

SERFF Tracking Number: FARM-125774192 State: Arkansas
 First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: EFT \$25
 Company Tracking Number: R1AR080813WCWB1
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: R-AR-2008-WC-F
 Project Name/Number: Adoption of NCCI Loss Costs Effective 9-1-08/

Filing at a Glance

Companies: Farmers Insurance Exchange, Mid-Century Insurance Company, Truck Insurance Exchange

Product Name: R-AR-2008-WC-F

SERFF Tr Num: FARM-125774192 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 16.0004 Standard WC

Co Tr Num: R1AR080813WCWB1

State Status: Fees verified and received

Filing Type: Rate/Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler

Authors: Oneida Charrett, Robert Hill, Mina Villegas, Kelly Peng, Doris Shi, William Budiaman

Disposition Date: 08/18/2008

Date Submitted: 08/15/2008

Disposition Status: Approved

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

Effective Date (New): 09/01/2008

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

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Adoption of NCCI Loss Costs Effective 9-1-08

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization: National Council on Compensation Insurance

Reference Number: B-1407

Reference Title: Countrywide Catastrophe Provisions Miscellaneous Values, Rules and Forms

Advisory Org. Circular: CIF-2008-05

Filing Status Changed: 08/18/2008

State Status Changed: 08/18/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We hereby respectfully file to adopt the NCCI advisory loss costs for terrorism provisions and catastrophe provisions (other than Certified Acts of Terrorism), effective September 1, 2008. Please refer to NCCI Countrywide Filing Item B-1407 – Catastrophe Provisions Miscellaneous Values, Rules, and Statistical Codes for further details.

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Company and Contact

Filing Contact Information

Robert Hill, Work Comp Staff Actuary Robert_C_Hill@farmersinsurance.com
 3041 Cochran Street (805) 306-6571 [Phone]
 Simi Valley, CA 93065

Filing Company Information

Farmers Insurance Exchange CoCode: 21652 State of Domicile: California
 4680 Wilshire Blvd. Group Code: 212 Company Type:
 Los Angeles, CA 90010 Group Name: State ID Number:
 (323) 932-3056 ext. [Phone] FEIN Number: 95-2575893

Mid-Century Insurance Company CoCode: 21687 State of Domicile: California
 4680 Wilshire Blvd. Group Code: 212 Company Type:
 Los Angeles, CA 90010 Group Name: State ID Number:
 (323) 932-3056 ext. [Phone] FEIN Number: 95-6016640

Truck Insurance Exchange CoCode: 21709 State of Domicile: California
 4680 Wilshire Blvd. Group Code: 212 Company Type:
 Los Angeles, CA 90010 Group Name: State ID Number:
 (323) 932-3056 ext. [Phone] FEIN Number: 95-2575892

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: Filing to adopt advisory organization's item filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmers Insurance Exchange	\$25.00	08/15/2008	21972723
Mid-Century Insurance Company	\$0.00	08/15/2008	
Truck Insurance Exchange	\$0.00	08/15/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08/18/2008	08/18/2008

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Disposition

Disposition Date: 08/18/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment: Please note that all rate/rule filings have a 30 day waiting period after they are filed. The Commissioner may waive that waiting period if requested by the company but is not required to waive it. On future filings, please make them at least 30 days in advance of the requested effective date.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	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	Cover Letter	Approved	Yes
Rate	FIG Commercial Manual	Approved	Yes

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	FIG Commercial Manual	2438	Replacement	ARC2401rev.pdf

MISCELLANEOUS VALUES (continued)

