCCI Basic Manual – Disease Loading.
- E** Classification involving specific disease loading. Refer to Home Office for amount.
- F** Rate provides for coverage under the United States Longshore and Harbor Workers' Compensation Act and its extensions. The rate contains a provision for federal assessment.
- M** Rate provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for federal assessment is included for those classifications under Program II USL Act.
- X** Refer to special classification phraseology in the NCCI Manual which is applicable in this state.

MISCELLANEOUS VALUES

Expense Constant applicable in accordance with Basic Manual Rule 3-A-11 \$200
 Premium Discount Percentages – the following premium discounts are applicable to Standard Premiums.

			Stock
First	\$ 5,000 —	—
Next	95,000	..... “a”	10.9%
Next	400,000	..... “b”	12.6%
Over	500,000	..... “c”	14.4%

FOOTNOTES*

- * **Code 1005:** Rate includes a non-ratable disease element of \$6.00. (For coverage written separately for federal benefits only, \$3.96. For coverage written separately for state benefits only, \$2.04.)
- * **Code 1016:** Rate includes a non-ratable disease element of \$23.96. (For coverage written separately for federal benefits only, \$15.79. For coverage written separately for state benefits only \$8.17.) It also includes a catastrophe loading of \$0.15.
- Code 6702** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate and elr each x 1.215.
- * **Code 6703** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate x 2.175 and elr x 2.032.
- Code 6704** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate and elr each x 1.35.
- * **Codes 7420** Payroll is subject to a maximum of \$750 per week per employee effective November 1, 2008. The ELR on the rate page should be applied to policies with effective dates on or after November 1, 2008.
- Code 8018:** See Arkansas Special Classification for Warehousing groceries exclusively.
- * **Code 8833:** The ex-medical rate for this classification is \$.55. A charge of \$0.18 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- * **Code 9040** The ex-medical rate for this classification is \$2.04. A charge of \$0.18 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

Non-Ratable Portions of Codes

For Non-Ratable portions of Rates for Codes shown below, refer to corresponding code indicated.

For Non-Ratable Portion of Code	Refer To Code
4771	0771
7405	7445
7431	7453

*

Premium Reduction Percentages – The following percentages are applicable by hazard group.

Applicable to TOTAL LOSSES	Hazard Group						
	A	B	C	D	E	F	G
Percentage premium reduction for employers electing a \$1,000 deductible	6.4%	5.1%	4.4%	3.7%	3.1%	2.1%	1.6%
Percentage premium reduction for employers electing a \$1,500 deductible	7.9%	6.3%	5.4%	4.5%	3.9%	2.7%	2.0%
Percentage premium reduction for employers electing a \$2,000 deductible	8.9%	7.3%	6.2%	5.3%	4.5%	3.2%	2.4%
Percentage premium reduction for employers electing a \$2,500 deductible	9.9%	8.1%	7.0%	6.0%	5.0%	3.7%	2.8%
Percentage premium reduction for employers electing a \$3,000 deductible	10.8%	8.8%	7.6%	6.5%	5.6%	4.1%	3.1%
Percentage premium reduction for employers electing a \$3,500 deductible	11.6%	9.4%	8.2%	7.1%	6.0%	4.4%	3.4%
Percentage premium reduction for employers electing a \$4,000 deductible	12.3%	10.0%	8.8%	7.6%	6.5%	4.8%	3.7%
Percentage premium reduction for employers electing a \$4,500 deductible	12.9%	10.6%	9.3%	8.1%	6.9%	5.1%	3.9%
Percentage premium reduction for employers electing a \$5,000 deductible	13.5%	11.2%	9.8%	8.5%	7.3%	5.5%	4.1%

*

Miscellaneous Values

Basis of premium applicable in accordance with the footnote instructions for Code 7370 – "Taxicab Co.":	Employee operated vehicle	\$48,893.00
	Leased or rented vehicle	\$32,595.00
Aviation – Aerial Application, Seeding, Herding, or Scintillometer Surveying – "Flying Crew" maximum payroll per week per employee Code 7420		\$750
Maximum Payroll Remuneration applicable in accordance with Basic Manual Rule 2-E-1 – "Executive Officers" and the footnote instructions for: Code 9178 – "Athletic Sports or Park: Non-Contact Sports," Code 9179 – "Athletic Sports or Park: Contact Sports," and Code 9186 – "Carnival – Traveling"		\$2,500.00
Minimum Payroll Remuneration applicable in accordance with Basic Manual Rule 2-E-1 – "Executive Officers"		\$300.00
Per Passenger Seat Surcharge – In accordance with the footnote instructions for classification Code 7421, the surcharge is:	Maximum surcharge per aircraft	\$1,000.00
	Per passenger seat	\$100.00
Premium Determination for Partners and Sole Proprietors in accordance with Basic Manual Rule 2-E-3		\$31,900.00
United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with Rule 3-A-4 "U.S. Longshore and Harbor Workers' Compensation Act" of the Basic Manual.		86%

*

(Multiply a Non-"F" classification rate by a factor of 1.86 to adjust for differences in benefits and loss-based expenses. This factor is the product for differences in benefits (1.67) and for differences in loss-based expenses (1.116)).

* **Premium Reduction Percentages** – The following percentages are applicable by hazard group.

Applicable to INDEMNITY LOSSES ONLY	Hazard Group						
	A	B	C	D	E	F	G
Percentage premium reduction for employers electing a \$1,000 deductible	1.3%	1.0%	0.9%	0.9%	0.8%	0.6%	0.5%
Percentage premium reduction for employers electing a \$1,500 deductible	1.8%	1.4%	1.3%	1.2%	1.1%	0.9%	0.7%
Percentage premium reduction for employers electing a \$2,000 deductible	2.3%	1.8%	1.7%	1.6%	1.4%	1.1%	0.9%
Percentage premium reduction for employers electing a \$2,500 deductible	2.7%	2.2%	2.0%	1.9%	1.6%	1.4%	1.0%
Percentage premium reduction for employers electing a \$3,000 deductible	3.1%	2.5%	2.3%	2.1%	1.9%	1.6%	1.2%
Percentage premium reduction for employers electing a \$3,500 deductible	3.4%	2.8%	2.6%	2.4%	2.1%	1.8%	1.3%
Percentage premium reduction for employers electing a \$4,000 deductible	3.7%	3.1%	2.8%	2.6%	2.3%	2.0%	1.5%
Percentage premium reduction for employers electing a \$4,500 deductible	4.0%	3.3%	3.1%	2.8%	2.5%	2.1%	1.6%
Percentage premium reduction for employers electing a \$5,000 deductible	4.3%	3.6%	3.3%	3.1%	2.7%	2.3%	1.8%

*

Applicable to MEDICAL LOSSES ONLY	Hazard Group						
	A	B	C	D	E	F	G
Percentage premium reduction for employers electing a \$1,000 deductible	6.2%	5.0%	4.2%	3.5%	3.0%	2.0%	1.5%
Percentage premium reduction for employers electing a \$1,500 deductible	7.5%	6.0%	5.1%	4.3%	3.7%	2.5%	1.9%
Percentage premium reduction for employers electing a \$2,000 deductible	8.4%	6.8%	5.9%	4.9%	4.2%	2.9%	2.2%
Percentage premium reduction for employers electing a \$2,500 deductible	9.2%	7.5%	6.5%	5.5%	4.6%	3.3%	2.5%
Percentage premium reduction for employers electing a \$3,000 deductible	9.9%	8.1%	7.0%	6.0%	5.0%	3.6%	2.7%
Percentage premium reduction for employers electing a \$3,500 deductible	10.5%	8.6%	7.5%	6.4%	5.4%	3.9%	3.0%
Percentage premium reduction for employers electing a \$4,000 deductible	11.1%	9.1%	7.9%	6.8%	5.8%	4.2%	3.2%
Percentage premium reduction for employers electing a \$4,500 deductible	11.6%	9.5%	8.3%	7.2%	6.1%	4.4%	3.4%
Percentage premium reduction for employers electing a \$5,000 deductible	12.1%	9.9%	8.6%	7.5%	6.4%	4.7%	3.6%

TABLE OF SPECIFIC DISEASE LOADINGS

*

DISEASE SYMBOLS

Asb = Asbestos **S** = Silica

Code No.		Specific Disease Loadings	Disease Symbol
0059	D	0.33	S
0065	D	0.06	S
0066	D	0.06	S
0067	D	0.06	S
1164	E	0.09	S
1165	E	0.04	S
1624	E	0.06	S
1710	E	0.06	S
1741	E	0.28	S
1803	D	0.28	S
1852	D	0.06	Asb
3081	D	0.06	S
3082	D	0.06	S
3085	D	0.06	S
3175	D	0.04	S
4024	E	0.02	S
5508	D	0.04	S
6251	D	0.07	S
6252	D	0.04	S
6260	D	0.04	S

Miscellaneous Values

- * Terrorism.....0.04
- * Catastrophe (Other than Certified Acts of Terrorism).....0.04

**COMMERCIAL LINES MANUAL
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ARKANSAS

EMCASCO: RATE PAGES

CLASS CODES 0005 - 2670

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
0005	6.05	900	1642	3.85	900	2130	2.64	688
0008	2.46	655	1654	5.91	900	2131	1.78	529
0016	5.30	900	1655	4.66	900	2143	2.06	581
0034	4.07	900	1699	1.89	550	2157	3.82	900
0035	2.43	650	1701	2.92	740	2172	1.48	474
0036	3.87	900	1710E	5.77	900	2174	2.76	711
0037	4.37	900	1741E	1.75	524	2211	5.16	900
0042	6.02	900	1745X	2.82	722	2220	1.84	540
0050	4.90	900	1747	2.46	655	2286	1.34	448
0059D	0.28	252	1748	7.04	900	2288	3.81	900
0065D	0.05	209	1803D	5.05	900	2300	2.01	572
0066D	0.05	209	1852D	2.34	633	2302	1.61	498
0067D	0.05	209	1853	2.18	603	2305	2.01	572
0079	3.99	900	1860	1.84	540	2361	1.14	411
0083	9.20	900	1924	3.99	900	2362	1.65	505
0106	10.76	900	1925	2.76	711	2380	4.26	900
0113	5.40	900	2001	2.25	616	2386	1.06	396
0170	2.32	629	2002	2.82	722	2388	1.81	535
0251	4.76	900	2003	3.18	788	2402	2.03	576
0400	7.61	900	2014	5.99	900	2413	1.59	494
0401	10.39	900	2016	1.87	546	2416	1.58	492
0771*	0.28	252	2021	3.14	781	2417	1.48	474
0917	3.70	885	2039	4.20	900	2501	1.28	437
1005*	10.41	900	2041	4.02	900	2503	1.26	433
1016x*	38.83	900	2065	1.51	479	2534	2.03	576
1164E	6.72	900	2070	5.15	900	2570	4.66	900
1165E	4.43	900	2081	3.63	872	2585	2.92	740
1320	2.76	711	2089	2.39	642	2586	1.25	431
1322	14.82	900	2095	2.57	675	2587	2.73	705
1430	4.09	900	2105	2.29	624	2589	1.36	452
1438	2.29	624	2110	2.01	572	2600	6.02	900
1452	1.59	494	2111	2.37	638	2623	2.65	690
1463	10.98	900	2112	2.56	674	2651	2.48	659
1472	3.82	900	2114	2.53	668	2660	1.37	453
1624E	7.16	900	2121	2.11	590	2670	2.17	601

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

**COMMERCIAL LINES MANUAL
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ARKANSAS

EMCASCO: RATE PAGES (Cont'd.)

CLASS CODES 2683 - 3824

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
2683	1.86	544	3076	2.79	716	3336	2.07	583
2688	2.87	731	3081D	2.71	701	3365	9.64	900
2701	6.97	900	3082D	3.67	879	3372	2.68	696
2702X	28.44	900	3085D	3.06	766	3373	2.73	705
2710	8.28	900	3110	2.68	696	3383	1.01	387
2714	3.93	900	3111	2.81	720	3385	0.83	354
2719X	10.44	900	3113	2.22	611	3400	2.56	674
2731	3.49	846	3114	2.46	655	3507	2.92	740
2735	2.45	653	3118	1.14	411	3515	2.06	581
2759	7.97	900	3119	1.03	391	3548	1.28	437
2790	1.47	472	3122	1.42	463	3559	2.45	653
2802	4.96	900	3126	1.62	500	3574	1.06	396
2812	3.48	844	3131	0.98	381	3581	1.36	452
2835	1.51	479	3132	2.32	629	3612	2.07	583
2836	2.12	592	3145	2.25	616	3620	5.48	900
2841	3.51	849	3146	2.59	679	3629	1.84	540
2881	2.37	638	3169	2.31	627	3632	3.78	899
2883	3.85	900	3175D	2.68	696	3634	1.61	498
2913	3.85	900	3179	2.26	618	3635	1.95	561
2915	4.01	900	3180	1.68	511	3638	1.39	457
2916	2.20	607	3188	1.44	466	3642	0.80	348
2923	2.26	618	3220	1.78	529	3643	2.79	716
2942	2.22	611	3223	2.82	722	3647	3.17	786
2960	3.04	762	3224	2.31	627	3648	2.03	576
3004	2.59	679	3227	1.72	518	3681	1.47	472
3018	2.42	648	3240	2.85	727	3685	1.68	511
3022	3.00	755	3241	2.65	690	3719	2.46	655
3027	2.53	668	3255	2.20	607	3724	6.41	900
3028	2.18	603	3257	3.21	794	3726	2.85	727
3030	3.79	900	3270	3.04	762	3803	1.79	531
3040	3.51	849	3300	4.21	900	3807	1.98	566
3041	3.14	781	3303	3.60	866	3808	2.59	679
3042	3.00	755	3307	3.17	786	3821	3.90	900
3064	4.34	900	3315	2.48	659	3822	3.42	833
3069	7.44	900	3334	2.01	572	3824	4.57	900

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

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EMCASCO: RATE PAGES (Cont'd.)

CLASS CODES 3826 - 5348

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
3826	0.83	354	4282	2.00	570	4693	0.87	361
3827	1.48	474	4283	1.86	544	4703	2.28	622
3830	1.06	396	4299	1.65	505	4717	1.68	511
3851	2.50	663	4304	2.61	683	4720	4.93	900
3865	1.20	422	4307	2.07	583	4740	1.45	468
3881	3.32	814	4351	1.08	400	4741	1.65	505
4000	6.82	900	4352	0.95	376	4751	1.40	459
4021	5.58	900	4360	0.86	359	4771*	1.61	498
4024E	2.09	587	4361	1.25	431	4777	1.64	503
4034	6.55	900	4362	1.09	402	4825	0.84	355
4036	2.37	638	4410	3.03	761	4828	1.58	492
4038	2.04	577	4420	3.65	875	4829	1.14	411
4053	3.24	799	4431	1.40	459	4902	1.26	433
4061	3.99	900	4432	1.51	479	4923	1.05	394
4062	2.17	601	4439	1.59	494	5020	6.94	900
4101	1.89	550	4452	3.07	768	5022	4.99	900
4111	2.89	735	4459	1.76	526	5037	19.58	900
4112	0.89	365	4470	2.25	616	5040	26.25	900
4113	1.25	431	4484	1.97	564	5057	18.78	900
4114	2.09	587	4493	2.39	642	5059	22.31	900
4130	4.29	900	4511	0.70	330	5069	28.17	900
4131	2.29	624	4557	1.61	498	5102	4.13	900
4133	2.26	618	4558	1.56	489	5146	5.05	900
4150	1.58	492	4561	1.87	546	5160	3.57	860
4206	3.46	840	4568	2.45	653	5183	3.54	855
4207	0.95	376	4581	1.64	503	5188	4.52	900
4239	1.20	422	4583	5.01	900	5190	3.08	770
4240	2.32	629	4611	0.90	367	5191X	1.87	546
4243	1.58	492	4635	4.66	900	5192	4.04	900
4244	2.79	716	4653	1.22	426	5213	7.13	900
4250	1.40	459	4665	6.32	900	5215	4.26	900
4251	1.67	509	4670	3.62	870	5221	5.24	900
4263	2.07	583	4683	4.62	900	5222	12.11	900
4273	1.81	535	4686	1.20	422	5223	5.34	900
4279	1.70	515	4692	0.45	283	5348	4.13	900

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

**COMMERCIAL LINES MANUAL
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EMCASCO: RATE PAGES (Cont'd.)

CLASS CODES 5402 - 8017

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
5402	4.59	900	6216	6.52	900	7420x*	25.68	900
5403	8.09	900	6217	5.10	900	7421	2.71	701
5437	4.49	900	6229	5.05	900	7422	2.29	624
5443	4.07	900	6233	5.51	900	7425	4.24	900
5445	5.85	900	6235	14.65	900	7431*	1.73	520
5462	5.38	900	6236	12.06	900	7445*	0.62	315
5472	4.90	900	6237	3.09	772	7453*	0.94	374
5473	6.71	900	6251D	8.03	900	7502	2.54	670
5474	7.36	900	6252D	6.01	900	7515	1.09	402
5478	4.48	900	6260D	5.30	900	7520	1.97	564
5479	7.92	900	6306	5.71	900	7538	10.34	900
5480	8.02	900	6319	5.57	900	7539	4.43	900
5491	2.07	583	6325	4.65	900	7540	2.90	737
5506	3.74	892	6400	6.97	900	7580	1.92	555
5507	5.63	900	6504	2.40	644	7590	5.30	900
5508D	9.50	900	6811	5.18	900	7600	2.67	694
5535	7.44	900	6834	3.67	879	7601	12.03	900
5537	4.91	900	6836	5.97	900	7605	3.35	820
5551	14.29	900	6854	5.18	900	7610	0.55	302
5606	1.70	515	6882	5.18	900	7611	5.38	900
5610	5.57	900	6884	11.70	900	7612	12.00	900
5645	9.70	900	7133	3.51	849	7613	4.79	900
5651	8.44	900	7222	9.83	900	7705	2.64	688
5703	91.98	900	7228X	6.97	900	7710	5.91	900
5705	5.38	900	7229X	7.32	900	7711	5.91	900
5951	0.41	276	7230	4.12	900	7720X	2.64	688
6003	10.08	900	7231	5.46	900	7855	6.36	900
6005	7.66	900	7232	12.89	900	8001	2.28	622
6017	3.93	900	7360	7.11	900	8002	3.32	814
6018	2.14	596	7370	5.02	900	8006	1.98	566
6045	2.48	659	7380X	3.46	840	8008	1.25	431
6204	10.03	900	7382	2.85	727	8010	1.93	557
6206	6.36	900	7390	3.70	885	8013	0.50	293
6213	8.38	900	7403	2.96	748	8015	0.66	322
6214	2.82	722	7405*	1.17	416	8017	1.20	422

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

COMMERCIAL LINES MANUAL
WORKERS COMPENSATION AND EMPLOYERS LIABILITY

ARKANSAS

EMCASCO: RATE PAGES (Cont'd.)

