

SERFF Tracking Number: REGU-125757099 State: Arkansas
Filing Company: Arch Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: ARCH-08-166
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Adoption of NCCI Item P-1406 - Miscellaneous Values & Rules/ARCH-08-166

Filing at a Glance

Company: Arch Insurance Company
Product Name: Workers Compensation SERFF Tr Num: REGU-125757099 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 16.0004 Standard WC Co Tr Num: ARCH-08-166 State Status: Fees verified and received
Filing Type: Rate/Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler
Author: John Battles Disposition Date: 08/01/2008
Date Submitted: 07/31/2008 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 Item P-1406 - Miscellaneous Values & Status of Filing in Domicile: Authorized Rules
Project Number: ARCH-08-166 Domicile Status Comments:
Reference Organization: National Council on Compensation Insurance Reference Number: Item B-1407 (NCCI)
Reference Title: Countrywide-Approval of Item B-1407-Catastrophe Advisory Org. Circular: CIF-2008-07 Provisions Miscellaneous Values, Rules, and Statistical Codes
Filing Status Changed: 08/01/2008
State Status Changed: 08/01/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Arch Insurance Company (AIC), a member of the National Council on Compensation Insurance (NCCI) respectfully submits this filing to adopt the captioned revision as contained in NCCI Circular Number CIF-2008-07 (Item Filing B-1407).

The adoption of the revised Terrorism Loss Cost as contained in this Item B-1407 Filing results in a statewide rate level

SERFF Tracking Number: REGU-125757099 State: Arkansas
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decrease of 1.0%.

Enclosed for your review are the following:

1. State Filing Forms
2. State Exception Pages (Reflecting Revised Terrorism Rate) – AIC-WC-AR Edition 09-08, Pages 1-3

We ask that this filing become effective for all policies effective on or after September 1, 2008. The required filing fee of \$50.00 has been submitted electronically via EFT within the SERFF system.

Company and Contact

Filing Contact Information

(This filing was made by a third party - insuranceregulatoryconsultantsllc)
 John Battles, President johnbattles@ircllc.com
 50 Broad Street (941) 926-0144 [Phone]
 New York, NY 10004

Filing Company Information

Arch Insurance Company	CoCode: 11150	State of Domicile: Missouri
One Liberty Plaza	Group Code: 1279	Company Type: P&C
53rd Floor		
New York, NY 10006	Group Name: Arch Capital	State ID Number:
(212) 651-9863 ext. [Phone]	FEIN Number: 43-0990710	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 for Adoption of NCCI Loss Costs/Rules with no change in LCM.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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Arch Insurance Company	\$50.00	07/31/2008	21721843
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08/01/2008	08/01/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	08/01/2008	08/01/2008	John Battles	08/01/2008	08/01/2008
Industry Response						

SERFF Tracking Number: REGU-125757099 State: Arkansas
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Disposition

Disposition Date: 08/01/2008
 Effective Date (New): 09/01/2008
 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:
Arch Insurance Company	-1.000%	\$-2,997	37	\$299,691	-1.000%	-1.000%	-1.000%

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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	3rd Party Filing Authorization	Approved	Yes
Rate	State Exception Pages	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/01/2008

Submitted Date 08/01/2008

Respond By Date

Dear John Battles,

This will acknowledge receipt of the captioned filing. Under the General Information tab in field "Project Name" you show that this is an adoption of Item P-1406 but under the field "Reference Number" and in the body of the filing description you indicate that it is an adoption of B-1407. Please confirm which is the correct item filing number.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 08/01/2008

Submitted Date 08/01/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: Dear Ms. Stiffler:

This will respond to your inquiry dated August 31, 2008 for the captioned filing. Please note that we inadvertently referenced "Item P-1406" in the Project Name for this filing. That reference is incorrect. This will confirm that the NCCI reference should be "Item B-1407" for this filing.

We apologize for the confusion.

Thank you.

John Battles

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Product Name: Workers Compensation
Project Name/Number: Adoption of NCCI Item P-1406 - Miscellaneous Values & Rules/ARCH-08-166
(941) 926-0144
johnbattles@ircllc.com

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
John Battles

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 Project Name/Number: Adoption of NCCI Item P-1406 - Miscellaneous Values & Rules/ARCH-08-166

Rate Information

Rate data applies to filing.

