

SERFF Tracking Number: REGU-125824200 State: Arkansas
Filing Company: SPARTA Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: SPARTA-WC-08
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Adoption of NCCI 7/1/08 Loss Costs/SPARTA-WC-08

Filing at a Glance

Company: SPARTA Insurance Company

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rate

Effective Date Requested (New): 10/01/2008

Effective Date Requested (Renewal): 10/01/2008

State Filing Description:

SERFF Tr Num: REGU-125824200 State: Arkansas

SERFF Status: Closed

Co Tr Num: SPARTA-WC-08

Co Status:

Author: Kelly Gunning

Date Submitted: 09/19/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Carol Stiffler

Disposition Date: 09/19/2008

Disposition Status: Approved

Effective Date (New): 10/01/2008

Effective Date (Renewal):

General Information

Project Name: Adoption of NCCI 7/1/08 Loss Costs

Project Number: SPARTA-WC-08

Reference Organization: National Council On Compensation Insurance (NCCI)

Reference Title: Arkansas—Approved Voluntary Advisory Loss Costs and Rating Values and Assigned Risk Rates and Rating Values to Be Effective July 1, 2008

Filing Status Changed: 09/19/2008

State Status Changed: 09/19/2008

Corresponding Filing Tracking Number:

Filing Description:

SPARTA Insurance Company (SPARTA), a member of the National Council on Compensation Insurance (NCCI) respectfully submits this filing to adopt the NCCI July 1, 2008 loss costs (NCCI Item Number AR-2008-02)

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number: NCCI Item # AR-2008-02

Advisory Org. Circular: NCCI Item # AR-2008-02

Deemer Date:

SPARTA is filing only to adopt these July 1, 2008 NCCI loss costs. The Loss Cost Multiplier (LCM) that will be used with these loss costs will be the currently approved SPARTA LCM in Arkansas. All other rules and rating plans filed by

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SPARTA will remain unchanged.

The overall rate level effect of this revision is – 12.8%.

Enclosed for your review are the following:

1. State Required Filing Forms
 - Property & Casualty Transmittal Form
 - Rate/Rule Transmittal Form
2. Supporting Information
 - Final Rate Pages – RATES-Arkansas Pages 1-4

An EFT in the amount of \$50.00 has been initiated within SERFF to cover the required filing fee.

Company and Contact

Filing Contact Information

(This filing was made by a third party - insuranceregulatoryconsultantsllc)

Kelly Gunning, kellygunning@ircllc.com
Insurance Regulatory Consultants, LLC (212) 571-3989 [Phone]
New York, NY 10004

Filing Company Information

SPARTA Insurance Company CoCode: 20613 State of Domicile: Massachusetts
CityPlace II Group Code: Company Type: Stock Company
185 Asylum Street
Hartford, CT 06103 Group Name: N/A State ID Number:
(860) 275-6523 ext. [Phone] FEIN Number: 04-1027270

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00

SERFF Tracking Number: REGU-125824200 *State:* Arkansas
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Retaliatory? No
Fee Explanation: \$50 for adoption of NCCI Loss Costs
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
SPARTA Insurance Company	\$50.00	09/19/2008	22613249

SERFF Tracking Number: REGU-125824200 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/19/2008	09/19/2008

SERFF Tracking Number: REGU-125824200 State: Arkansas
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Disposition

Disposition Date: 09/19/2008
 Effective Date (New): 10/01/2008
 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:
SPARTA Insurance Company	-12.800%	\$0	0	\$0	0.000%	0.000%	-12.800%

SERFF Tracking Number: REGU-125824200 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
Supporting Document	3rd Party Filing Authorization Letter	Approved	Yes
Rate	Sparta Workers Compensation Final Rate Pages	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>REGU-125824200</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>SPARTA Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>SPARTA-WC-08</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Adoption of NCCI 7/1/08 Loss Costs/SPARTA-WC-08</i>		

Rate Information

Rate data applies to filing.

Filing Method:	File & Use
Rate Change Type:	Decrease
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
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):
SPARTA Insurance Company	-12.800%	-12.800%	\$0	0	\$0	0.000%	0.000%

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Sparta Workers Compensation Final Rate Pages	RATES - Arkansas Pages 1-4	Replacement	AR-PC-07-026338 SPARTA WC AR Final Rates 10-1-08.pdf