CLASS CODES 8018 - 9501

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
8018X*	2.57	675	8295X	7.66	900	8871	0.23	243
8021	1.90	552	8304	7.05	900	8901	0.27	250
8031	3.96	900	8350	5.80	900	9012	1.98	566
8032	1.62	500	8380	2.73	705	9014	2.84	725
8033	1.93	557	8381	1.53	483	9015X	2.46	655
8039	1.40	459	8385	2.46	655	9016	6.36	900
8044	2.82	722	8392	3.07	768	9019	3.03	761
8045	0.42	278	8393	1.75	524	9033	2.01	572
8046	2.73	705	8500	6.49	900	9040*	3.60	866
8047	1.09	402	8601	0.84	355	9052	1.59	494
8058	2.81	720	8606	2.85	727	9058	1.83	539
8072	0.83	354	8719	1.92	555	9059	2.82	722
8102	2.59	679	8720	1.39	457	9060	1.86	544
8103	3.82	900	8721	0.41	276	9061	1.42	463
8105	4.95	900	8742X	0.48	289	9063	1.01	387
8106	3.92	900	8745	4.68	900	9082	1.64	503
8107	2.50	663	8748	0.42	278	9083	1.65	505
8111	3.85	900	8755	0.27	250	9084	1.92	555
8116	3.22	796	8799	0.98	381	9089	1.17	416
8203	5.63	900	8800	0.98	381	9093	1.44	466
8204	4.88	900	8803	0.08	215	9101	3.09	772
8209	3.06	766	8810	0.25	246	9102	2.98	751
8215	5.87	900	8820	0.22	241	9154	1.98	566
8227	3.20	792	8824	2.53	668	9156	1.34	448
8232	6.44	900	8825	2.15	598	9170	2.84	725
8233	5.24	900	8826	2.28	622	9178	26.80	900
8235	4.23	900	8829	2.75	709	9179	36.77	900
8263	9.55	900	8831	2.68	696	9180	3.79	900
8264	3.45	838	8832	0.28	252	9182	2.76	711
8265	9.50	900	8833X*	0.92	370	9186	54.46	900
8279	9.13	900	8835	2.01	572	9220	3.48	844
8288	6.15	900	8842	1.50	478	9402	4.40	900
8291	2.14	596	8864	1.50	478	9403	5.85	900
8292	3.04	762	8868	0.39	272	9410	1.79	531
8293	7.00	900	8869	0.75	339	9501	4.49	900

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

LEGEND

- A** Rate for each individual risk must be obtained by Home Office from Rating Organization having jurisdiction.
- D** Special Disease Rule for this classification-See Rule 3-A-7 of NCCI Basic Manual – Disease Loading.
- E** Classification involving specific disease loading. Refer to Home Office for amount.
- F** Rate provides for coverage under the United States Longshore and Harbor Workers' Compensation Act and its extensions. The rate contains a provision for federal assessment.
- M** Rate provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for federal assessment is included for those classifications under Program II USL Act.
- X** Refer to special classification phraseology in the NCCI Manual which is applicable in this state.

MISCELLANEOUS VALUES

Expense Constant applicable in accordance with Basic Manual Rule 3-A-11 \$200
 Premium Discount Percentages – the following premium discounts are applicable to Standard Premiums.

			Stock
First	\$ 5,000 —	—
Next	95,000	..... "a"	10.9%
Next	400,000	..... "b"	12.6%
Over	500,000	..... "c"	14.4%

FOOTNOTES*

- * **Code 1005:** Rate includes a non-ratable disease element of \$5.09. (For coverage written separately for federal benefits only, \$3.35. For coverage written separately for state benefits only, \$1.73.)
- * **Code 1016:** Rate includes a non-ratable disease element of \$20.31. (For coverage written separately for federal benefits only, \$13.38. For coverage written separately for state benefits only \$6.93.) It also includes a catastrophe loading of \$0.12
- Code 6702** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate and elr each x 1.215.
- * **Code 6703** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate x 2.175 and elr x 2.032.
- Code 6704** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate and elr each x 1.35.
- * **Codes 7420** Payroll is subject to a maximum of \$750 per week per employee effective November 1, 2008. The ELR on the rate page should be applied to policies with effective dates on or after November 1, 2008.
- Code 8018:** See Arkansas Special Classification for Warehousing groceries exclusively.
- * **Code 8833:** The ex-medical rate for this classification is \$.47. A charge of \$0.16 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- * **Code 9040** The ex-medical rate for this classification is \$1.73. A charge of \$0.16 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

Non-Ratable Portions of Codes

For Non-Ratable portions of Rates for Codes shown below, refer to corresponding code indicated.

For Non-Ratable Portion of Code	Refer To Code
4771	0771
7405	7445
7431	7453

*

Premium Reduction Percentages – The following percentages are applicable by hazard group.

Applicable to TOTAL LOSSES	Hazard Group						
	A	B	C	D	E	F	G
Percentage premium reduction for employers electing a \$1,000 deductible	6.4%	5.1%	4.4%	3.7%	3.1%	2.1%	1.6%
Percentage premium reduction for employers electing a \$1,500 deductible	7.9%	6.3%	5.4%	4.5%	3.9%	2.7%	2.0%
Percentage premium reduction for employers electing a \$2,000 deductible	8.9%	7.3%	6.2%	5.3%	4.5%	3.2%	2.4%
Percentage premium reduction for employers electing a \$2,500 deductible	9.9%	8.1%	7.0%	6.0%	5.0%	3.7%	2.8%
Percentage premium reduction for employers electing a \$3,000 deductible	10.8%	8.8%	7.6%	6.5%	5.6%	4.1%	3.1%
Percentage premium reduction for employers electing a \$3,500 deductible	11.6%	9.4%	8.2%	7.1%	6.0%	4.4%	3.4%
Percentage premium reduction for employers electing a \$4,000 deductible	12.3%	10.0%	8.8%	7.6%	6.5%	4.8%	3.7%
Percentage premium reduction for employers electing a \$4,500 deductible	12.9%	10.6%	9.3%	8.1%	6.9%	5.1%	3.9%
Percentage premium reduction for employers electing a \$5,000 deductible	13.5%	11.2%	9.8%	8.5%	7.3%	5.5%	4.1%

*

Miscellaneous Values

Basis of premium applicable in accordance with the footnote instructions for Code 7370 – "Taxicab Co.":	
Employee operated vehicle	\$48,893.00
Leased or rented vehicle	\$32,595.00
Aviation – Aerial Application, Seeding, Herding, or Scintillometer Surveying – "Flying Crew" maximum payroll per week per employee Code 7420	\$750
Maximum Payroll Remuneration applicable in accordance with Basic Manual Rule 2-E-1 – "Executive Officers" and the footnote instructions for: Code 9178 – "Athletic Sports or Park: Non-Contact Sports," Code 9179 – "Athletic Sports or Park: Contact Sports," and Code 9186 – "Carnival – Traveling"	\$2,500.00
Minimum Payroll Remuneration applicable in accordance with Basic Manual Rule 2-E-1 – "Executive Officers"	\$300.00
Per Passenger Seat Surcharge – In accordance with the footnote instructions for classification Code 7421, the surcharge is:	
Maximum surcharge per aircraft	\$1,000.00
Per passenger seat	\$100.00
Premium Determination for Partners and Sole Proprietors in accordance with Basic Manual Rule 2-E-3	\$31,900.00
United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with Rule 3-A-4 "U.S. Longshore and Harbor Workers' Compensation Act" of the Basic Manual.	86%

*

(Multiply a Non-"F" classification rate by a factor of 1.86 to adjust for differences in benefits and loss-based expenses. This factor is the product for differences in benefits (1.67) and for differences in loss-based expenses (1.116)).

* **Premium Reduction Percentages** – The following percentages are applicable by hazard group.

Applicable to INDEMNITY LOSSES ONLY	Hazard Group						
	A	B	C	D	E	F	G
Percentage premium reduction for employers electing a \$1,000 deductible	1.3%	1.0%	0.9%	0.9%	0.8%	0.6%	0.5%
Percentage premium reduction for employers electing a \$1,500 deductible	1.8%	1.4%	1.3%	1.2%	1.1%	0.9%	0.7%
Percentage premium reduction for employers electing a \$2,000 deductible	2.3%	1.8%	1.7%	1.6%	1.4%	1.1%	0.9%
Percentage premium reduction for employers electing a \$2,500 deductible	2.7%	2.2%	2.0%	1.9%	1.6%	1.4%	1.0%
Percentage premium reduction for employers electing a \$3,000 deductible	3.1%	2.5%	2.3%	2.1%	1.9%	1.6%	1.2%
Percentage premium reduction for employers electing a \$3,500 deductible	3.4%	2.8%	2.6%	2.4%	2.1%	1.8%	1.3%
Percentage premium reduction for employers electing a \$4,000 deductible	3.7%	3.1%	2.8%	2.6%	2.3%	2.0%	1.5%
Percentage premium reduction for employers electing a \$4,500 deductible	4.0%	3.3%	3.1%	2.8%	2.5%	2.1%	1.6%
Percentage premium reduction for employers electing a \$5,000 deductible	4.3%	3.6%	3.3%	3.1%	2.7%	2.3%	1.8%

*

Applicable to MEDICAL LOSSES ONLY	Hazard Group						
	A	B	C	D	E	F	G
Percentage premium reduction for employers electing a \$1,000 deductible	6.2%	5.0%	4.2%	3.5%	3.0%	2.0%	1.5%
Percentage premium reduction for employers electing a \$1,500 deductible	7.5%	6.0%	5.1%	4.3%	3.7%	2.5%	1.9%
Percentage premium reduction for employers electing a \$2,000 deductible	8.4%	6.8%	5.9%	4.9%	4.2%	2.9%	2.2%
Percentage premium reduction for employers electing a \$2,500 deductible	9.2%	7.5%	6.5%	5.5%	4.6%	3.3%	2.5%
Percentage premium reduction for employers electing a \$3,000 deductible	9.9%	8.1%	7.0%	6.0%	5.0%	3.6%	2.7%
Percentage premium reduction for employers electing a \$3,500 deductible	10.5%	8.6%	7.5%	6.4%	5.4%	3.9%	3.0%
Percentage premium reduction for employers electing a \$4,000 deductible	11.1%	9.1%	7.9%	6.8%	5.8%	4.2%	3.2%
Percentage premium reduction for employers electing a \$4,500 deductible	11.6%	9.5%	8.3%	7.2%	6.1%	4.4%	3.4%
Percentage premium reduction for employers electing a \$5,000 deductible	12.1%	9.9%	8.6%	7.5%	6.4%	4.7%	3.6%

*

**TABLE OF SPECIFIC DISEASE LOADINGS
DISEASE SYMBOLS**

Asb = Asbestos **S** = Silica

Code No.		Specific Disease Loadings	Disease Symbol
0059	D	0.28	S
0065	D	0.05	S
0066	D	0.05	S
0067	D	0.05	S
1164	E	0.08	S
1165	E	0.03	S
1624	E	0.05	S
1710	E	0.05	S
1741	E	0.23	S
1803	D	0.23	S
1852	D	0.05	Asb
3081	D	0.05	S
3082	D	0.05	S
3085	D	0.05	S
3175	D	0.03	S
4024	E	0.02	S
5508	D	0.03	S
6251	D	0.06	S
6252	D	0.03	S
6260	D	0.03	S

Miscellaneous Values

- * Terrorism.....0.03
- * Catastrophe (Other than Certified Acts of Terrorism)0.03

**COMMERCIAL LINES MANUAL
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ARKANSAS

UNION: RATE PAGES

CLASS CODES 0005 - 2670

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
0005	4.27	900	1642	2.72	703	2130	1.86	544
0008	1.74	522	1654	4.17	900	2131	1.25	431
0016	3.74	892	1655	3.29	809	2143	1.45	468
0034	2.87	731	1699	1.33	446	2157	2.70	700
0035	1.72	518	1701	2.06	581	2172	1.05	394
0036	2.73	705	1710E	4.07	900	2174	1.95	561
0037	3.08	770	1741E	1.23	428	2211	3.64	873
0042	4.25	900	1745X	1.99	568	2220	1.30	441
0050	3.45	838	1747	1.74	522	2286	0.95	376
0059D	0.20	237	1748	4.96	900	2288	2.68	696
0065D	0.03	206	1803D	3.56	859	2300	1.42	463
0066D	0.03	206	1852D	1.65	505	2302	1.13	409
0067D	0.03	206	1853	1.54	485	2305	1.42	463
0079	2.82	722	1860	1.30	441	2361	0.80	348
0083	6.49	900	1924	2.82	722	2362	1.17	416
0106	7.59	900	1925	1.95	561	2380	3.00	755
0113	3.81	900	2001	1.58	492	2386	0.75	339
0170	1.64	503	2002	1.99	568	2388	1.28	437
0251	3.36	822	2003	2.24	614	2402	1.43	465
0400	5.37	900	2014	4.22	900	2413	1.12	407
0401	7.33	900	2016	1.32	444	2416	1.11	405
0771*	0.20	237	2021	2.21	609	2417	1.05	394
0917	2.61	683	2039	2.96	748	2501	0.90	367
1005*	7.34	900	2041	2.84	725	2503	0.89	365
1016x*	27.38	900	2065	1.07	398	2534	1.43	465
1164E	4.74	900	2070	3.63	872	2570	3.29	809
1165E	3.12	777	2081	2.56	674	2585	2.06	581
1320	1.95	561	2089	1.68	511	2586	0.88	363
1322	10.45	900	2095	1.82	537	2587	1.93	557
1430	2.88	733	2105	1.62	500	2589	0.96	378
1438	1.62	500	2110	1.42	463	2600	4.25	900
1452	1.12	407	2111	1.67	509	2623	1.87	546
1463	7.74	900	2112	1.80	533	2651	1.75	524
1472	2.70	700	2114	1.78	529	2660	0.97	379
1624E	5.05	900	2121	1.49	476	2670	1.53	483

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

**COMMERCIAL LINES MANUAL
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ARKANSAS

UNION: RATE PAGES (Cont'd.)