Filing Method: File & Use
Rate Change Type: Decrease
Overall Percentage of Last Rate Revision: -12.800%
Effective Date of Last Rate Revision: 07/01/2008
Filing Method of Last Filing: File & Use

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):
Arch Insurance Company	-1.000%	-1.000%	\$-2,997	37	\$299,691	-1.000%	-1.000%

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	State Exception Pages	AIC-WC-AR Edition 09-08, Pages 1-3	Replacement	AR-PC-05-014703 AR Manual Pages Eff 9-1-2008.pdf

WORKERS' COMPENSATION

**STATE EXCEPTION PAGE
ARKANSAS**

MISCELLANEOUS VALUES

I. Loss Cost Multiplier

The following loss cost multiplier will apply to the National Council on Compensation Insurance (NCCI) Advisory Loss Costs:

1.670

II. Expense Constant - Rule 3-A-11

\$160.

III. Minimum Premiums – Rule 3-A-16

A. Minimum Premium Formula

Use the loss costs (LC) from the state loss cost pages and the minimum premium multiplier (MPM), expense constant (EC) and loss cost multiplier (LCM) to determine the minimum premium as follows:

$$(LC) \times (LCM) \times (MPM) + (EC) = \text{Minimum Premium}$$

B. Minimum Premium Multiplier

135

C. Maximum Minimum Premium

The Maximum Minimum Premium for all classifications is \$750.

IV. Premium Discount – In accordance with Rule 3-A-19

Use the following Premium Discount Table - NCCI Table 7 – Stock Insurers

Premium Layer	Discount
First \$5,000	0.0%
Next \$95,000	10.9%
Next \$400,000	12.6%
Next \$500,000	14.4%

WORKERS' COMPENSATION

**STATE EXCEPTION PAGE
ARKANSAS**

MISCELLANEOUS VALUES (CONTINUED)

V. Catastrophe Provisions – In accordance with Rule 3-A-24

a. Terrorism

Premium for Terrorism is calculated on the basis of payroll according to Rule 2. and multiplied by a rate of **\$0.017**

b. Catastrophe (Other than Certified Acts of Terrorism)

Premium for Catastrophe (Other than Certified Acts of Terrorism) is calculated on the basis of payroll according to Rule 2. and multiplied by a rate of **\$0.017**

WORKERS' COMPENSATION

**STATE EXCEPTION PAGE
ARKANSAS**

RETROSPECTIVE RATING VALUES

I. Expected Loss Ratios

Expected Loss Ratios	
Expected Loss Only	Expected Loss and Allocated Loss Adjustment Expense
0.498	0.545

II. Tax Multipliers

Tax Multipliers	
State (non-F classifications)	Federal Classes
1.058	1.183

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/01/2008

Comments:

Attachment:

AR NAIC Trans & RRS Item B-1407.pdf

Satisfied -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 08/01/2008

Comments:

Attachment:

AR LC Filing Document Adoption 9-1-2008 Item B-1407.pdf

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Approved 08/01/2008

Comments:

Attachment:

AR RF-1 Adoption 9-1-2008 Item B-1407.pdf

Satisfied -Name: 3rd Party Filing Authorization **Review Status:** Approved 08/01/2008

Comments:

Attachment:

Arch NCCI Adoption 3rd Party Filing Authorization.pdf

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # ARCH-08-166

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

Arch Insurance Company (AIC), a member of the National Council on Compensation Insurance (NCCI) respectfully submits this filing to adopt the captioned revision as contained in NCCI Circular Number CIF-2008-07 (Item Filing B-1407).

The adoption of the revised Terrorism Loss Cost as contained in this Item B-1407 Filing results in a statewide rate level decrease of 1.0%.

Enclosed for your review are the following:

1. State Filing Forms
2. State Exception Pages (Reflecting Revised Terrorism Rate) – AIC-WC-AR Edition 09-08, Pages 1-3

We ask that this filing become effective for all policies effective on or after September 1, 2008. The required filing fee of \$50.00 has been submitted electronically via EFT within the SERFF system.

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 #: SERFF EFT
Amount: \$50.00

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

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

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 #	ARCH-08-166
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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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)
Arch Insurance Company	-1.0%	-1.0%	-\$2,997	37	\$299,691	-1.0%	-1.0%

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 (where required)	Minimum % Change (where required)

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	State Exception Pages (Reflecting Revised Terrorism Rate) – AIC-WC-AR Edition 09-08, Pages 1-3	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AR-PC-05-014703
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	

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

DATE July 31, 2008

Page 1 of 2

1 INSURER NAME Arch Insurance Company
ADDRESS 3100 Broadway, Suite 1000
Kansas City, MO 64111-2479

PERSON RESPONSIBLE FOR FILING John Battles, Insurance Regulatory Consultants, LLC