SPARTA INSURANCE COMPANY

RATES

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CLASS	FOOT-		MINIMUM	CLASS	FOOT-		MINIMUM	CLASS	FOOT-		MINIMUM
CODE	NOTE	RATES	PREMIUM	CODE	NOTE	RATES	PREMIUM	CODE	NOTE	RATES	PREMIUM
0005		5.86	\$500	2001		2.17	\$417	2651		2.40	\$440
0008		2.39	\$439	2002		2.73	\$473	2660		1.33	\$333
0016		5.13	\$500	2003		3.08	\$500	2670		2.10	\$410
0034		3.94	\$500	2014		5.80	\$500	2683		1.80	\$380
0035		2.36	\$436	2016		1.81	\$381	2688		2.78	\$478
0036		3.74	\$500	2021		3.04	\$500	2701		6.75	\$500
0037		4.23	\$500	2039		4.06	\$500	2702	X	27.53	\$500
0042		5.83	\$500	2041		3.90	\$500	2710		8.02	\$500
0050		4.74	\$500	2065		1.46	\$346	2714		3.81	\$500
0059	D	0.27	\$227	2070		4.98	\$500	2719	X	10.10	\$500
0065	D	0.05	\$205	2081		3.52	\$500	2731		3.38	\$500
0066	D	0.05	\$205	2089		2.31	\$431	2735		2.37	\$437
0067	D	0.05	\$205	2095		2.49	\$449	2759		7.72	\$500
0079		3.87	\$500	2105		2.22	\$422	2790		1.42	\$342
0083		8.91	\$500	2110		1.95	\$395	2802		4.80	\$500
0106		10.42	\$500	2111		2.30	\$430	2812		3.37	\$500
0113		5.22	\$500	2112		2.48	\$448	2835		1.46	\$346
0170		2.25	\$425	2114		2.45	\$445	2836		2.05	\$405
0251		4.61	\$500	2121		2.04	\$404	2841		3.40	\$500
0400		7.37	\$500	2130		2.55	\$455	2881		2.30	\$430
0401		10.06	\$500	2131		1.72	\$372	2883		3.73	\$500
0771	N	0.27	\$227	2143		1.99	\$399	2913		3.73	\$500
0908	P	129.86	\$330	2150		—	—	2915		3.88	\$500
0909		—	—	2156		—	—	2916		2.13	\$413
0912		—	—	2157		3.70	\$500	2923		2.19	\$419
0913	P	320.12	\$500	2172		1.43	\$343	2942		2.14	\$414
0917		3.58	\$500	2174		2.67	\$467	2960		2.94	\$494
1005	*	10.07	\$500	2211		5.00	\$500	3004		2.51	\$451
1016	X*	37.58	\$500	2220		1.78	\$378	3018		2.34	\$434
1164	E	6.51	\$500	2286		1.30	\$330	3022		2.90	\$490
1165	E	4.29	\$500	2288		3.68	\$500	3027		2.45	\$445
1320		2.67	\$467	2300		1.95	\$395	3028		2.11	\$411
1322		14.35	\$500	2302		1.56	\$356	3030		3.67	\$500
1430		3.96	\$500	2305		1.95	\$395	3040		3.40	\$500
1438		2.22	\$422	2361		1.10	\$310	3041		3.04	\$500
1452		1.54	\$354	2362		1.60	\$360	3042		2.90	\$490
1463		10.63	\$500	2380		4.12	\$500	3064		4.20	\$500
1472		3.70	\$500	2386		1.03	\$303	3066		—	—
1624	E	6.93	\$500	2388		1.75	\$375	3069		7.20	\$500
1642		3.73	\$500	2402		1.96	\$396	3076		2.70	\$470
1654		5.72	\$500	2413		1.54	\$354	3081	D	2.63	\$463
1655		4.51	\$500	2416		1.53	\$353	3082	D	3.55	\$500
1699		1.83	\$383	2417		1.43	\$343	3085	D	2.96	\$496
1701		2.82	\$482	2501		1.24	\$324	3110		2.60	\$460
1710	E	5.59	\$500	2503		1.22	\$322	3111		2.72	\$472
1741	E	1.69	\$369	2534		1.96	\$396	3113		2.14	\$414
1745	X	2.73	\$473	2570		4.51	\$500	3114		2.39	\$439
1747		2.39	\$439	2576		—	—	3118		1.10	\$310
1748		6.81	\$500	2578		—	—	3119		1.00	\$300
1803	D	4.89	\$500	2585		2.82	\$482	3122		1.37	\$337
1852	D	2.27	\$427	2586		1.21	\$321	3126		1.57	\$357
1853		2.11	\$411	2587		2.64	\$464	3131		0.95	\$295
1860		1.78	\$378	2589		1.31	\$331	3132		2.25	\$425
1924		3.87	\$500	2600		5.83	\$500	3145		2.17	\$417
1925		2.67	\$467	2623		2.57	\$457	3146		2.51	\$451

*Refer to the Footnotes Page for additional information on this class code.