CLASS CODES 2683 - 3824

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
2683	1.31	442	3076	1.97	564	3336	1.46	470
2688	2.02	574	3081D	1.91	553	3365	6.80	900
2701	4.92	900	3082D	2.59	679	3372	1.89	550
2702X	20.05	900	3085D	2.16	600	3373	1.93	557
2710	5.84	900	3110	1.89	550	3383	0.72	333
2714	2.77	712	3111	1.98	566	3385	0.58	307
2719X	7.36	900	3113	1.56	489	3400	1.80	533
2731	2.46	655	3114	1.74	522	3507	2.06	581
2735	1.73	520	3118	0.80	348	3515	1.45	468
2759	5.62	900	3119	0.73	335	3548	0.90	367
2790	1.03	391	3122	1.00	385	3559	1.73	520
2802	3.50	848	3126	1.14	411	3574	0.75	339
2812	2.45	653	3131	0.69	328	3581	0.96	378
2835	1.07	398	3132	1.64	503	3612	1.46	470
2836	1.50	478	3145	1.58	492	3620	3.86	900
2841	2.48	659	3146	1.83	539	3629	1.30	441
2881	1.67	509	3169	1.63	502	3632	2.66	692
2883	2.72	703	3175D	1.89	550	3634	1.13	409
2913	2.72	703	3179	1.60	496	3635	1.38	455
2915	2.83	724	3180	1.19	420	3638	0.98	381
2916	1.55	487	3188	1.01	387	3642	0.56	304
2923	1.60	496	3220	1.25	431	3643	1.97	564
2942	1.56	489	3223	1.99	568	3647	2.23	613
2960	2.15	598	3224	1.63	502	3648	1.43	465
3004	1.83	539	3227	1.21	424	3681	1.03	391
3018	1.71	516	3240	2.01	572	3685	1.19	420
3022	2.11	590	3241	1.87	546	3719	1.74	522
3027	1.78	529	3255	1.55	487	3724	4.52	900
3028	1.54	485	3257	2.27	620	3726	2.01	572
3030	2.67	694	3270	2.15	598	3803	1.27	435
3040	2.48	659	3300	2.97	749	3807	1.40	459
3041	2.21	609	3303	2.54	670	3808	1.83	539
3042	2.11	590	3307	2.23	613	3821	2.75	709
3064	3.06	766	3315	1.75	524	3822	2.41	646
3069	5.25	900	3334	1.42	463	3824	3.22	796

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

**COMMERCIAL LINES MANUAL
WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

ARKANSAS

UNION: RATE PAGES (Cont'd.)

CLASS CODES 3826 - 5348

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
3826	0.58	307	4282	1.41	461	4693	0.62	315
3827	1.05	394	4283	1.31	442	4703	1.61	498
3830	0.75	339	4299	1.17	416	4717	1.19	420
3851	1.76	526	4304	1.84	540	4720	3.48	844
3865	0.85	357	4307	1.46	470	4740	1.02	389
3881	2.34	633	4351	0.76	341	4741	1.17	416
4000	4.81	900	4352	0.67	324	4751	0.99	383
4021	3.94	900	4360	0.61	313	4771*	1.13	409
4024E	1.47	472	4361	0.88	363	4777	1.16	415
4034	4.62	900	4362	0.77	342	4825	0.59	309
4036	1.67	509	4410	2.13	594	4828	1.11	405
4038	1.44	466	4420	2.57	675	4829	0.80	348
4053	2.29	624	4431	0.99	383	4902	0.89	365
4061	2.82	722	4432	1.07	398	4923	0.74	337
4062	1.53	483	4439	1.12	407	5020	4.90	900
4101	1.33	446	4452	2.17	601	5022	3.52	851
4111	2.04	577	4459	1.24	429	5037	13.81	900
4112	0.63	317	4470	1.58	492	5040	18.51	900
4113	0.88	363	4484	1.39	457	5057	13.24	900
4114	1.47	472	4493	1.68	511	5059	15.73	900
4130	3.03	761	4511	0.50	293	5069	19.87	900
4131	1.62	500	4557	1.13	409	5102	2.92	740
4133	1.60	496	4558	1.10	404	5146	3.56	859
4150	1.11	405	4561	1.32	444	5160	2.52	666
4206	2.44	651	4568	1.73	520	5183	2.50	663
4207	0.67	324	4581	1.16	415	5188	3.19	790
4239	0.85	357	4583	3.53	853	5190	2.29	624
4240	1.64	503	4611	0.64	318	5191X	1.32	444
4243	1.11	405	4635	3.29	809	5192	2.85	727
4244	1.97	564	4653	0.86	359	5213	5.03	900
4250	0.99	383	4665	4.46	900	5215	3.00	755
4251	1.18	418	4670	2.55	672	5221	3.70	885
4263	1.46	470	4683	3.26	803	5222	8.54	900
4273	1.28	437	4686	0.85	357	5223	3.76	896
4279	1.20	422	4692	0.32	259	5348	2.92	740

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

COMMERCIAL LINES MANUAL
WORKERS COMPENSATION AND EMPLOYERS LIABILITY

ARKANSAS

UNION: RATE PAGES (Cont'd.)

CLASS CODES 5402 - 8017

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
5402	3.23	798	6216	4.60	900	7420x*	18.11	900
5403	6.69	900	6217	3.60	866	7421	1.91	553
5437	3.17	786	6229	3.56	859	7422	1.62	500
5443	2.87	731	6233	3.88	900	7425	2.99	753
5445	3.60	866	6235	10.33	900	7431*	1.22	426
5462	3.80	900	6236	8.50	900	7445*	0.44	281
5472	3.45	838	6237	2.18	603	7453*	0.66	322
5473	4.73	900	6251D	5.67	900	7502	1.79	531
5474	5.19	900	6252D	4.24	900	7515	0.77	342
5478	3.16	785	6260D	3.74	892	7520	1.63	502
5479	5.59	900	6306	4.03	900	7538	7.29	900
5480	5.65	900	6319	3.93	900	7539	3.12	777
5491	1.46	470	6325	3.28	807	7540	2.05	579
5506	2.64	688	6400	4.92	900	7580	1.35	450
5507	3.97	900	6504	1.69	513	7590	3.74	892
5508D	6.70	900	6811	3.65	875	7600	1.88	548
5535	5.25	900	6834	2.59	679	7601	8.48	900
5537	3.47	842	6836	4.21	900	7605	2.37	638
5551	10.08	900	6854	3.65	875	7610	0.39	272
5606	1.20	422	6882	3.65	875	7611	3.80	900
5610	3.93	900	6884	8.25	900	7612	8.46	900
5645	8.02	900	7133	2.48	659	7613	3.38	825
5651	5.95	900	7222	6.93	900	7705	1.86	544
5703	64.86	900	7228X	4.92	900	7710	4.17	900
5705	3.80	900	7229X	5.16	900	7711	4.17	900
5951	0.29	254	7230	2.90	737	7720X	1.86	544
6003	7.11	900	7231	3.85	900	7855	4.49	900
6005	5.40	900	7232	9.09	900	8001	1.61	498
6017	2.77	712	7360	5.02	900	8002	2.34	633
6018	1.51	479	7370	3.54	855	8006	1.40	459
6045	1.75	524	7380X	2.44	651	8008	0.88	363
6204	7.07	900	7382	2.01	572	8010	1.36	452
6206	4.49	900	7390	2.61	683	8013	0.35	265
6213	5.91	900	7403	2.09	587	8015	0.46	285
6214	1.99	568	7405*	0.83	354	8017	0.85	357

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

**COMMERCIAL LINES MANUAL
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ARKANSAS

UNION: RATE PAGES (Cont'd.)

CLASS CODES 8018 - 9501

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
8018X*	1.82	537	8295X	5.40	900	8871	0.17	231
8021	1.34	448	8304	4.97	900	8901	0.19	235
8031	2.79	716	8350	4.09	900	9012	1.40	459
8032	1.14	411	8380	2.56	674	9014	2.00	570
8033	1.36	452	8381	1.08	400	9015X	1.74	522
8039	0.99	383	8385	1.74	522	9016	4.49	900
8044	1.99	568	8392	2.17	601	9019	2.13	594
8045	0.30	256	8393	1.23	428	9033	1.42	463
8046	1.93	557	8500	4.58	900	9040*	2.54	670
8047	0.77	342	8601	0.59	309	9052	1.12	407
8058	1.98	566	8606	2.01	572	9058	1.29	439
8072	0.58	307	8719	1.35	450	9059	1.99	568
8102	1.83	539	8720	0.98	381	9060	1.31	442
8103	2.70	700	8721	0.29	254	9061	1.00	385
8105	3.49	846	8742X	0.34	263	9063	0.72	333
8106	2.76	711	8745	3.30	811	9082	1.16	415
8107	2.35	635	8748	0.30	256	9083	1.17	416
8111	2.72	703	8755	0.19	235	9084	1.35	450
8116	3.03	761	8799	0.69	328	9089	0.83	354
8203	3.97	900	8800	0.69	328	9093	1.01	387
8204	3.44	836	8803	0.06	211	9101	2.18	603
8209	2.16	600	8810	0.18	233	9102	2.10	589
8215	4.14	900	8820	0.15	228	9154	1.40	459
8227	2.26	618	8824	1.78	529	9156	0.95	376
8232	4.54	900	8825	1.52	481	9170	2.00	570
8233	3.70	885	8826	1.61	498	9178	18.90	900
8235	2.98	751	8829	1.94	559	9179	25.93	900
8263	6.73	900	8831	1.89	550	9180	2.67	694
8264	2.43	650	8832	0.20	237	9182	1.95	561
8265	6.70	900	8833X*	0.65	320	9186	38.40	900
8279	6.44	900	8835	1.42	463	9220	2.45	653
8288	4.33	900	8842	1.06	396	9402	3.10	774
8291	1.51	479	8864	1.06	396	9403	4.13	900
8292	2.15	598	8868	0.28	252	9410	1.27	435
8293	4.94	900	8869	0.53	298	9501	3.17	786

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

LEGEND

- A** Rate for each individual risk must be obtained by Home Office from Rating Organization having jurisdiction.
- D** Special Disease Rule for this classification-See Rule 3-A-7 of NCCI Basic Manual – Disease Loading.
- E** Classification involving specific disease loading. Refer to Home Office for amount.
- F** Rate provides for coverage under the United States Longshore and Harbor Workers' Compensation Act and its extensions. The rate contains a provision for federal assessment.
- M** Rate provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for federal assessment is included for those classifications under Program II USL Act.
- X** Refer to special classification phraseology in the NCCI Manual which is applicable in this state.

MISCELLANEOUS VALUES

Expense Constant applicable in accordance with Basic Manual Rule 3-A-11 \$200
 Premium Discount Percentages – the following premium discounts are applicable to Standard Premiums.

			Stock
First	\$ 5,000 —	—
Next	95,000	..... “a”	10.9%
Next	400,000	..... “b”	12.6%
Over	500,000	..... “c”	14.4%

FOOTNOTES*

- Code 1005:** Rate includes a non-ratable disease element of \$3.59. (For coverage written separately for federal benefits only, \$2.37. For coverage written separately for state benefits only, \$1.22.)
- Code 1016:** Rate includes a non-ratable disease element of \$14.32. (For coverage written separately for federal benefits only, \$9.44. For coverage written separately for state benefits only \$4.88.) It also includes a catastrophe loading of \$0.09.
- Code 6702** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate and elr each x 1.215.
- Code 6703** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate x 2.175 and elr x 2.032.
- Code 6704** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate and elr each x 1.35.
- Codes 7420** Payroll is subject to a maximum of \$750 per week per employee effective November 1, 2008. The ELR on the rate page should be applied to policies with effective dates on or after November 1, 2008.
- Code 8018:** See Arkansas Special Classification for Warehousing groceries exclusively.
- Code 8833:** The ex-medical rate for this classification is \$.33. A charge of \$0.11 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- Code 9040** The ex-medical rate for this classification is \$1.22. A charge of \$0.11 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

Non-Ratable Portions of Codes

For Non-Ratable portions of Rates for Codes shown below, refer to corresponding code indicated.

For Non-Ratable Portion of Code	Refer To Code
4771	0771
7405	7445
7431	7453

Premium Reduction Percentages – The following percentages are applicable by hazard group.

Applicable to TOTAL LOSSES	Hazard Group						
	A	B	C	D	E	F	G
Percentage premium reduction for employers electing a \$1,000 deductible	6.4%	5.1%	4.4%	3.7%	3.1%	2.1%	1.6%
Percentage premium reduction for employers electing a \$1,500 deductible	7.9%	6.3%	5.4%	4.5%	3.9%	2.7%	2.0%
Percentage premium reduction for employers electing a \$2,000 deductible	8.9%	7.3%	6.2%	5.3%	4.5%	3.2%	2.4%
Percentage premium reduction for employers electing a \$2,500 deductible	9.9%	8.1%	7.0%	6.0%	5.0%	3.7%	2.8%
Percentage premium reduction for employers electing a \$3,000 deductible	10.8%	8.8%	7.6%	6.5%	5.6%	4.1%	3.1%
Percentage premium reduction for employers electing a \$3,500 deductible	11.6%	9.4%	8.2%	7.1%	6.0%	4.4%	3.4%
Percentage premium reduction for employers electing a \$4,000 deductible	12.3%	10.0%	8.8%	7.6%	6.5%	4.8%	3.7%
Percentage premium reduction for employers electing a \$4,500 deductible	12.9%	10.6%	9.3%	8.1%	6.9%	5.1%	3.9%
Percentage premium reduction for employers electing a \$5,000 deductible	13.5%	11.2%	9.8%	8.5%	7.3%	5.5%	4.1%

Miscellaneous Values

Basis of premium applicable in accordance with the footnote instructions for Code 7370 – "Taxicab Co.":	
Employee operated vehicle	\$48,893.00
Leased or rented vehicle	\$32,595.00
Aviation – Aerial Application, Seeding, Herding, or Scintillometer Surveying – "Flying Crew" maximum payroll per week per employee Code 7420	\$750
Maximum Payroll Remuneration applicable in accordance with Basic Manual Rule 2-E-1 – "Executive Officers" and the footnote instructions for: Code 9178 – "Athletic Sports or Park: Non-Contact Sports," Code 9179 – "Athletic Sports or Park: Contact Sports," and Code 9186 – "Carnival – Traveling"	\$2,500.00
Minimum Payroll Remuneration applicable in accordance with Basic Manual Rule 2-E-1 – "Executive Officers"	\$300.00
Per Passenger Seat Surcharge – In accordance with the footnote instructions for classification Code 7421, the surcharge is:	
Maximum surcharge per aircraft	\$1,000.00
Per passenger seat	\$100.00
Premium Determination for Partners and Sole Proprietors in accordance with Basic Manual Rule 2-E-3	\$31,900.00
United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with Rule 3-A-4 "U.S. Longshore and Harbor Workers' Compensation Act" of the Basic Manual.	86%

(Multiply a Non-"F" classification rate by a factor of 1.86 to adjust for differences in benefits and loss-based expenses. This factor is the product for differences in benefits (1.67) and for differences in loss-based expenses (1.116)).

Premium Reduction Percentages – The following percentages are applicable by hazard group.

