

SERFF Tracking Number: FICI-125830891 State: Arkansas
Filing Company: FirstComp Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: WC-AR-08-08
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: WC Rule Filing
Project Name/Number: WC-AR-08-08/WC-AR-08-08

Filing at a Glance

Company: FirstComp Insurance Company

Product Name: WC Rule Filing

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0000 WC Sub-TOI Combinations

Filing Type: Rule

Effective Date Requested (New): 10/27/2008

Effective Date Requested (Renewal): 10/27/2008

State Filing Description:

SERFF Tr Num: FICI-125830891

SERFF Status: Closed

Co Tr Num: WC-AR-08-08

Co Status:

Author: Julynda Bohlman

Date Submitted: 09/24/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Carol Stiffler

Disposition Date: 09/25/2008

Disposition Status: Approved

Effective Date (New): 10/27/2008

Effective Date (Renewal):

General Information

Project Name: WC-AR-08-08

Project Number: WC-AR-08-08

Reference Organization: National Council on Compensation Insurance, Inc.

Reference Title:

Filing Status Changed: 09/25/2008

State Status Changed: 09/25/2008

Corresponding Filing Tracking Number:

Filing Description:

FirstComp Insurance Company is filing revised Payment Plan Options for use with our workers' compensation policies. The premium eligibility requirements are being revised to no minimum for all payment plans. In addition, a \$25 insufficient fund fee has been added. The previous version (11/1/06 edition) has been attached for your reference.

We would like to have this filing effective October 27, 2008. Thank you.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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Sincerely,
 Julynda Bohlman

Company and Contact

Filing Contact Information

Julynda Bohlman, Regulatory Compliance Analyst
 jbohlman@firstcomp.com
 222 South 15th Street
 Omaha, NE 68102-1680
 (402) 943-1086 [Phone]

Filing Company Information

FirstComp Insurance Company
 222 South 15th Street
 Suite 1200
 Omaha, NE 68102-1680
 (888) 500-3344 ext. [Phone]

CoCode: 27626
 Group Code:
 Group Name:
 FEIN Number: 43-1429637

State of Domicile: Nebraska
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 rule filing x \$50.00 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
FirstComp Insurance Company	\$50.00	09/24/2008	22702484

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/25/2008	09/25/2008

<i>SERFF Tracking Number:</i>	<i>FICI-125830891</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>FirstComp Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC-AR-08-08</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>WC Rule Filing</i>		
<i>Project Name/Number:</i>	<i>WC-AR-08-08/WC-AR-08-08</i>		

Disposition

Disposition Date: 09/25/2008

Effective Date (New): 10/27/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FICI-125830891 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Rate	Installment Fee Payment Plan Options	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>FICI-125830891</i>	<i>State:</i>	<i>Arkansas</i>
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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 Number:	Filing Attachments
Approved	Installment Fee Payment Plan Options (10/27/2008 Edition)	AR-PAYPLAN	Replacement	WC-AR-06-03	ar_payplan_08.pdf ar_payplan_06pdf.pdf

**FIRSTCOMP INSURANCE COMPANY
WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

ARKANSAS

INSTALLMENT FEE PAYMENT PLAN OPTIONS

The following payment plan options are available upon policy issuance.

Plan	Down	Installments	Premium Eligibility
Annual	100%	--	No minimum
2-Pay	60%	40% due in 5 months	No minimum
4-Pay	40%	20% due in 2, 4 & 6 months	No minimum
10-Pay	25%	8.33% due monthly	No minimum

No installment charge is due on deposit premium. A charge of \$8.00 applies to each installment thereafter.

No installment charge on premiums paid through automatic check account withdrawal.

A \$20.00 fee will be assessed for late payments.

A \$25.00 insufficient fund fee will be assessed when payments are not made due to insufficient funds.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY
EXCEPTION PAGE**

ARKANSAS

RULE 3. RATING DEFINITIONS AND APPLICATION OF PREMIUM ELEMENTS

6. Deposit Premium

The following is added to **Rule 6.a.**

Plan	Down	Installments	Premium Eligibility
Annual	100%	--	No minimum
2-Pay	60%	40% due in 5 months	>\$1,000
4-Pay	40%	20% due in 2, 4 & 6 months	>\$2,000
10-Pay	25%	8.33% due monthly	>\$3,000

An installment charge of \$8.00 applies per payment.

A \$20.00 fee will be assessed for late payments.

No installment charge on premiums paid through automatic check account withdrawal.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	09/25/2008
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Comments:

The Property & Casualty Transmittal Document and Form Filing Schedule have been attached.

Attachments:

F777.pdf

F779.pdf

Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	09/25/2008
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Bypass Reason: This is not a loss cost/ rate filing.

Comments:

Bypassed -Name:	NAIC loss cost data entry document	Review Status: Approved	09/25/2008
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Bypass Reason: This is not a loss cost/ rate filing

Comments:

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	WC-AR-08-08
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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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We would like to have this filing effective October 27, 2008. Thank you.

Sincerely,
Julynda Bohlman

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

Check #: N/A
Amount: \$50.00

EFT filing

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 #	WC-AR-08-08
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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.)	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)
FirstComp	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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)	N/A	
5b.	Overall percentage rate impact for this filing	N/A	
5c.	Effect of Rate Filing – Written premium change for this program	N/A	
5d.	Effect of Rate Filing – Number of policyholders affected	N/A	

6.	Overall percentage of last rate revision	-10.6%
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7.	Effective Date of last rate revision	7/1/08
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	AR-PAYPLAN (Edition 10/27/08)	<input type="checkbox"/> New <input checked="" 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	