TITLE President TELEPHONE NO. (212) 571-3989

2. INSURER NAIC NO. 11150 GROUP NO. 1279

3. ADVISORY ORGANIZATION National Council on Compensation Insurance

4. ADVISORY ORGANIZATION REFERENCE FILING NO. CIF-2008-07 Item B-1407

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 -1.0% EFFECTIVE DATE September 1, 2008

B. PROPOSED PREMIUM LEVEL CHANGE -1.0% EFFECTIVE DATE September 1, 2008

7. A. PRIOR RATE LEVEL CHANGE -12.8% EFFECTIVE DATE July 1, 2008

B. PRIOR PREMIUM LEVEL CHANGE -12.8% EFFECTIVE DATE July 1, 2008

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
(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

NO CHANGE FROM APPROVED LOSS COST MULTIPLIER

INSURER NAME: Arch Insurance Company DATE July 31, 2008
 NAIC NUMBER: 11150 # GROUP NO. 1279

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 rationale for the modification.) _____

B. Loss Cost Modification expressed as a Factor. 1.000 (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	16.70%
B. General Expense	7.10%
C. Taxes, Licenses and Fees	5.50%
D. Underwriting Profit and Contingencies*	15.02%
E. Other (explain) (Investment Income Offset - See Exhibit I)	-2.73%
F. TOTAL	41.59%

* Explain how investment income is taken into account.

(See Item Actuarial Memorandum and Exhibits I and II)

4. A. Expected Loss and Loss Adjustment Expense Ratio:
 ELR = 1.000 - 3F = 58.41%
 B. ELR in Decimal Form = 0.5841

5. Overall Impact of Expense Constant and Minimum Premiums:
 (A 2.3% impact would be expressed as 1.023) 1.0241

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.) 1.000

7. Company Formula Loss Cost Multiplier: 2B / [6-3F) x 5] = 1.670

8. Company Selected Loss Cost Multiplier = 1.670
 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)

ARKANSAS

ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Insurer Name Arch Insurance Company

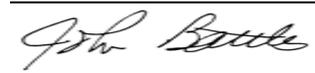
NAIC Number 1279-11150

Name of Advisory Organization Whose Filing You Are Referencing _____

Co. Affiliation to Advisory Organization: Member Subscriber _____

Reference Filing # CIF-2008-07 Item B-1407

Contact Person John Battles

Signature 

Telephone No. (941) 926-0144

Service Purchaser _____

Proposed Effective Date July 1, 2008

(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	-1.0%	-1.0%	0.584	1.000	1.670	\$160	1.670
TOTAL OVERALL EFFECT	-1.0%	-1.0%	0.584	1.000	1.670	\$160	1.670

Y Apply Loss Cost Factors to Future Filings? (Y or N)

-1.0% Maximum Rate Increase for any Arkansas Insured (%)

-1.0% Maximum Rate Decrease for any Arkansas Insured (%)

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

5 Year History

Rate Change History								Selection Provisions
Year	Policy Count	%	Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	
2006	37	-0.5%	8/1/2006	300	184	0.613	0.450	A. Total Production Expense
2005	45	-1.5%	7/1/2005	361	134	0.371	0.575	B. General Expense
2004	27	0.50%	9/15/2004	220	66	0.300	0.565	C. Taxes, License & Fees
2003	6	54.40%	10/1/2003	51	21	0.412	0.593	D. Underwriting Profit & Contingencies
2002	4	1.8%	7/1/2003	29	12	0.414	1.008	E. Other (explain)- Investment Income Offset
								F. TOTAL
								16.7%
								7.1%
								5.5%
								15.0%
								-2.7%
								41.6%



www.archinsurance.com

One Liberty Plaza
53rd Floor
New York, NY 10006

212 651 6500 Telephone
212 651 6499 Fax

LETTER OF FILING AUTHORIZATION

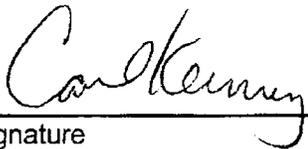
This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of Arch Insurance Company. This authorization extends to all correspondence regarding this filing.

Carol Kennedy
Name

July 31, 2008
Date

Vice President
Title

Arch Insurance Company
Company


Signature

(212) 651-9863
Telephone Number

Re: Arch Insurance Company
NAIC Number: 1279-11150
Workers Compensation
Adoption of NCCI Item B-1407 Miscellaneous Values and Rules (TRIA)
NCCI Circular Number: CIF-2008-07
Company Filing Designation Number: ARCH-08-166
Effective Date: September 1, 2008
State of Arkansas