Applicable to INDEMNITY LOSSES ONLY	Hazard Group						
	A	B	C	D	E	F	G
Percentage premium reduction for employers electing a \$1,000 deductible	1.3%	1.0%	0.9%	0.9%	0.8%	0.6%	0.5%
Percentage premium reduction for employers electing a \$1,500 deductible	1.8%	1.4%	1.3%	1.2%	1.1%	0.9%	0.7%
Percentage premium reduction for employers electing a \$2,000 deductible	2.3%	1.8%	1.7%	1.6%	1.4%	1.1%	0.9%
Percentage premium reduction for employers electing a \$2,500 deductible	2.7%	2.2%	2.0%	1.9%	1.6%	1.4%	1.0%
Percentage premium reduction for employers electing a \$3,000 deductible	3.1%	2.5%	2.3%	2.1%	1.9%	1.6%	1.2%
Percentage premium reduction for employers electing a \$3,500 deductible	3.4%	2.8%	2.6%	2.4%	2.1%	1.8%	1.3%
Percentage premium reduction for employers electing a \$4,000 deductible	3.7%	3.1%	2.8%	2.6%	2.3%	2.0%	1.5%
Percentage premium reduction for employers electing a \$4,500 deductible	4.0%	3.3%	3.1%	2.8%	2.5%	2.1%	1.6%
Percentage premium reduction for employers electing a \$5,000 deductible	4.3%	3.6%	3.3%	3.1%	2.7%	2.3%	1.8%

Applicable to MEDICAL LOSSES ONLY	Hazard Group						
	A	B	C	D	E	F	G
Percentage premium reduction for employers electing a \$1,000 deductible	6.2%	5.0%	4.2%	3.5%	3.0%	2.0%	1.5%
Percentage premium reduction for employers electing a \$1,500 deductible	7.5%	6.0%	5.1%	4.3%	3.7%	2.5%	1.9%
Percentage premium reduction for employers electing a \$2,000 deductible	8.4%	6.8%	5.9%	4.9%	4.2%	2.9%	2.2%
Percentage premium reduction for employers electing a \$2,500 deductible	9.2%	7.5%	6.5%	5.5%	4.6%	3.3%	2.5%
Percentage premium reduction for employers electing a \$3,000 deductible	9.9%	8.1%	7.0%	6.0%	5.0%	3.6%	2.7%
Percentage premium reduction for employers electing a \$3,500 deductible	10.5%	8.6%	7.5%	6.4%	5.4%	3.9%	3.0%
Percentage premium reduction for employers electing a \$4,000 deductible	11.1%	9.1%	7.9%	6.8%	5.8%	4.2%	3.2%
Percentage premium reduction for employers electing a \$4,500 deductible	11.6%	9.5%	8.3%	7.2%	6.1%	4.4%	3.4%
Percentage premium reduction for employers electing a \$5,000 deductible	12.1%	9.9%	8.6%	7.5%	6.4%	4.7%	3.6%

TABLE OF SPECIFIC DISEASE LOADINGS

DISEASE SYMBOLS

Asb = Asbestos **S** = Silica

Code No.		Specific Disease Loadings	Disease Symbol
0059	D	0.20	S
0065	D	0.03	S
0066	D	0.03	S
0067	D	0.03	S
1164	E	0.06	S
1165	E	0.02	S
1624	E	0.03	S
1710	E	0.03	S
1741	E	0.17	S
1803	D	0.17	S
1852	D	0.03	Asb
3081	D	0.03	S
3082	D	0.03	S
3085	D	0.03	S
3175	D	0.02	S
4024	E	0.01	S
5508	D	0.02	S
6251	D	0.04	S
6252	D	0.02	S
6260	D	0.02	S

Miscellaneous Values

Terrorism.....	0.02
Catastrophe (Other than Certified Acts of Terrorism).....	0.02

COMMERCIAL LINES MANUAL
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ARKANSAS

EMC P&C: RATE PAGES

CLASS CODES 0005 - 2670

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
0005	4.27	900	1642	2.72	703	2130	1.86	544
0008	1.74	522	1654	4.17	900	2131	1.25	431
0016	3.74	892	1655	3.29	809	2143	1.45	468
0034	2.87	731	1699	1.33	446	2157	2.70	700
0035	1.72	518	1701	2.06	581	2172	1.05	394
0036	2.73	705	1710E	4.07	900	2174	1.95	561
0037	3.08	770	1741E	1.23	428	2211	3.64	873
0042	4.25	900	1745X	1.99	568	2220	1.30	441
0050	3.45	838	1747	1.74	522	2286	0.95	376
0059D	0.20	237	1748	4.96	900	2288	2.68	696
0065D	0.03	206	1803D	3.56	859	2300	1.42	463
0066D	0.03	206	1852D	1.65	505	2302	1.13	409
0067D	0.03	206	1853	1.54	485	2305	1.42	463
0079	2.82	722	1860	1.30	441	2361	0.80	348
0083	6.49	900	1924	2.82	722	2362	1.17	416
0106	7.59	900	1925	1.95	561	2380	3.00	755
0113	3.81	900	2001	1.58	492	2386	0.75	339
0170	1.64	503	2002	1.99	568	2388	1.28	437
0251	3.36	822	2003	2.24	614	2402	1.43	465
0400	5.37	900	2014	4.22	900	2413	1.12	407
0401	7.33	900	2016	1.32	444	2416	1.11	405
0771*	0.20	237	2021	2.21	609	2417	1.05	394
0917	2.61	683	2039	2.96	748	2501	0.90	367
1005*	7.34	900	2041	2.84	725	2503	0.89	365
1016x*	27.38	900	2065	1.07	398	2534	1.43	465
1164E	4.74	900	2070	3.63	872	2570	3.29	809
1165E	3.12	777	2081	2.56	674	2585	2.06	581
1320	1.95	561	2089	1.68	511	2586	0.88	363
1322	10.45	900	2095	1.82	537	2587	1.93	557
1430	2.88	733	2105	1.62	500	2589	0.96	378
1438	1.62	500	2110	1.42	463	2600	4.25	900
1452	1.12	407	2111	1.67	509	2623	1.87	546
1463	7.74	900	2112	1.80	533	2651	1.75	524
1472	2.70	700	2114	1.78	529	2660	0.97	379
1624E	5.05	900	2121	1.49	476	2670	1.53	483

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

COMMERCIAL LINES MANUAL
WORKERS COMPENSATION AND EMPLOYERS LIABILITY

ARKANSAS

EMC P&C: RATE PAGES (Cont'd.)

CLASS CODES 2683 - 3824

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
2683	1.31	442	3076	1.97	564	3336	1.46	470
2688	2.02	574	3081D	1.91	553	3365	6.80	900
2701	4.92	900	3082D	2.59	679	3372	1.89	550
2702X	20.05	900	3085D	2.16	600	3373	1.93	557
2710	5.84	900	3110	1.89	550	3383	0.72	333
2714	2.77	712	3111	1.98	566	3385	0.58	307
2719X	7.36	900	3113	1.56	489	3400	1.80	533
2731	2.46	655	3114	1.74	522	3507	2.06	581
2735	1.73	520	3118	0.80	348	3515	1.45	468
2759	5.62	900	3119	0.73	335	3548	0.90	367
2790	1.03	391	3122	1.00	385	3559	1.73	520
2802	3.50	848	3126	1.14	411	3574	0.75	339
2812	2.45	653	3131	0.69	328	3581	0.96	378
2835	1.07	398	3132	1.64	503	3612	1.46	470
2836	1.50	478	3145	1.58	492	3620	3.86	900
2841	2.48	659	3146	1.83	539	3629	1.30	441
2881	1.67	509	3169	1.63	502	3632	2.66	692
2883	2.72	703	3175D	1.89	550	3634	1.13	409
2913	2.72	703	3179	1.60	496	3635	1.38	455
2915	2.83	724	3180	1.19	420	3638	0.98	381
2916	1.55	487	3188	1.01	387	3642	0.56	304
2923	1.60	496	3220	1.25	431	3643	1.97	564
2942	1.56	489	3223	1.99	568	3647	2.23	613
2960	2.15	598	3224	1.63	502	3648	1.43	465
3004	1.83	539	3227	1.21	424	3681	1.03	391
3018	1.71	516	3240	2.01	572	3685	1.19	420
3022	2.11	590	3241	1.87	546	3719	1.74	522
3027	1.78	529	3255	1.55	487	3724	4.52	900
3028	1.54	485	3257	2.27	620	3726	2.01	572
3030	2.67	694	3270	2.15	598	3803	1.27	435
3040	2.48	659	3300	2.97	749	3807	1.40	459
3041	2.21	609	3303	2.54	670	3808	1.83	539
3042	2.11	590	3307	2.23	613	3821	2.75	709
3064	3.06	766	3315	1.75	524	3822	2.41	646
3069	5.25	900	3334	1.42	463	3824	3.22	796

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

COMMERCIAL LINES MANUAL
WORKERS COMPENSATION AND EMPLOYERS LIABILITY

ARKANSAS

EMC P&C: RATE PAGES (Cont'd.)

CLASS CODES 3826 - 5348

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
3826	0.58	307	4282	1.41	461	4693	0.62	315
3827	1.05	394	4283	1.31	442	4703	1.61	498
3830	0.75	339	4299	1.17	416	4717	1.19	420
3851	1.76	526	4304	1.84	540	4720	3.48	844
3865	0.85	357	4307	1.46	470	4740	1.02	389
3881	2.34	633	4351	0.76	341	4741	1.17	416
4000	4.81	900	4352	0.67	324	4751	0.99	383
4021	3.94	900	4360	0.61	313	4771*	1.13	409
4024E	1.47	472	4361	0.88	363	4777	1.16	415
4034	4.62	900	4362	0.77	342	4825	0.59	309
4036	1.67	509	4410	2.13	594	4828	1.11	405
4038	1.44	466	4420	2.57	675	4829	0.80	348
4053	2.29	624	4431	0.99	383	4902	0.89	365
4061	2.82	722	4432	1.07	398	4923	0.74	337
4062	1.53	483	4439	1.12	407	5020	4.90	900
4101	1.33	446	4452	2.17	601	5022	3.52	851
4111	2.04	577	4459	1.24	429	5037	13.81	900
4112	0.63	317	4470	1.58	492	5040	18.51	900
4113	0.88	363	4484	1.39	457	5057	13.24	900
4114	1.47	472	4493	1.68	511	5059	15.73	900
4130	3.03	761	4511	0.50	293	5069	19.87	900
4131	1.62	500	4557	1.13	409	5102	2.92	740
4133	1.60	496	4558	1.10	404	5146	3.56	859
4150	1.11	405	4561	1.32	444	5160	2.52	666
4206	2.44	651	4568	1.73	520	5183	2.50	663
4207	0.67	324	4581	1.16	415	5188	3.19	790
4239	0.85	357	4583	3.53	853	5190	2.29	624
4240	1.64	503	4611	0.64	318	5191X	1.32	444
4243	1.11	405	4635	3.29	809	5192	2.85	727
4244	1.97	564	4653	0.86	359	5213	5.03	900
4250	0.99	383	4665	4.46	900	5215	3.00	755
4251	1.18	418	4670	2.55	672	5221	3.70	885
4263	1.46	470	4683	3.26	803	5222	8.54	900
4273	1.28	437	4686	0.85	357	5223	3.76	896
4279	1.20	422	4692	0.32	259	5348	2.92	740

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

COMMERCIAL LINES MANUAL
WORKERS COMPENSATION AND EMPLOYERS LIABILITY

ARKANSAS

EMC P&C: RATE PAGES (Cont'd.)

CLASS CODES 5402 - 8017

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
5402	3.23	798	6216	4.60	900	7420x*	18.11	900
5403	6.69	900	6217	3.60	866	7421	1.91	553
5437	3.17	786	6229	3.56	859	7422	1.62	500
5443	2.87	731	6233	3.88	900	7425	2.99	753
5445	3.60	866	6235	10.33	900	7431*	1.22	426
5462	3.80	900	6236	8.50	900	7445*	0.44	281
5472	3.45	838	6237	2.18	603	7453*	0.66	322
5473	4.73	900	6251D	5.67	900	7502	1.79	531
5474	5.19	900	6252D	4.24	900	7515	0.77	342
5478	3.16	785	6260D	3.74	892	7520	1.63	502
5479	5.59	900	6306	4.03	900	7538	7.29	900
5480	5.65	900	6319	3.93	900	7539	3.12	777
5491	1.46	470	6325	3.28	807	7540	2.05	579
5506	2.64	688	6400	4.92	900	7580	1.35	450
5507	3.97	900	6504	1.69	513	7590	3.74	892
5508D	6.70	900	6811	3.65	875	7600	1.88	548
5535	5.25	900	6834	2.59	679	7601	8.48	900
5537	3.47	842	6836	4.21	900	7605	2.37	638
5551	10.08	900	6854	3.65	875	7610	0.39	272
5606	1.20	422	6882	3.65	875	7611	3.80	900
5610	3.93	900	6884	8.25	900	7612	8.46	900
5645	8.02	900	7133	2.48	659	7613	3.38	825
5651	5.95	900	7222	6.93	900	7705	1.86	544
5703	64.86	900	7228X	4.92	900	7710	4.17	900
5705	3.80	900	7229X	5.16	900	7711	4.17	900
5951	0.29	254	7230	2.90	737	7720X	1.86	544
6003	7.11	900	7231	3.85	900	7855	4.49	900
6005	5.40	900	7232	9.09	900	8001	1.61	498
6017	2.77	712	7360	5.02	900	8002	2.34	633
6018	1.51	479	7370	3.54	855	8006	1.40	459
6045	1.75	524	7380X	2.44	651	8008	0.88	363
6204	7.07	900	7382	2.01	572	8010	1.36	452
6206	4.49	900	7390	2.61	683	8013	0.35	265
6213	5.91	900	7403	2.09	587	8015	0.46	285
6214	1.99	568	7405*	0.83	354	8017	0.85	357

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

**COMMERCIAL LINES MANUAL
WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

ARKANSAS

EMC P&C: RATE PAGES (Cont'd.)

CLASS CODES 8018 - 9501

CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.	CODE NO.	RATE INCL. DISEASE	MIN. PREM.
8018X*	1.82	537	8295X	5.40	900	8871	0.17	231
8021	1.34	448	8304	4.97	900	8901	0.19	235
8031	2.79	716	8350	4.09	900	9012	1.40	459
8032	1.14	411	8380	2.56	674	9014	2.00	570
8033	1.36	452	8381	1.08	400	9015X	1.74	522
8039	0.99	383	8385	1.74	522	9016	4.49	900
8044	1.99	568	8392	2.17	601	9019	2.13	594
8045	0.30	256	8393	1.23	428	9033	1.42	463
8046	1.93	557	8500	4.58	900	9040*	2.54	670
8047	0.77	342	8601	0.59	309	9052	1.12	407
8058	1.98	566	8606	2.01	572	9058	1.29	439
8072	0.58	307	8719	1.35	450	9059	1.99	568
8102	1.83	539	8720	0.98	381	9060	1.31	442
8103	2.70	700	8721	0.29	254	9061	1.00	385
8105	3.49	846	8742X	0.34	263	9063	0.72	333
8106	2.76	711	8745	3.30	811	9082	1.16	415
8107	2.35	635	8748	0.30	256	9083	1.17	416
8111	2.72	703	8755	0.19	235	9084	1.35	450
8116	3.03	761	8799	0.69	328	9089	0.83	354
8203	3.97	900	8800	0.69	328	9093	1.01	387
8204	3.44	836	8803	0.06	211	9101	2.18	603
8209	2.16	600	8810	0.18	233	9102	2.10	589
8215	4.14	900	8820	0.15	228	9154	1.40	459
8227	2.26	618	8824	1.78	529	9156	0.95	376
8232	4.54	900	8825	1.52	481	9170	2.00	570
8233	3.70	885	8826	1.61	498	9178	18.90	900
8235	2.98	751	8829	1.94	559	9179	25.93	900
8263	6.73	900	8831	1.89	550	9180	2.67	694
8264	2.43	650	8832	0.20	237	9182	1.95	561
8265	6.70	900	8833X*	0.65	320	9186	38.40	900
8279	6.44	900	8835	1.42	463	9220	2.45	653
8288	4.33	900	8842	1.06	396	9402	3.10	774
8291	1.51	479	8864	1.06	396	9403	4.13	900
8292	2.15	598	8868	0.28	252	9410	1.27	435
8293	4.94	900	8869	0.53	298	9501	3.17	786

REFER TO THE LEGEND AND FOOTNOTES PAGE FOLLOWING THIS RATE SECTION FOR ANY CODES ABOVE DISPLAYING LETTERS OR ASTERISKS.

LEGEND

- A** Rate for each individual risk must be obtained by Home Office from Rating Organization having jurisdiction.
- D** Special Disease Rule for this classification-See Rule 3-A-7 of NCCI Basic Manual – Disease Loading.
- E** Classification involving specific disease loading. Refer to Home Office for amount.
- F** Rate provides for coverage under the United States Longshore and Harbor Workers' Compensation Act and its extensions. The rate contains a provision for federal assessment.
- M** Rate provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for federal assessment is included for those classifications under Program II USL Act.
- X** Refer to special classification phraseology in the NCCI Manual which is applicable in this state.

MISCELLANEOUS VALUES

Expense Constant applicable in accordance with Basic Manual Rule 3-A-11 \$200
 Premium Discount Percentages – the following premium discounts are applicable to Standard Premiums.

			Stock
First	\$ 5,000 —	—
Next	95,000	..... "a"	10.9%
Next	400,000	..... "b"	12.6%
Over	500,000	..... "c"	14.4%

FOOTNOTES*

- Code 1005:** Rate includes a non-ratable disease element of \$3.59. (For coverage written separately for federal benefits only, \$2.37. For coverage written separately for state benefits only, \$1.22.)
- Code 1016:** Rate includes a non-ratable disease element of \$14.32. (For coverage written separately for federal benefits only, \$9.44. For coverage written separately for state benefits only \$4.88.) It also includes a catastrophe loading of \$0.09.
- Code 6702** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate and elr each x 1.215.
- Code 6703** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate x 2.175 and elr x 2.032.
- Code 6704** Rates and rating values only appropriate for laying or relaying of tracks or maintenance of way – no work on elevated railroads. Otherwise, assign appropriate construction or erection class code rate and elr each x 1.35.
- Codes 7420** Payroll is subject to a maximum of \$750 per week per employee effective November 1, 2008. The ELR on the rate page should be applied to policies with effective dates on or after November 1, 2008.
- Code 8018:** See Arkansas Special Classification for Warehousing groceries exclusively.
- Code 8833:** The ex-medical rate for this classification is \$0.33. A charge of \$0.11 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- Code 9040** The ex-medical rate for this classification is \$1.22. A charge of \$0.11 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

Non-Ratable Portions of Codes

For Non-Ratable portions of Rates for Codes shown below, refer to corresponding code indicated.

For Non-Ratable Portion of Code	Refer To Code
4771	0771
7405	7445
7431	7453

Premium Reduction Percentages – The following percentages are applicable by hazard group.