Deductible Amount	Total Losses						
	Hazard Groups						
	A	B	C	D	E	F	G
\$1,000	8.7%	6.9%	5.9%	4.9%	4.1%	2.9%	2.1%
\$1,500	10.6%	8.5%	7.3%	6.1%	5.2%	3.6%	2.7%
\$2,000	12.1%	9.8%	8.4%	7.1%	6.1%	4.3%	3.3%
\$2,500	13.4%	10.9%	9.4%	8.1%	6.8%	4.9%	3.7%
\$3,000	14.5%	11.9%	10.3%	8.8%	7.5%	5.5%	4.1%
\$3,500	15.6%	12.7%	11.1%	9.5%	8.1%	6.0%	4.5%
\$4,000	16.5%	13.5%	11.9%	10.3%	8.7%	6.5%	4.9%
\$4,500	17.5%	14.3%	12.5%	10.9%	9.3%	6.9%	5.3%
\$5,000	18.3%	15.1%	13.2%	11.5%	9.9%	7.4%	5.6%

The "Hazard Group" assignments for each rating classification are shown on pages 2439 and 2440. The hazard group assigned to the governing classification is the hazard group to be used in selecting the appropriate premium reduction percentage.

- ★ Terrorism - Rate per \$100 of payroll:

Mid-Century Insurance Company	0.01
Truck Insurance Exchange	0.02
Farmers Insurance Exchange	0.02

- ★ Catastrophe (other than Certified Acts of Terrorism) – Rate per \$100 of payroll:

Mid-Century Insurance Company	0.01
Truck Insurance Exchange	0.02
Farmers Insurance Exchange	0.02

Premium resulting for this rate is not subject to experience rating, retrospective rating or premium discount. Premium for this charge is added on after the expense constant.

<i>SERFF Tracking Number:</i>	<i>FARM-125774192</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Farmers Insurance Exchange, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>R1AR080813WCWB1</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>R-AR-2008-WC-F</i>		
<i>Project Name/Number:</i>	<i>Adoption of NCCI Loss Costs Effective 9-1-08/</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	08/18/2008
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Comments:

Attachment:

industry_rates_PCtransDoc_intelligent.pdf

Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	08/18/2008
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Bypass Reason: Please see cover letter.

Comments:

Bypassed -Name:	NAIC loss cost data entry document	Review Status: Approved	08/18/2008
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Bypass Reason: Please see cover letter.

Comments:

Satisfied -Name:	Cover Letter	Review Status: Approved	08/18/2008
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Comments:

Attachment:

AR Cover Letter.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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #

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

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
7.	Signature of authorized filer		<i>James J. Melhorn</i>		
8.	Please print name of authorized filer				

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: _____ Renewal: _____
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

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

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

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

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

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

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

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

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

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

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

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	



FARMERS

3041 Cochran St
Simi Valley, CA 93065
Tel. (805) 306-6568
Fax. (805) 306-6667

www.farmersinsurance.com

August 7, 2008

Julie Benafield Bowman
Commissioner
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

SUBJECT: WORKERS COMPENSATION NEW LOSS COSTS EFFECTIVE 09/01/08

COMPANY NAME	REFERENCE #	NAIC#	GROUP#
FARMERS INSURANCE EXCHANGE	FARM-125774192	21652	0212
TRUCK INSURANCE EXCHANGE	FARM-125774192	21709	0212
MID-CENTURY INSURANCE COMPANY	FARM-125774192	21687	0212

Dear Commissioner:

We hereby respectfully file to adopt the NCCI advisory loss costs for terrorism provisions and catastrophe provisions (other than Certified Acts of Terrorism), effective September 1, 2008. Please refer to NCCI Countrywide Filing Item B-1407 – Catastrophe Provisions Miscellaneous Values, Rules, and Statistical Codes for further details.

If you have any further questions, please contact:

James J. Gebhard, FCAS, MAAA
Actuary, Workers Compensation
Tel. (805) 306-6568
Fax. (805) 306-6667
E-Mail: James_Gebhard@farmersinsurance.com

Very truly yours,
FARMERS INSURANCE GROUP OF COMPANIES
Brian Deephouse, FCAS
Vice President

By: James J. Gebhard, FCAS, MAAA
Actuary, Workers Compensation