Applicable to TOTAL LOSSES	Hazard Group						
	A	B	C	D	E	F	G
Percentage premium reduction for employers electing a \$1,000 deductible	6.4%	5.1%	4.4%	3.7%	3.1%	2.1%	1.6%
Percentage premium reduction for employers electing a \$1,500 deductible	7.9%	6.3%	5.4%	4.5%	3.9%	2.7%	2.0%
Percentage premium reduction for employers electing a \$2,000 deductible	8.9%	7.3%	6.2%	5.3%	4.5%	3.2%	2.4%
Percentage premium reduction for employers electing a \$2,500 deductible	9.9%	8.1%	7.0%	6.0%	5.0%	3.7%	2.8%
Percentage premium reduction for employers electing a \$3,000 deductible	10.8%	8.8%	7.6%	6.5%	5.6%	4.1%	3.1%
Percentage premium reduction for employers electing a \$3,500 deductible	11.6%	9.4%	8.2%	7.1%	6.0%	4.4%	3.4%
Percentage premium reduction for employers electing a \$4,000 deductible	12.3%	10.0%	8.8%	7.6%	6.5%	4.8%	3.7%
Percentage premium reduction for employers electing a \$4,500 deductible	12.9%	10.6%	9.3%	8.1%	6.9%	5.1%	3.9%
Percentage premium reduction for employers electing a \$5,000 deductible	13.5%	11.2%	9.8%	8.5%	7.3%	5.5%	4.1%

Miscellaneous Values

Basis of premium applicable in accordance with the footnote instructions for Code 7370 – "Taxicab Co.":	
Employee operated vehicle	\$48,893.00
Leased or rented vehicle	\$32,595.00
Aviation – Aerial Application, Seeding, Herding, or Scintillometer Surveying – "Flying Crew" maximum payroll per week per employee Code 7420	\$750
Maximum Payroll Remuneration applicable in accordance with Basic Manual Rule 2-E-1 – "Executive Officers" and the footnote instructions for: Code 9178 – "Athletic Sports or Park: Non-Contact Sports," Code 9179 – "Athletic Sports or Park: Contact Sports," and Code 9186 – "Carnival – Traveling"	\$2,500.00
Minimum Payroll Remuneration applicable in accordance with Basic Manual Rule 2-E-1 – "Executive Officers"	\$300.00
Per Passenger Seat Surcharge – In accordance with the footnote instructions for classification Code 7421, the surcharge is:	
Maximum surcharge per aircraft	\$1,000.00
Per passenger seat	\$100.00
Premium Determination for Partners and Sole Proprietors in accordance with Basic Manual Rule 2-E-3	\$31,900.00
United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with Rule 3-A-4 "U.S. Longshore and Harbor Workers' Compensation Act" of the Basic Manual.	86%

(Multiply a Non-"F" classification rate by a factor of 1.86 to adjust for differences in benefits and loss-based expenses. This factor is the product for differences in benefits (1.67) and for differences in loss-based expenses (1.116)).

Premium Reduction Percentages – The following percentages are applicable by hazard group.

Applicable to INDEMNITY LOSSES ONLY	Hazard Group						
	A	B	C	D	E	F	G
Percentage premium reduction for employers electing a \$1,000 deductible	1.3%	1.0%	0.9%	0.9%	0.8%	0.6%	0.5%
Percentage premium reduction for employers electing a \$1,500 deductible	1.8%	1.4%	1.3%	1.2%	1.1%	0.9%	0.7%
Percentage premium reduction for employers electing a \$2,000 deductible	2.3%	1.8%	1.7%	1.6%	1.4%	1.1%	0.9%
Percentage premium reduction for employers electing a \$2,500 deductible	2.7%	2.2%	2.0%	1.9%	1.6%	1.4%	1.0%
Percentage premium reduction for employers electing a \$3,000 deductible	3.1%	2.5%	2.3%	2.1%	1.9%	1.6%	1.2%
Percentage premium reduction for employers electing a \$3,500 deductible	3.4%	2.8%	2.6%	2.4%	2.1%	1.8%	1.3%
Percentage premium reduction for employers electing a \$4,000 deductible	3.7%	3.1%	2.8%	2.6%	2.3%	2.0%	1.5%
Percentage premium reduction for employers electing a \$4,500 deductible	4.0%	3.3%	3.1%	2.8%	2.5%	2.1%	1.6%
Percentage premium reduction for employers electing a \$5,000 deductible	4.3%	3.6%	3.3%	3.1%	2.7%	2.3%	1.8%

Applicable to MEDICAL LOSSES ONLY	Hazard Group						
	A	B	C	D	E	F	G
Percentage premium reduction for employers electing a \$1,000 deductible	6.2%	5.0%	4.2%	3.5%	3.0%	2.0%	1.5%
Percentage premium reduction for employers electing a \$1,500 deductible	7.5%	6.0%	5.1%	4.3%	3.7%	2.5%	1.9%
Percentage premium reduction for employers electing a \$2,000 deductible	8.4%	6.8%	5.9%	4.9%	4.2%	2.9%	2.2%
Percentage premium reduction for employers electing a \$2,500 deductible	9.2%	7.5%	6.5%	5.5%	4.6%	3.3%	2.5%
Percentage premium reduction for employers electing a \$3,000 deductible	9.9%	8.1%	7.0%	6.0%	5.0%	3.6%	2.7%
Percentage premium reduction for employers electing a \$3,500 deductible	10.5%	8.6%	7.5%	6.4%	5.4%	3.9%	3.0%
Percentage premium reduction for employers electing a \$4,000 deductible	11.1%	9.1%	7.9%	6.8%	5.8%	4.2%	3.2%
Percentage premium reduction for employers electing a \$4,500 deductible	11.6%	9.5%	8.3%	7.2%	6.1%	4.4%	3.4%
Percentage premium reduction for employers electing a \$5,000 deductible	12.1%	9.9%	8.6%	7.5%	6.4%	4.7%	3.6%

TABLE OF SPECIFIC DISEASE LOADINGS

DISEASE SYMBOLS

Asb = Asbestos **S** = Silica

Code No.		Specific Disease Loadings	Disease Symbol
0059	D	0.20	S
0065	D	0.03	S
0066	D	0.03	S
0067	D	0.03	S
1164	E	0.06	S
1165	E	0.02	S
1624	E	0.03	S
1710	E	0.03	S
1741	E	0.17	S
1803	D	0.17	S
1852	D	0.03	Asb
3081	D	0.03	S
3082	D	0.03	S
3085	D	0.03	S
3175	D	0.02	S
4024	E	0.01	S
5508	D	0.02	S
6251	D	0.04	S
6252	D	0.02	S
6260	D	0.02	S

Miscellaneous Values

Terrorism.....	0.02
Catastrophe (Other than Certified Acts of Terrorism).....	0.02

SCHEDULE RATING TABLE

The premium for a risk may be modified in accordance with the following subject to a maximum modification of 25%, to reflect such characteristics of the risk not reflected in its experience.

	Range of Modifications		
	Credit		Debit
A. Premises Conditions, Care	10%	to	10%
B. Classification Peculiarities	10	to	10
C. Medical Facilities	5	to	5
D. Safety Devices	5	to	5
E. Employees Selection, Training, Supervision	10	to	10
F. Management			
1. Cooperation with insurance carrier	5	to	5
2. Safety organization	5	to	5

SCHEDULE RATING

1. This plan is available to any insured that meets the requirements for experience rating eligibility.
2. The amount of schedule credit or debit shall be applied to an experience rated risk in a multiplicative manner, after application of the experience modification, and before the application of premium discounts and expense constants.
3. There shall be an annual report to the National Council on Compensation Insurance illustrating the total dollar amount of schedule credits or debits.
4. Standard earned premium figures reported to the National Council on the aggregate calls for experience (e.g., policy year calendar year, etc.) must exclude (i.e., be prior to) the effects of schedule rating premium adjustments. Net earned premium reported on these calls must include (i.e., be after) effects of schedule rating premium adjustments.
Schedule rating premium adjustments must be reported under unique classification codes on unit statistical reports submitted to the National Council.
5. This program is not applicable to residual market policyholders covered under the Workers Compensation Insurance Plan.
6. All schedule credits or debits shall be based on evidence that is contained in the file of EMC Insurance Companies at the time the schedule credit or debit is applied.
7. The effective date of any schedule credit or debit shall not be any date prior to the receipt in the insurer's office of the evidence supporting the credit or debit.
8. The derivation of the schedule factor must be made available to the insured upon request. To the degree that the insured can correct the reason for any schedule debit to the satisfaction of the insurer, the debit may be removed effective the date documentation for the correction is received in the insurer's office.
9. The Schedule Rating Program can be used only on risks which are rated in compliance with the National Council on Compensation Insurance's filed and approved rates without deviation.

WORKERS COMPENSATION
RETROSPECTIVE RATING PLAN
STATE SPECIAL RATING VALUES

ARKANSAS

1. Tax Multipliers

a. State (non-F Classes)

1.060

b. Federal Classes, or non-F Classes where rate is increased by USL & HW Act Percentage

1.132

*

2. Expected Loss Ratio

0.621

Expected Loss & Allocated Expense Ratio

0.678

3. Table of Expense Ratios

Type A: XXIII-A

Table of Expense Ratios for ALAE Options

Type A: XXIII-C

*

4.

Excess Loss Factors (Applicable to New and Renewal Policies)							
Per Accident Limitation	HAZARD GROUPS						
	A	B	C	D	E	F	G
\$25,000	0.246	0.282	0.304	0.325	0.348	0.382	0.414
30,000	0.227	0.263	0.286	0.307	0.332	0.367	0.401
35,000	0.212	0.247	0.271	0.291	0.317	0.353	0.389
40,000	0.198	0.233	0.256	0.278	0.304	0.341	0.379
50,000	0.176	0.209	0.233	0.254	0.281	0.319	0.360
75,000	0.140	0.169	0.192	0.212	0.238	0.278	0.323
100,000	0.117	0.143	0.165	0.183	0.210	0.248	0.296
125,000	0.102	0.124	0.146	0.163	0.188	0.226	0.274
150,000	0.091	0.111	0.132	0.148	0.172	0.209	0.257
175,000	0.082	0.101	0.120	0.135	0.158	0.194	0.242
200,000	0.075	0.093	0.111	0.125	0.147	0.181	0.230
225,000	0.070	0.085	0.104	0.117	0.137	0.171	0.219
250,000	0.065	0.080	0.097	0.110	0.130	0.162	0.210
275,000	0.061	0.075	0.093	0.104	0.123	0.154	0.201
300,000	0.058	0.071	0.088	0.099	0.117	0.147	0.194
325,000	0.055	0.067	0.083	0.094	0.112	0.141	0.187
350,000	0.052	0.064	0.079	0.090	0.107	0.135	0.181
375,000	0.050	0.061	0.076	0.086	0.102	0.130	0.175
400,000	0.048	0.059	0.073	0.083	0.099	0.125	0.170
425,000	0.046	0.057	0.071	0.079	0.095	0.122	0.165

WC-RRX-1

EMPLOYERS MUTUAL CASUALTY COMPANY
EMCASCO INSURANCE COMPANY
UNION INSURANCE COMPANY OF PROVIDENCE
EMC PROPERTY & CASUALTY COMPANY

EFF. 11-1-08

WORKERS COMPENSATION
RETROSPECTIVE RATING PLAN
STATE SPECIAL RATING VALUES

ARKANSAS

* 4. (Cont'd.)

Excess Loss Factors (Applicable to New and Renewal Policies)							
Per Accident Limitation	HAZARD GROUPS						
	A	B	C	D	E	F	G
450,000	0.044	0.054	0.068	0.077	0.092	0.117	0.161
475,000	0.043	0.052	0.066	0.075	0.089	0.114	0.157
500,000	0.042	0.051	0.064	0.072	0.086	0.111	0.153
600,000	0.037	0.045	0.058	0.065	0.078	0.100	0.140
700,000	0.034	0.041	0.052	0.059	0.070	0.091	0.130
800,000	0.032	0.039	0.049	0.055	0.066	0.085	0.122
900,000	0.029	0.035	0.046	0.051	0.061	0.079	0.115
1,000,000	0.027	0.034	0.043	0.048	0.057	0.075	0.109
2,000,000	0.016	0.021	0.027	0.031	0.037	0.049	0.074
3,000,000	0.011	0.015	0.020	0.023	0.028	0.037	0.057
4,000,000	0.009	0.012	0.016	0.018	0.022	0.030	0.047
5,000,000	0.007	0.009	0.013	0.015	0.018	0.025	0.040
6,000,000	0.006	0.007	0.010	0.012	0.015	0.021	0.034
7,000,000	0.005	0.006	0.009	0.010	0.012	0.018	0.030
8,000,000	0.004	0.006	0.007	0.009	0.011	0.016	0.026
9,000,000	0.004	0.005	0.007	0.008	0.010	0.014	0.024
10,000,000	0.004	0.004	0.006	0.007	0.009	0.012	0.021

Excess Loss and Allocated Expense Factors (Applicable to New and Renewal Policies)							
Per Accident Limitation	HAZARD GROUPS						
	A	B	C	D	E	F	G
\$25,000	0.316	0.359	0.385	0.408	0.436	0.474	0.504
30,000	0.294	0.337	0.364	0.388	0.417	0.457	0.491
35,000	0.275	0.318	0.346	0.370	0.400	0.441	0.479
40,000	0.259	0.301	0.330	0.354	0.385	0.428	0.467
50,000	0.233	0.273	0.302	0.327	0.359	0.403	0.447
75,000	0.187	0.224	0.252	0.276	0.308	0.355	0.405
100,000	0.159	0.191	0.218	0.241	0.273	0.320	0.374
125,000	0.138	0.167	0.194	0.216	0.247	0.292	0.348
150,000	0.124	0.151	0.176	0.197	0.226	0.271	0.328
175,000	0.112	0.136	0.161	0.180	0.209	0.253	0.311

WORKERS COMPENSATION
RETROSPECTIVE RATING PLAN
STATE SPECIAL RATING VALUES

ARKANSAS

* 4. (Cont'd.)

Excess Loss and Allocated Expense Factors (Applicable to New and Renewal Policies)							
Per Accident Limitation	HAZARD GROUPS						
	A	B	C	D	E	F	G
200,000	0.102	0.125	0.149	0.167	0.195	0.237	0.295
225,000	0.095	0.116	0.139	0.156	0.182	0.224	0.281
250,000	0.089	0.108	0.131	0.147	0.173	0.213	0.271
275,000	0.084	0.102	0.124	0.139	0.163	0.203	0.260
300,000	0.079	0.096	0.117	0.132	0.155	0.194	0.250
325,000	0.075	0.092	0.112	0.126	0.148	0.186	0.242
350,000	0.071	0.087	0.107	0.120	0.142	0.178	0.234
375,000	0.068	0.083	0.103	0.115	0.136	0.172	0.227
400,000	0.065	0.080	0.099	0.111	0.132	0.165	0.220
425,000	0.063	0.077	0.095	0.107	0.127	0.160	0.214
450,000	0.060	0.074	0.092	0.103	0.123	0.155	0.209
475,000	0.058	0.071	0.089	0.100	0.119	0.151	0.203
500,000	0.056	0.069	0.086	0.097	0.115	0.146	0.199
600,000	0.050	0.061	0.077	0.087	0.103	0.132	0.182
700,000	0.045	0.056	0.071	0.079	0.094	0.121	0.170
800,000	0.043	0.052	0.066	0.073	0.087	0.113	0.159
900,000	0.039	0.048	0.061	0.068	0.081	0.105	0.150
1,000,000	0.037	0.045	0.058	0.064	0.077	0.099	0.142
2,000,000	0.022	0.028	0.037	0.042	0.050	0.065	0.097
3,000,000	0.016	0.021	0.028	0.031	0.038	0.050	0.076
4,000,000	0.012	0.016	0.022	0.025	0.031	0.041	0.063
5,000,000	0.010	0.013	0.018	0.020	0.025	0.035	0.054
6,000,000	0.007	0.010	0.014	0.017	0.021	0.028	0.046
7,000,000	0.007	0.009	0.012	0.014	0.018	0.025	0.041
8,000,000	0.006	0.007	0.011	0.012	0.016	0.022	0.036
9,000,000	0.005	0.007	0.009	0.011	0.014	0.020	0.033
10,000,000	0.005	0.006	0.009	0.010	0.012	0.018	0.029

*

Retrospective Development Factors

With Loss Limit			Without Loss Limit			4th & Subsequent Adjustment
1st Adj.	2nd Adj.	3rd Adj.	1st Adj.	2nd Adj.	3rd Adj.	
0.04	0.04	0.03	0.10	0.10	0.07	0.00

WC-RRX-3

EMPLOYERS MUTUAL CASUALTY COMPANY
EMCASCO INSURANCE COMPANY
UNION INSURANCE COMPANY OF PROVIDENCE
EMC PROPERTY & CASUALTY COMPANY

EFF. 11-1-08

WORKERS COMPENSATION
RETROSPECTIVE RATING PLAN
STATE EXCEPTIONS

ARKANSAS

PART ONE

II. DEFINITIONS

Paragraph K. is replaced as follows:

K. Large Risk Alternative Rating Option

The Large Risk Alternative Rating Option provides that a risk may be retrospectively rated as mutually agreed upon by carrier and insured.

It is an available option for a risk if:

- 1) The estimated annual standard countrywide Workers' Compensation premium is in excess of \$250,000; or
- 2) It has any combination of General Liability, Hospital Professional Liability, Commercial Automobile, Crime, Glass or Workers' Compensation premium, as long as the estimated annual standard countrywide Workers' Compensation premium is in excess of \$250,000.

III. ELIGIBILITY FOR THE PLAN

Paragraph E. is replaced as follows:

E. Large Risk Alternative Rating Option

A risk is eligible for the Large Risk Alternative Rating Option if:

- 1) The estimated standard countrywide Workers' Compensation premium is in excess of \$250,000 annually for the term of the plan; or
- 2) It has any combination of General Liability, Hospital Professional Liability, Commercial Automobile, Crime, Glass or Workers' Compensation premium, as long as the estimated annual standard countrywide Workers' Compensation premium is in excess of \$250,000 annually for the term of the plan.

PART TWO

OPERATION OF THE PLAN

A. The Retrospective Premium Formula

Note: Risks with one or both of the following may be rated under the Large Risk Alternative Rating option.

- 1) The estimated annual standard countrywide Workers' Compensation premium is in excess of \$250,000; or
- 2) It has any combination of General Liability, Hospital Professional Liability, Commercial Automobile, Crime, Glass or Workers' Compensation premium, as long as the estimated annual standard countrywide Workers' Compensation premium is in excess of \$250,000.

This option provides that such risks may be retrospectively rated as mutually agreed upon by carrier and insured.

SERFF Tracking Number: EMCC-125795477 State: Arkansas
First Filing Company: EMC Property & Casualty Company, ... State Tracking Number: EFT \$100
Company Tracking Number: AR-WC-2008-06
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Rate & Rule Revision
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 08/29/2008

Comments:

Attachment:

P&C Transmittal- 11-08 RR Rev.pdf

Satisfied -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 08/29/2008

Comments:

Attachments:

RF-WC (EMCC).pdf
RF-WC (EMCASCO).pdf
RF-WC (EMC P&C).pdf
RF-WC (UNION).pdf

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Approved 08/29/2008

Comments:

Attachments:

RF-1 (EMCC).pdf
RF-1 (EMCASCO).pdf
RF-1 (EMC P&C).pdf
RF-1 (UNION).pdf

Satisfied -Name: Memorandum and Exhibits **Review Status:** Approved 08/29/2008

Comments:

Attachment:

Memo and Exhibits.pdf

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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
EMC Insurance Companies	062

4. Company Name(s)	Domicile	NAIC #	FEIN #
Employers Mutual Casualty Company	IA	21415	42-0234980
EMCASCO Insurance Company	IA	21407	42-6070764
Union Insurance Company of Providence	IA	21423	05-0230479
EMC Property & Casualty Company	IA	25186	63-0329091

5. Company Tracking Number	AR-WC-2008-06
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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
	Stephanie McBride P. O. Box 712 Des Moines IA 50306	Filings Analyst	800-247-2128 Ext. 2684	515-345-2223	Stephanie.M.McBride@EMCIns.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Stephanie McBride		

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

9.	Type of Insurance (TOI)	16.0000
10.	Sub-Type of Insurance (Sub-TOI)	16.0004
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Workers Compensation
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" 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: 11/1/08 Renewal: 11/1/08

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	8/28/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	AR-WC-2008-06
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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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The captioned companies are members of the National Council on Compensation Insurance and NCCI files the workers compensation program on our behalf. We are submitting for your approval our intent to adopt the loss costs, miscellaneous values, and retrospective values found in reference number AR-2008-02. Along with this revision, in an effort to provide additional rate flexibility, we are pleased to introduce Union Insurance Company of Providence and EMC Property & Casualty Company as part of our program. These revisions will be applicable to policies effective on or after November 1, 2008. The corresponding form filing will be sent under separate cover.

Our loss cost multipliers for Union and EMC P&C will be 1.10. Our loss cost multiplier for Employers Mutual will be revised from 1.76 to 1.84 and for EMCASCO it will be revised from 1.50 to 1.56. In our previous revision, we implemented loss cost multiplier exceptions for select classes. Those deviations will remain in effect for Employers Mutual and EMCASCO, applicable to the newly adopted loss costs. Union and EMC P&C will not have any deviations. Please see the attached Loss Cost Multiplier Exceptions exhibit.

The minimum premium multiplier will remain at 185. The expense constant will remain at \$200. Minimum premiums will be calculated according to the following formulas:

Per Capita Classes: Rate + \$200, subject to a maximum of \$900

All Other Classes: (185 x Class Rate) + \$200, subject to a maximum of \$900

The estimated overall rate level effect is -8.3% for Employers Mutual, -9.5% for EMCASCO, and -8.5% for all companies combined. The premium level effect is -8.0% for Employers Mutual, -9.4% for EMCASCO, and -8.2% overall. As Union and EMC P&C as new companies, there is no effect to their implementation. Our 2007 Workers Compensation written premium in Arkansas is \$3,920,850, producing an estimated cumulative dollar effect of -\$320,886.

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]
<p>Check #: EFT Amount: \$100.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

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

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE: 08/28/08

1. INSURER NAME Employers Mutual Casualty Company

ADDRESS P.O. Box 712

Des Moines, IA 50306-0712

PERSON RESPONSIBLE FOR FILING Stephanie McBride

TITLE Fileings Analyst TELEPHONE # 800-247-2128 ext 2684

2. INSURER NAIC # 21415 Group No. 62

3. ADVISORY ORGANIZATION NCCI

4. ADVISORY ORGANIZATION REFERENCE FILING # AR-2008-02

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE -8.5 % EFFECTIVE DATE 11/01/08

B. PROPOSED PREMIUM LEVEL CHANGE -8.2 % EFFECTIVE DATE 11/01/08

7. A. PRIOR RATE LEVEL CHANGE 2.6 % EFFECTIVE DATE 02/01/08

B. PRIOR PREMIUM LEVEL CHANGE 2.9 % EFFECTIVE DATE 02/01/08

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM" (RF-WC Page 2)
(USE A SEPARATE SUMMARY FOR EACH INSURER-SELECTED LOSS COST MULTIPLIER.)

9. CHECK ONE OF THE FOLLOWING:

 The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

 x The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
 ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
 LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
 FORM CALCULATION OF COMPANY LOSS MULTIPLIER

INSURER NAME: Employers Mutual Casualty Company Date: 08/28/08
 NAIC No.: 21415 Group No. 62

1. Does this filing apply to all classes contained in item 4 of the Reference Filing Adoption Form?
 Yes x No If No, for each affected class, attach "Page 2" of Form RF-WC with appropriate justification.
 * Applies to Classes: 8107, 8116, & 8380

2. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:

(CHECK ONE)

 Without Modification. (factor = 1.000)
 x With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) -14.5% See Actuarial memorandum

B. Loss Cost Modification Expressed as a Factor: 0.855
 (See examples below.)

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)
 PROJECTED EXPENSES: Compared to standard premium at company rates.

	Selected Provisions
A. TOTAL PRODUCTION EXPENSE	<u> </u> 14.9 %
B. GENERAL EXPENSE	<u> </u> 4.9 %
C. TAXES, LICENSES & FEES	<u> </u> 5.7 %
D. UNDERWRITING PROFIT & CONTINGENCIES*	<u> </u> 1.9 %
E. OTHER (EXPLA) dividends, avg gradation, & reinsurance	<u> </u> 7.4 %
F. TOTAL	<u> </u> 34.8 %

*Explain how investment income is taken into account.

4. A. Expected Loss and Loss Adjustment Expense Ratio: $ELR = 100\% - 3F =$ 65.2 %
 B. ELR in Decimal Form = 0.652

5. Overall Impact of Expense Constant and Minimum Premiums:
 (A 2.3% impact would be expressed as 1.023.) 1.036

6. Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating:
 (An 8.67% average discount would be expressed as 0.914.) 0.945

7. Company Formula Loss Cost Multiplier: $(2B/[(6-3F) \times 5]) =$ 1.38

8. Company Selected Loss Cost Multiplier = 1.38
 Explain any differences between 7 and 8:

9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc.. Yes No x

10. Are you changing your premium discount schedules? If yes, attach schedules and support detailing premium or rate level change. x

Example 1: Loss Cost modification factor: If your company's loss cost modification is -10%, a factor of .90(1.00 - .100) should be used.

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15(1.00 + .15) should be used.

ARKANSAS INSURANCE DEPARTMENT

**WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS MULTIPLIER**

INSURER NAME: Employers Mutual Casualty Company Date: 08/28/08
 NAIC No.: 21415 Group No. 62

1. Does this filing apply to all classes contained in item 4 of the Reference Filing Adoption Form?
 Yes x No If No, for each affected class, attach "Page 2" of Form RF-WC with appropriate justification.
 * Applies to Class 5190

2. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:

(CHECK ONE)

 Without Modification. (factor = 1.000)

 x With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) 8.0% See Actuarial memorandum

B. Loss Cost Modification Expressed as a Factor:

 1.080

(See examples below.)

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

Selected Provisions

A. TOTAL PRODUCTION EXPENSE	<u> </u> 14.9 %
B. GENERAL EXPENSE	<u> </u> 4.9 %
C. TAXES, LICENSES & FEES	<u> </u> 5.7 %
D. UNDERWRITING PROFIT & CONTINGENCIES*	<u> </u> 1.9 %
E. OTHER (EXPLAll dividends, avg gradation, & reinsurance	<u> </u> 7.4 %
F. TOTAL	<u> </u> 34.8 %

*Explain how investment income is taken into account.

4. A. Expected Loss and Loss Adjustment Expense Ratio: ELR = 100% - 3F =

 65.2 %

B. ELR in Decimal Form =

 0.652

5. Overall Impact of Expense Constant and Minimum Premiums:

(A 2.3% impact would be expressed as 1.023.)

 1.036

6. Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating:

(An 8.67% average discount would be expressed as 0.914.)

 0.945

7. Company Formula Loss Cost Multiplier: (2B/[(6-3F)x5]) =

 1.75

8. Company Selected Loss Cost Multiplier =

 1.75

Explain any differences between 7 and 8:

Yes

No

9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc..

 x

10. Are you changing your premium discount schedules? If yes, attach schedules and support detailing premium or rate level change.

 x

Example 1: Loss Cost modification factor: If your company's loss cost modification is -10%, a factor of .90(1.00 - .100) should be used.

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15(1.00 + .15) should be used.

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE: 08/28/08

1. INSURER NAME EMCASCO Insurance Company

ADDRESS P.O. Box 712

Des Moines, IA 50306-0712

PERSON RESPONSIBLE FOR FILING Stephanie McBride

TITLE Filings Analyst TELEPHONE # 800-247-2128 ext 2684

2. INSURER NAIC # 21407 Group No. 62

3. ADVISORY ORGANIZATION NCCI

4. ADVISORY ORGANIZATION REFERENCE FILING # AR-2008-02

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE	<u>-9.5 %</u>	EFFECTIVE DATE	<u>11/01/08</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>-9.4 %</u>	EFFECTIVE DATE	<u>11/01/08</u>

7. A. PRIOR RATE LEVEL CHANGE	<u>0 %</u>	EFFECTIVE DATE	<u>02/01/08</u>
B. PRIOR PREMIUM LEVEL CHANGE	<u>0 %</u>	EFFECTIVE DATE	<u>02/01/08</u>

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM" (RF-WC Page 2)
(USE A SEPARATE SUMMARY FOR EACH INSURER-SELECTED LOSS COST MULTIPLIER.)

9. CHECK ONE OF THE FOLLOWING:

The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

ARKANSAS INSURANCE DEPARTMENT

**WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS MULTIPLIER**

INSURER NAME: EMCASCO Insurance Company Date: 08/28/08
 NAIC No.: 21407 Group No. 62

1. Does this filing apply to all classes contained in item 4 of the Reference Filing Adoption Form?
 Yes No If No, for each affected class, attach "Page 2" of Form RF-WC with appropriate justification.
 * Applies to Classes: 5403, 5645, & 7520

2. Loss Cost Modification:
 A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
 (CHECK ONE)
 Without Modification. (factor = 1.000)
 With the following modification(s). (Cite the nature and percent modification, and attach supporting data
 and/or rationale for the modification.) -18.0% See Actuarial memorandum

B. Loss Cost Modification Expressed as a Factor: 0.820
 (See examples below.)

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data,
 impact of premium discount plans, and/or other supporting information.)
 PROJECTED EXPENSES: Compared to standard premium at company rates.

	Selected Provisions
A. TOTAL PRODUCTION EXPENSE	<u> </u> 14.9 %
B. GENERAL EXPENSE	<u> </u> 4.9 %
C. TAXES, LICENSES & FEES	<u> </u> 5.7 %
D. UNDERWRITING PROFIT & CONTINGENCIES*	<u> </u> 1.9 %
E. OTHER (EXPLA) dividends, avg gradation, & reinsurance	<u> </u> 7.4 %
F. TOTAL	<u> </u> 34.8 %

*Explain how investment income is taken into account.

4. A. Expected Loss and Loss Adjustment Expense Ratio: $ELR = 100\% - 3F =$ 65.2 %
 B. ELR in Decimal Form = 0.652

5. Overall Impact of Expense Constant and Minimum Premiums:
 (A 2.3% impact would be expressed as 1.023.) 1.036

6. Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating:
 (An 8.67% average discount would be expressed as 0.914.) 0.945

7. Company Formula Loss Cost Multiplier: $(2B)/((6-3F) \times 5) =$ 1.33

8. Company Selected Loss Cost Multiplier = 1.33
 Explain any differences between 7 and 8:

9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level
 impact as well as changes in multipliers, expense constants, maximum minimums, etc.. Yes No

10. Are you changing your premium discount schedules? If yes, attach schedules and support detailing
 premium or rate level change.

Example 1: Loss Cost modification factor: If your company's loss cost modification is -10%,
 a factor of .90(1.00 - .100) should be used.

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%,
 a factor of 1.15(1.00 + .15) should be used.

ARKANSAS INSURANCE DEPARTMENT

**WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS MULTIPLIER**

INSURER NAME: EMCASCO Insurance Company Date: 08/28/08
 NAIC No.: 21407 Group No. 62

1. Does this filing apply to all classes contained in item 4 of the Reference Filing Adoption Form?
 Yes No If No, for each affected class, attach "Page 2" of Form RF-WC with appropriate justification.
 * Applies to Classes: 8107, 8116, & 8380

2. Loss Cost Modification:
 A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
 (CHECK ONE)
 Without Modification. (factor = 1.000)
 With the following modification(s). (Cite the nature and percent modification, and attach supporting data
 and/or rationale for the modification.) -27.5% See Actuarial memorandum

B. Loss Cost Modification Expressed as a Factor: 0.725
 (See examples below.)

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data,
 impact of premium discount plans, and/or other supporting information.)
 PROJECTED EXPENSES: Compared to standard premium at company rates.

	Selected Provisions
A. TOTAL PRODUCTION EXPENSE	<u> </u> 14.9 %
B. GENERAL EXPENSE	<u> </u> 4.9 %
C. TAXES, LICENSES & FEES	<u> </u> 5.7 %
D. UNDERWRITING PROFIT & CONTINGENCIES*	<u> </u> 1.9 %
E. OTHER (EXPLAll dividends, avg gradiation, & reinsurance	<u> </u> 7.4 %
F. TOTAL	<u> </u> 34.8 %

*Explain how investment income is taken into account.

4. A. Expected Loss and Loss Adjustment Expense Ratio: $ELR = 100\% - 3F =$ 65.2 %
 B. ELR in Decimal Form = 0.652

5. Overall Impact of Expense Constant and Minimum Premiums:
 (A 2.3% impact would be expressed as 1.023.) 1.036

6. Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating:
 (An 8.67% average discount would be expressed as 0.914.) 0.945

7. Company Formula Loss Cost Multiplier: $(2B/[(6-3F) \times 5]) =$ 1.17

8. Company Selected Loss Cost Multiplier = 1.17
 Explain any differences between 7 and 8:

	Yes	No
9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc..	<u> </u>	<u> </u> <input checked="" type="checkbox"/>
10. Are you changing your premium discount schedules? If yes, attach schedules and support detailing premium or rate level change.	<u> </u>	<u> </u> <input checked="" type="checkbox"/>

Example 1: Loss Cost modification factor: If your company's loss cost modification is -10%,
 a factor of .90(1.00 - .100) should be used.

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%,
 a factor of 1.15(1.00 + .15) should be used.

ARKANSAS INSURANCE DEPARTMENT

**WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS MULTIPLIER**

INSURER NAME: EMCASCO Insurance Company Date: 08/28/08
 NAIC No.: 21407 Group No. 62

1. Does this filing apply to all classes contained in item 4 of the Reference Filing Adoption Form?
 Yes No If No, for each affected class, attach "Page 2" of Form RF-WC with appropriate justification.
 * Applies to Class 5190

2. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
 (CHECK ONE)

 Without Modification. (factor = 1.000)
 With the following modification(s). (Cite the nature and percent modification, and attach supporting data
 and/or rationale for the modification.) -8.5% See Actuarial memorandum

B. Loss Cost Modification Expressed as a Factor: 0.915
 (See examples below.)

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data,
 impact of premium discount plans, and/or other supporting information.)
 PROJECTED EXPENSES: Compared to standard premium at company rates.

	Selected Provisions
A. TOTAL PRODUCTION EXPENSE	<u>14.9 %</u>
B. GENERAL EXPENSE	<u>4.9 %</u>
C. TAXES, LICENSES & FEES	<u>5.7 %</u>
D. UNDERWRITING PROFIT & CONTINGENCIES*	<u>1.9 %</u>
E. OTHER (EXPLAI) dividends, avg gradation, & reinsurance	<u>7.4 %</u>
F. TOTAL	<u>34.8 %</u>

*Explain how investment income is taken into account.

4. A. Expected Loss and Loss Adjustment Expense Ratio: $ELR = 100\% - 3F =$ 65.2 %
 B. ELR in Decimal Form = 0.652

5. Overall Impact of Expense Constant and Minimum Premiums:
 (A 2.3% impact would be expressed as 1.023.) 1.036

6. Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating:
 (An 8.67% average discount would be expressed as 0.914.) 0.945

7. Company Formula Loss Cost Multiplier: $(2B/[(6-3F) \times 5]) =$ 1.48

8. Company Selected Loss Cost Multiplier = 1.48
 Explain any differences between 7 and 8:

9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level
 impact as well as changes in multipliers, expense constants, maximum minimums, etc.. Yes No x

10. Are you changing your premium discount schedules? If yes, attach schedules and support detailing
 premium or rate level change. Yes No x

Example 1: Loss Cost modification factor: If your company's loss cost modification is -10%,
 a factor of .90(1.00 - .100) should be used.

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%,
 a factor of 1.15(1.00 + .15) should be used.

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS MULTIPLIER

INSURER NAME: EMCASCO Insurance Company Date: 08/28/08
NAIC No.: 21407 Group No. 62

1. Does this filing apply to all classes contained in item 4 of the Reference Filing Adoption Form?
 Yes x No If No, for each affected class, attach "Page 2" of Form RF-WC with appropriate justification.

* Applies to Class 5445

2. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:

(CHECK ONE)

 Without Modification. (factor = 1.000)

 x With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) 11.0% See Actuarial memorandum

B. Loss Cost Modification Expressed as a Factor:

 1.110

(See examples below.)

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

Selected Provisions

A. TOTAL PRODUCTION EXPENSE	<u> </u> 14.9 %
B. GENERAL EXPENSE	<u> </u> 4.9 %
C. TAXES, LICENSES & FEES	<u> </u> 5.7 %
D. UNDERWRITING PROFIT & CONTINGENCIES*	<u> </u> 1.9 %
E. OTHER (EXPLAII dividends, avg gradation, & reinsurance	<u> </u> 7.4 %
F. TOTAL	<u> </u> 34.8 %

*Explain how investment income is taken into account.

4. A. Expected Loss and Loss Adjustment Expense Ratio: $ELR = 100\% - 3F =$

 65.2 %

B. ELR in Decimal Form =

 0.652

5. Overall Impact of Expense Constant and Minimum Premiums:

(A 2.3% impact would be expressed as 1.023.)

 1.036

6. Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating:

(An 8.67% average discount would be expressed as 0.914.)

 0.945

7. Company Formula Loss Cost Multiplier: $(2B/((6-3F) \times 5)) =$

 1.79

8. Company Selected Loss Cost Multiplier =

 1.79

Explain any differences between 7 and 8:

Yes

No

9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc..

 x

10. Are you changing your premium discount schedules? If yes, attach schedules and support detailing premium or rate level change.

 x

Example 1: Loss Cost modification factor: If your company's loss cost modification is -10%, a factor of .90(1.00 - .100) should be used.

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15(1.00 + .15) should be used.

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE: 08/28/08

1. INSURER NAME EMC Property & Casualty Company

ADDRESS P.O. Box 712

Des Moines, IA 50306-0712

PERSON RESPONSIBLE FOR FILING Stephanie McBride

TITLE Filings Analyst TELEPHONE # 800-247-2128 ext 2684

2. INSURER NAIC # 25186 Group No. 62

3. ADVISORY ORGANIZATION NCCI

4. ADVISORY ORGANIZATION REFERENCE FILING # AR-2008-02

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE ----- % EFFECTIVE DATE 11/01/08

B. PROPOSED PREMIUM LEVEL CHANGE ----- % EFFECTIVE DATE 11/01/08

7. A. PRIOR RATE LEVEL CHANGE ----- % EFFECTIVE DATE -----

B. PRIOR PREMIUM LEVEL CHANGE ----- % EFFECTIVE DATE -----

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM" (RF-WC Page 2)
(USE A SEPARATE SUMMARY FOR EACH INSURER-SELECTED LOSS COST MULTIPLIER.)

9. CHECK ONE OF THE FOLLOWING:

 The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

 x The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

ARKANSAS INSURANCE DEPARTMENT

**WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS MULTIPLIER**

INSURER NAME: EMC Property & Casualty Company Date: 08/28/08
 NAIC No.: 25186 Group No. 62

1. Does this filing apply to all classes contained in item 4 of the Reference Filing Adoption Form?
 Yes No If No, for each affected class, attach "Page 2" of Form RF-WC with appropriate justification.

2. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:

(CHECK ONE)

Without Modification. (factor = 1.000)

With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) -32.0% See Actuarial memorandum

B. Loss Cost Modification Expressed as a Factor:

0.680

(See examples below.)

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

	Selected Provisions
A. TOTAL PRODUCTION EXPENSE	<u>14.9 %</u>
B. GENERAL EXPENSE	<u>4.9 %</u>
C. TAXES, LICENSES & FEES	<u>5.7 %</u>
D. UNDERWRITING PROFIT & CONTINGENCIES*	<u>1.9 %</u>
E. OTHER (EXPLAI dividends, avg gradation, & reinsurance	<u>7.4 %</u>
F. TOTAL	<u>34.8 %</u>

*Explain how investment income is taken into account.

4. A. Expected Loss and Loss Adjustment Expense Ratio: $ELR = 100\% - 3F =$ 65.2 %
 B. ELR in Decimal Form = 0.652

5. Overall Impact of Expense Constant and Minimum Premiums:
 (A 2.3% impact would be expressed as 1.023.) 1.036

6. Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating:
 (An 8.67% average discount would be expressed as 0.914.) 0.945

7. Company Formula Loss Cost Multiplier: $(2B/((6-3F) \times 5)) =$ 1.10

8. Company Selected Loss Cost Multiplier = 1.10
 Explain any differences between 7 and 8:

9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc..

Yes	No
_____	<u>x</u>

10. Are you changing your premium discount schedules? If yes, attach schedules and support detailing premium or rate level change.

Yes	No
_____	<u>x</u>

Example 1: Loss Cost modification factor: If your company's loss cost modification is -10%, a factor of .90(1.00 - .100) should be used.

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15(1.00 + .15) should be used.

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE: 08/28/08

1. INSURER NAME Union Insurance Company of Providence

ADDRESS P.O. Box 712

Des Moines, IA 50306-0712

PERSON RESPONSIBLE FOR FILING Stephanie McBride

TITLE Filings Analyst TELEPHONE # 800-247-2128 ext 2684

2. INSURER NAIC # 21423 Group No. 62

3. ADVISORY ORGANIZATION NCCI

4. ADVISORY ORGANIZATION REFERENCE FILING # AR-2008-02

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing.

The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE	<u>-----</u> %	EFFECTIVE DATE	<u>11/01/08</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>-----</u> %	EFFECTIVE DATE	<u>11/01/08</u>

7. A. PRIOR RATE LEVEL CHANGE	<u>-----</u> %	EFFECTIVE DATE	<u>-----</u>
B. PRIOR PREMIUM LEVEL CHANGE	<u>-----</u> %	EFFECTIVE DATE	<u>-----</u>

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM" (RF-WC Page 2)
(USE A SEPARATE SUMMARY FOR EACH INSURER-SELECTED LOSS COST MULTIPLIER.)

9. CHECK ONE OF THE FOLLOWING:

 The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

 x The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

ARKANSAS INSURANCE DEPARTMENT

**WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION
FORM CALCULATION OF COMPANY LOSS MULTIPLIER**

INSURER NAME: Union Insurance Company of Providence Date: 08/28/08
 NAIC No.: 21423 Group No. 62

1. Does this filing apply to all classes contained in item 4 of the Reference Filing Adoption Form?
 Yes No If No, for each affected class, attach "Page 2" of Form RF-WC with appropriate justification.

2. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:

(CHECK ONE)

Without Modification. (factor = 1.000)
 With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) -32.0% See Actuarial memorandum

B. Loss Cost Modification Expressed as a Factor: 0.680
 (See examples below.)

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)
 PROJECTED EXPENSES: Compared to standard premium at company rates.

	Selected Provisions
A. TOTAL PRODUCTION EXPENSE	<u>14.9 %</u>
B. GENERAL EXPENSE	<u>4.9 %</u>
C. TAXES, LICENSES & FEES	<u>5.7 %</u>
D. UNDERWRITING PROFIT & CONTINGENCIES*	<u>1.9 %</u>
E. OTHER (EXPLAll dividends, avg gradiation, & reinsurance	<u>7.4 %</u>
F. TOTAL	<u>34.8 %</u>

*Explain how investment income is taken into account.

4. A. Expected Loss and Loss Adjustment Expense Ratio: $ELR = 100\% - 3F =$ 65.2 %
 B. ELR in Decimal Form = 0.652

5. Overall Impact of Expense Constant and Minimum Premiums:
 (A 2.3% impact would be expressed as 1.023.) 1.036

6. Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating:
 (An 8.67% average discount would be expressed as 0.914.) 0.945

7. Company Formula Loss Cost Multiplier: $(2B/((6-3F) \times 5)) =$ 1.10

8. Company Selected Loss Cost Multiplier = 1.10
 Explain any differences between 7 and 8:

9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc.. Yes No

10. Are you changing your premium discount schedules? If yes, attach schedules and support detailing premium or rate level change. Yes No

Example 1: Loss Cost modification factor: If your company's loss cost modification is -10%, a factor of .90(1.00 - .100) should be used.

Example 2: Loss Cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15(1.00 + .15) should be used.

**ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT**

Insurer Name: Employers Mutual Casualty Company Contact Person: Stephanie McBride
 NAIC Number: 21415 Signature: _____
 Name of Advisory Organization Whose Filing You Are Referencing NCCI Telephone No.: 800-247-2128 ext 2684
 Company Affiliation to Advisory Organization:
 Member x Subscriber _____ Service Purchaser _____
 Reference Filing #: AR-2008-02 Proposed Effective Date: 11/01/08

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Workers Compensation (Class 5190)	3.9%	-4.0%	0.652	1.080	1.75	200	1.67
Workers Compensation (Class 5403)	3.9%	-15.7%	0.652	0.965	1.56	200	1.53
Workers Compensation (Class 5445)	3.9%	2.7%	0.652	1.310	2.12	200	1.98
Workers Compensation (Class 5645)	3.9%	-10.1%	0.652	0.965	1.56	200	1.53
Workers Compensation (Class 7520)	3.9%	-30.4%	0.652	0.965	1.56	200	1.53
Workers Compensation (Class 8107)	3.9%	-24.9%	0.652	0.855	1.38	200	1.34
Workers Compensation (Class 8116)	3.9%	0.0%	0.652	0.855	1.38	200	1.34
Workers Compensation (Class 8380)	3.9%	-5.3%	0.652	0.855	1.38	200	1.34
Workers Compensation (All Other Classes)	3.9%	-8.3%	0.652	1.135	1.84	200	1.76
TOTAL OVERALL EFFECT	3.9%	-8.2%					

N Apply Loss Cost Factors To Future Filings? (Y or N)
20.2% Estimated Maximum Rate Increase for any Arkansas Insured (%)
-32.1% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

5 Year History

Year	Policy Count	Rate Change History		AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio
		%	Eff. Date				
2003	721	5.5%	10/01/03	2,875	1,138	39.6%	80.2%
2004	686	-	-	3,377	1,820	53.9%	92.4%
2005	608	-	-	3,302	902	27.3%	70.9%
2006	612	0.9%	09/01/06	3,410	2,433	71.3%	52.9%
2007	614	-	-	3,650	2,175	59.6%	43.8%

Selected Provisions

A. Total Production Expense	14.9%
B. General Expense	4.9%
C. Taxes, Licenses & Fees	5.7%
D. Underwriting Profit & Contingencies	1.9%
E. Other (Explains Dividends & avg grad)	7.4%
F. TOTAL	34.8%

**ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT**

Insurer Name: EMCASCO Insurance Company Contact Person: Stephanie McBride
 NAIC Number: 21407 Signature: _____
 Name of Advisory Organization Whose Filing You Are Referencing NCCI Telephone No.: 800-247-2128 ext 2684
 Company Affiliation to Advisory Organization:
 Member x Subscriber _____ Service Purchaser _____
 Reference Filing #: AR-2008-02 Proposed Effective Date: 11/01/08

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Workers Compensation (Class 5190)	3.9%	-4.3%	0.652	0.880	1.48	200	1.42
Workers Compensation (Class 5403)	3.9%	-15.4%	0.652	0.805	1.33	200	1.30
Workers Compensation (Class 5445)	3.9%	2.1%	0.652	1.040	1.79	200	1.68
Workers Compensation (Class 5645)	3.9%	-9.8%	0.652	0.805	1.33	200	1.30
Workers Compensation (Class 7520)	3.9%	-30.1%	0.652	0.805	1.33	200	1.30
Workers Compensation (Class 8107)	3.9%	-25.1%	0.652	0.705	1.17	200	1.14
Workers Compensation (Class 8116)	3.9%	-14.4%	0.652	0.705	1.17	200	1.14
Workers Compensation (Class 8380)	3.9%	-5.9%	0.652	0.705	1.17	200	1.14
Workers Compensation (All Other Classes)	3.9%	-9.6%	0.652	0.930	1.56	200	1.50
TOTAL OVERALL EFFECT	3.9%	-9.5%					

N Apply Loss Cost Factors To Future Filings? (Y or N)
19.1% Estimated Maximum Rate Increase for any Arkansas Insured (%)
-32.1% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

5 Year History

Year	Policy Count	Rate Change History		AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio
		%	Eff. Date				
2003	-	-	-	-	-	-	68.3%
2004	-	-	-	-	-	-	80.2%
2005	-	-	-	-	-	-	92.4%
2006	-	-	-	-	-	-	70.9%
2007	49	-	-	237	63	26.6%	52.9%

EMCASCO implemented 1/1/07

Selected Provisions

A. Total Production Expense	<u>14.9%</u>
B. General Expense	<u>4.9%</u>
C. Taxes, Licenses & Fees	<u>5.7%</u>
D. Underwriting Profit & Contingencies	<u>1.9%</u>
E. Other (Expains) dividends & avg grad	<u>7.4%</u>
F. TOTAL	<u>34.8%</u>

**ARKANSAS
WORKERS COMPENSATION
EMC INSURANCE COMPANIES**

LOSS COST MULTIPLIER EXCEPTIONS

		<u>Deviation</u>	<u>EMCC</u>	<u>EMCASCO</u>
GENERAL*		0%	1.84	1.56
EXCEPTION CLASSES				
5190	Electrical Wiring-Within Buildings & Drivers	-5%	1.75	1.48
5403	Carpentry Noc	-15%	1.56	1.33
5445	Wallboard Installation Within Buildings & Drivers	+15%	2.12	1.79
5645	Carpentry-Detached One Or Two Family Dwellings	-15%	1.56	1.33
7520	Waterworks Operation & Drivers	-15%	1.56	1.33
8107	Machinery Dealer Noc-Store Or Yard-& Drivers	-25%	1.38	1.17
8116	Farm Machinery Dealer-All Operations & Drivers	-25%	1.38	1.17
8380	Automobile Service Or Repair Center & Drivers	-25%	1.38	1.17

**ARKANSAS
WORKERS COMPENSATION**

EMC INSURANCE COMPANIES

ACTUARIAL MEMORANDUM

Employers Mutual Casualty Company (EMCC), EMCASCO Insurance Company, Union Insurance Company of Providence, and EMC Property & Casualty Company, members of the EMC Insurance Group, are filing to adopt loss costs found in NCCI Item # AR-2008-02. The current and revised loss cost multipliers for each company are listed below:

<u>Company</u>	<u>Current</u>	<u>Revised</u>
EMCC	1.76	1.84
EMCASCO	1.50	1.56
UNION*	-----	1.10
EMC P&C*	-----	1.10

*Implementing new rates

In addition, we are deviating loss cost multipliers as shown on the exhibit "Rate Filing Abstract" for both EMCC and EMCASCO. Union and EMC P&C will not feature any deviations.

The expense constant will remain at \$200. The following minimum premium formulas will be used:

Per Capita Classes: rate +\$200, subject to a maximum of \$900

All Other: (185 x class rate) + \$200, subject to a maximum of \$900

The estimated overall rate level effect is -8.3% for EMCC, -9.5% for EMCASCO and -8.5% for all companies combined. The premium level effect is -8.0% for EMCC, -9.4% for EMCASCO and -8.2% overall. As Union and EMC P&C are new companies, there is no effect to their implementation. Our 2007 Workers Compensation written premium in Arkansas is \$3,920,850 producing an estimated cumulative dollar effect of -\$320,886.

**ARKANSAS
EMC INSURANCE COMPANIES
WORKERS COMPENSATION**

FIVE-YEAR EXPERIENCE FOR DEVIATED CLASSES

Year	Industry Group	Class	Premium	Incurred Losses	Loss Ratio	Paid Losses	Exposure	Claims
2003	CONTRACTING	5190	97,066	1,678	1.7%	5,210	2,070,926	6
2004	CONTRACTING	5190	202,189	-23,913	-11.8%	-25,107	4,904,393	13
2005	CONTRACTING	5190	198,114	19,847	10.0%	11,698	3,793,364	14
2006	CONTRACTING	5190	239,369	24,002	10.0%	33,520	5,567,714	8
2007	CONTRACTING	5190	377,142	431,416	114.4%	168,070	9,830,710	24
TOTALS		5190	1,113,880	453,030	40.7%	193,391	26,167,107	65
2003	CONTRACTING	5403	228,262	356,304	156.1%	128,016	2,026,072	27
2004	CONTRACTING	5403	358,946	-29,602	-8.2%	122,549	3,294,600	41
2005	CONTRACTING	5403	169,944	18,102	10.7%	132,078	1,349,956	16
2006	CONTRACTING	5403	328,182	268,408	81.8%	158,649	2,920,577	14
2007	CONTRACTING	5403	397,480	511,883	128.8%	346,687	3,434,222	11
TOTALS		5403	1,482,814	1,125,095	75.9%	887,979	13,025,427	109
2003	CONTRACTING	5445	100,068	988	1.0%	988	1,269,536	2
2004	CONTRACTING	5445	134,051	12,584	9.4%	9,580	1,863,078	16
2005	CONTRACTING	5445	170,332	2,534	1.5%	5,538	2,387,172	2
2006	CONTRACTING	5445	221,117	88,463	40.0%	68,187	3,111,939	10
2007	CONTRACTING	5445	207,480	35,856	17.3%	35,596	3,222,653	6
TOTALS		5445	833,048	140,425	16.9%	119,889	11,854,378	36
2003	CONTRACTING	5645	207,547	24,269	11.7%	197,392	1,540,241	10
2004	CONTRACTING	5645	277,774	83,702	30.1%	76,369	1,999,967	5
2005	CONTRACTING	5645	339,103	-25,057	-7.4%	27,804	2,319,365	6
2006	CONTRACTING	5645	118,061	-149	-0.1%	54	888,687	1
2007	CONTRACTING	5645	175,891	175,891	100.0%	1,517	1,157,661	2
TOTALS		5645	1,118,376	258,656	23.1%	303,136	7,905,921	24
2003	MISCELLANEOUS	7520	167,750	17,137	10.2%	10,908	5,549,115	55
2004	MISCELLANEOUS	7520	223,447	55,412	24.8%	39,935	6,759,995	53
2005	MISCELLANEOUS	7520	235,639	-5,024	-2.1%	17,633	7,143,183	13
2006	MISCELLANEOUS	7520	246,255	79,005	32.1%	60,353	7,471,707	19
2007	MISCELLANEOUS	7520	280,636	44,011	15.7%	43,429	8,678,051	19
TOTALS		7520	1,153,727	190,541	16.5%	172,258	35,602,051	159
2003	GOODS & SERVICES	8107	139	0	0.0%	0	4,000	0
2004	GOODS & SERVICES	8107	235	0	0.0%	0	4,000	0
2005	GOODS & SERVICES	8107	235	0	0.0%	0	4,000	0
2006	GOODS & SERVICES	8107	235	0	0.0%	0	4,000	0
2007	GOODS & SERVICES	8107	17,898	0	0.0%	0	399,794	0
TOTALS		8107	18,742	0	0.0%	0	415,794	0
2003	GOODS & SERVICES	8116	0	0	0.0%	0	0	0
2004	GOODS & SERVICES	8116	0	0	0.0%	0	0	0
2005	GOODS & SERVICES	8116	0	0	0.0%	0	0	0
2006	GOODS & SERVICES	8116	0	0	0.0%	0	0	0
2007	GOODS & SERVICES	8116	0	0	0.0%	0	0	0
TOTALS		8116	0	0	0.0%	0	0	0
2003	GOODS & SERVICES	8380	165,050	68,942	41.8%	63,345	4,925,123	50
2004	GOODS & SERVICES	8380	174,928	54,475	31.1%	70,002	4,889,570	56
2005	GOODS & SERVICES	8380	183,688	59,508	32.4%	38,422	4,913,509	31
2006	GOODS & SERVICES	8380	151,699	26,863	17.7%	45,408	4,231,992	24
2007	GOODS & SERVICES	8380	189,877	42,139	22.2%	42,930	6,540,122	16
TOTALS		8380	865,242	251,927	29.1%	260,107	25,500,316	177

**ARKANSAS
WORKERS COMPENSATION
EMC INSURANCE COMPANIES**

ACCIDENT YEAR RATE LEVEL INDICATIONS DATA - Paid Losses

<i>Factors to Adjust Premiums</i>			
Year	1 Factor to Remove Expense Constant	2 Current Rate Level Factor	3 Premium Adjustment Factor (1)x(2)
2003	0.965	1.033	0.997
2004	0.965	0.975	0.941
2005	0.965	0.974	0.940
2006	0.965	0.986	0.951
2007	0.965	0.991	0.956

<i>Factors to Adjust Losses</i>							
Year/Coverage	1 Current Loss Benefit Level Factor	2 Loss Adjustment Expense Factor	3 Loss Develop- ment Factor	4 Annual Loss Trend	5 Years in Loss Trend Period**	6 Loss Trend Factor [1+(4)]^(5)	7 Large Loss Adjustments
2003 Indemnity	1.015	1.261	1.228	-3.5%	6.001	0.808	0
2003 Medical	1.015	1.261	1.166	1.0%	6.001	1.062	0
2004 Indemnity	1.012	1.261	1.336	-3.5%	4.998	0.837	0
2004 Medical	1.012	1.261	1.200	1.0%	4.998	1.051	0
2005 Indemnity	1.009	1.261	1.550	-3.5%	4.001	0.867	0
2005 Medical	1.009	1.261	1.255	1.0%	4.001	1.041	0
2006 Indemnity	1.002	1.261	2.055	-3.5%	3.001	0.899	0
2006 Medical	1.002	1.261	1.369	1.0%	3.001	1.030	0
2007 Indemnity	1.000	1.261	4.330	-3.5%	2.001	0.931	0
2007 Medical	1.000	1.261	1.884	1.0%	2.001	1.020	0
Total							0

* Accident Year Losses Evaluated as of	3/31/2008
** Assumed Effective Date for Trending:	7/1/2008
** Trend Period from Midpoint of Calendar Year to Future Average Date of Loss:	7/1/2009

<i>Factor to Recognize Underwriting Expenses and Profit Provision</i>	
Variable Permissible Loss and Loss Adjustment Expense Ratio	0.652

**ARKANSAS
WORKERS COMPENSATION
EMC INSURANCE COMPANIES**

ACCIDENT YEAR PAID LOSS RATE LEVEL INDICATIONS

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Year	Calendar Year Standard Earned Premium	Current Level Adjusted Standard Earned Premium	Accident Year Paid Losses as of 3/31/2008	Paid Losses at Current Benefit Level	Current Level Losses Adjusted for LAE	Current Level Losses and LAE Developed to Ultimate	Ultimate Losses & LAE Trended to Future Date of Loss	Projected Loss & LAE Ratio at Future Date of Loss (7)/(2)	Permissible Loss & LAE Ratio	Experience Based Rate Level Indication [(8)/(9)]-1	Credibility Weighted Rate Level Indication
2003	3,031,139	3,022,046	1,549,687	1,572,932	1,983,467	2,351,369	2,302,729	0.762	0.652	16.9%	
2004	3,589,680	3,377,889	1,099,082	1,112,271	1,402,573	1,764,330	1,683,519	0.498	0.652	-23.6%	
2005	3,442,697	3,236,135	711,871	718,278	905,749	1,234,460	1,195,711	0.369	0.652	-43.3%	
2006	3,648,957	3,470,158	1,535,284	1,538,355	1,939,865	3,142,820	3,045,936	0.878	0.652	34.6%	
2007	3,833,812	3,665,124	1,365,754	1,365,754	1,722,215	4,087,692	4,036,624	1.101	0.652	68.9%	
Total	17,546,285	16,771,352	6,261,678	6,307,590	7,953,869	12,580,671	12,264,519	0.731	0.652	12.2%	3.9%

- Column Description
- (1) Calendar Year Standard Earned Premium including expense constant
 - (2) Premium adjusted to Current Rate Level excluding expense constant
 - (3) Accident Year Paid Losses as of 3/31/2008.
 - (4) Accident Year Paid Losses at Current Benefit Level
 - (5) Loss Adjustment Expense Loading: 26.1%
 - (6) Losses and LAE Developed to Ultimate Settlement Value
 - (7) Losses and LAE trended to average date of future loss (7/1/2009) using the following trends: Indemnity -3.5%; Medical 1.0%
 - (8) Column (7) / Column (2)
 - (9) Expenses include a profit loading of 1.9% and assumes 12.5% return on equity
 - (10) [Column (8)/Column (9)] -1
 - (11) Arkansas experience based indication credibility weighted with Trended Permissible Loss & LAE Ratio

**ARKANSAS
WORKERS COMPENSATION
EMC INSURANCE COMPANIES**

CREDIBILITY WEIGHTED RATE LEVEL INDICATIONS - Paid Losses

<i>A. Indication Based on Company Experience in Arkansas</i>		
Five Year Experience Based Rate Level Indication		<i>12.2%</i>
<i>B. Credibility of Company Experience in Arkansas</i>		
Full Credibility Standard	15,000	
Accident Year Incurred Claims during Experience Period	1,624	
Experience Credibility, $\text{SQRT}(1,624 / 15,000)$	32.9%	
Selected Credibility		<i>32.9%</i>
<i>C. Indication Based on Trended Permissible Loss & LAE Ratio</i>		
Trended PLR based on -0.4% loss trend since last rate change on 2/1/2008 (0.413 years to 7/1/2008)	0.651	
Trended Permissible Loss and LAE Indication $(0.651 / 0.652 - 1)$		<i>-0.2%</i>
<i>D. Credibility Weighted Indication</i>		
Credibility Weighted Rate Level Indication		<i>3.9%</i>
$(A) \times (B) + [1 - (B)] \times (C)$		

**COUNTRYWIDE
WORKERS COMPENSATION
EMC INSURANCE COMPANIES**

**ESTIMATED INVESTMENT EARNINGS
ON UNEARNED PREMIUM AND LOSS RESERVES**

A. UNEARNED PREMIUM RESERVE

1. Direct Voluntary Earned Premium for Calendar Year Ended December 31, 2007	\$220,933,147
2. Countrywide Ratio of Mean Unearned Premium Reserve to Earned Premium	39.4%
3. Estimated Mean Unearned Premium Reserve (A.1 x A.2.)	\$87,047,660
4. Percentage Total of Prepaid Expense	
a. Commission & Brokerage	10.1%
b. Taxes, Licenses & Fees	5.7%
c. 50% of Other Acquisition Cost	3.5%
d. 50% of General Expense	3.4%
e. 50% of Reinsurance Expense	0.7%
f. Dividends, Other Expenses	NA
g. Total	23.4%
5. Federal Income Tax Payable on Unearned Reserve	7.0%
6. Dollar Total of Prepaid Expense & Federal Income Tax on Unearned Reserve [A.3. x (A.4.g.+A.5.)]	\$26,462,489
7. Subject to Investment (A.3. - A.6.)	\$60,585,171

B. DELAYED REMISSION OF PREMIUMS

1. Mean Agents' Balances (Annual Statement, Page 2, Line 9)	\$282,884,824
2. Countrywide Earned Premium (Annual Statement, Page 4, Line 1)	\$1,146,229,241
3. Delayed Remission of Premium [(B.1. ÷ B.2) x A.1.]	\$54,570,487

C. EXPECTED LOSS & LOSS ADJUSTMENT RESERVE

1. Direct Earned Premium [A.1.]	\$220,933,147
x (Expected Loss & Loss Adjustment Ratio)	0.666
2. Expected Incurred Loss & Loss Adjustment	\$147,141,476
x (Countrywide Reserve to Incurred Ratio, Adjusted for Federal Income Tax Payable on Loss & LAE Reserves)	2.218
3. Adjusted Expected Loss & Loss Adjustment Reserve	\$326,359,794

D. NET SUBJECT TO INVESTMENT (A.7. - B.3. + C.3)

\$332,374,478

E. AVERAGE RATE OF RETURN ON INVESTED ASSETS (AFTER TAX)

3.8%

F. INVESTMENT EARNINGS ON NET SUBJECT TO INVESTMENT

\$12,630,230

G. RATIO OF INVESTMENT EARNINGS TO EARNED PREMIUM (F÷A.1)

5.7%

**ARKANSAS
WORKERS COMPENSATION
EMC INSURANCE COMPANIES**

EXPENSE PROVISIONS

Expense provisions based on Annual Statement data (I.E.E.), Page 15 and internal company reports. Premium based expenses were converted from a "net" basis (after premium discount) to a "standard" basis (before premium discount) using the appropriate discount schedule & size of policy distribution.

	<i>Expenses as Percent of Net Premium</i>				Selected % of Net Premium	Selected % of Standard Premium <i>Excluding</i> Expense Constant
	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>Average</u>		
1. Commission & Brokerage	7.6%	7.5%	7.6%	7.6%	10.1%	8.8%
2. Other Acquisition	6.3%	7.2%	7.4%	7.0%	7.0%	6.1%
3. Total Production Expense	----	----	----	----	17.1%	14.9%
4. General Expense	6.5%	7.1%	6.7%	6.8%	6.8%	4.9%
5. Premium Taxes	7.9%	5.7%	7.6%	7.0%	5.5%	5.5%
6. Misc Taxes, Licenses & Fees	0.2%	0.1%	0.2%	0.2%	0.2%	0.2%
7. Reinsurance Expense	----	----	----	----	1.3%	1.3%
8. Dividends	0.5%	0.5%	0.8%	0.6%	0.6%	0.6%
9. Profit & Contingencies	<i>(See Below)</i>				1.9%	1.9%
10. Estimated Impact of Size of Risk Discounts (Expense Gradation)						5.5%
11. Estimated Impact of Expense Constant & Minimum Premiums						3.6%

	<i>Percent of Incurred Losses</i>					<u>Selected</u>
	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	
12. Loss Adjustment Expenses	21.4%	20.9%	21.5%	30.2%	26.6%	26.1%
13. State Specific Loss Based Assessments						0.0%

Underwriting Profit Provision

We believe a 12.5% return on equity after federal income taxes is reasonable. We have assigned statutory surplus to line of usiness on the basis of premium plus loss and loss adjustment expense reserves. The resulting premium to statutory surplus ratios by line of business are then adjusted to achieve an overall all-lines premium to statutory surplus ratio of approximately 2 to 1.

With this methodology, the selected premium to statutory surplus ratio for this line is 1.500, which translates into a 1.250 premium to equity (GAAP) ratio. The 5.7% investment income on premium is a 7.1% return on equity after federal taxes. Based on an average after tax investment yield we earn an additional 3.8% return on equity.

The difference of 1.6% (0.125 - 0.071 - 0.038) is the necessary after tax return on equity required from underwriting. The federal tax rate on underwriting profit is 35.0%, resulting in an underwriting profit load of 1.9% [(0.016 / 1.250) / 0.650].