SPARTA INSURANCE COMPANY

RATES

Original Printing				Effective <i>October 1, 2008</i>				Arkansas			
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CLASS	FOOT-		MINIMUM	CLASS	FOOT-		MINIMUM	CLASS	FOOT-		MINIMUM
CODE	NOTE	RATES	PREMIUM	CODE	NOTE	RATES	PREMIUM	CODE	NOTE	RATES	PREMIUM
3169		2.23	\$423	3827		1.43	\$343	4511		0.68	\$268
3175	D	2.60	\$460	3830		1.03	\$303	4557		1.56	\$356
3179		2.19	\$419	3851		2.42	\$442	4558		1.51	\$351
3180		1.63	\$363	3865		1.16	\$316	4561		1.81	\$381
3188		1.39	\$339	3881		3.22	\$500	4568		2.37	\$437
3220		1.72	\$372	4000		6.60	\$500	4581		1.59	\$359
3223		2.73	\$473	4021		5.41	\$500	4583		4.85	\$500
3224		2.23	\$423	4024	E	2.02	\$402	4611		0.88	\$288
3227		1.66	\$366	4034		6.34	\$500	4635		4.51	\$500
3240		2.76	\$476	4036		2.30	\$430	4653		1.18	\$318
3241		2.57	\$457	4038		1.98	\$398	4665		6.12	\$500
3255		2.13	\$413	4053		3.14	\$500	4670		3.50	\$500
3257		3.11	\$500	4061		3.87	\$500	4683		4.47	\$500
3270		2.94	\$494	4062		2.10	\$410	4686		1.16	\$316
3300		4.08	\$500	4101		1.83	\$383	4692		0.44	\$244
3303		3.49	\$500	4111		2.79	\$479	4693		0.85	\$285
3307		3.07	\$500	4112		0.86	\$286	4703		2.20	\$420
3315		2.40	\$440	4113		1.21	\$321	4717		1.63	\$363
3334		1.95	\$395	4114		2.02	\$402	4720		4.77	\$500
3336		2.01	\$401	4130		4.15	\$500	4740		1.40	\$340
3365		9.33	\$500	4131		2.22	\$422	4741		1.60	\$360
3372		2.60	\$460	4133		2.19	\$419	4751		1.36	\$336
3373		2.64	\$464	4150		1.53	\$353	4771	N	1.56	\$356
3383		0.98	\$298	4206		3.35	\$500	4777		1.59	\$359
3385		0.80	\$280	4207		0.92	\$292	4825		0.82	\$282
3400		2.48	\$448	4239		1.16	\$316	4828		1.53	\$353
3507		2.82	\$482	4240		2.25	\$425	4829		1.10	\$310
3515		1.99	\$399	4243		1.53	\$353	4902		1.22	\$322
3548		1.24	\$324	4244		2.70	\$470	4923		1.01	\$301
3559		2.37	\$437	4250		1.36	\$336	5020		6.72	\$500
3574		1.03	\$303	4251		1.62	\$362	5022		4.83	\$500
3581		1.31	\$331	4263		2.01	\$401	5037		18.95	\$500
3612		2.01	\$401	4273		1.75	\$375	5040		25.41	\$500
3620		5.30	\$500	4279		1.65	\$365	5057		18.18	\$500
3629		1.78	\$378	4282		1.93	\$393	5059		21.59	\$500
3632		3.65	\$500	4283		1.80	\$380	5069		27.27	\$500
3634		1.56	\$356	4299		1.60	\$360	5102		4.00	\$500
3635		1.89	\$389	4304		2.52	\$452	5146		4.89	\$500
3638		1.34	\$334	4307		2.01	\$401	5160		3.46	\$500
3642		0.77	\$277	4308		—	—	5183		3.43	\$500
3643		2.70	\$470	4351		1.04	\$304	5188		4.38	\$500
3647		3.07	\$500	4352		0.92	\$292	5190		3.14	\$500
3648		1.96	\$396	4360		0.83	\$283	5191	X	1.81	\$381
3681		1.42	\$342	4361		1.21	\$321	5192		3.91	\$500
3685		1.63	\$363	4362		1.06	\$306	5213		6.90	\$500
3719		2.39	\$439	4410		2.93	\$493	5215		4.12	\$500
3724		6.21	\$500	4420		3.53	\$500	5221		5.07	\$500
3726		2.76	\$476	4431		1.36	\$336	5222		11.72	\$500
3803		1.74	\$374	4432		1.46	\$346	5223		5.16	\$500
3807		1.92	\$392	4439		1.54	\$354	5348		4.00	\$500
3808		2.51	\$451	4452		2.97	\$497	5402		4.44	\$500
3821		3.78	\$500	4459		1.71	\$371	5403		9.18	\$500
3822		3.31	\$500	4470		2.17	\$417	5437		4.35	\$500
3824		4.42	\$500	4484		1.90	\$390	5443		3.94	\$500
3826		0.80	\$280	4493		2.31	\$431	5445		4.94	\$500

*Refer to the Footnotes Page for additional information on this class code.

SPARTA INSURANCE COMPANY

RATES

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CLASS	FOOT-		MINIMUM	CLASS	FOOT-		MINIMUM	CLASS	FOOT-		MINIMUM
CODE	NOTE	RATES	PREMIUM	CODE	NOTE	RATES	PREMIUM	CODE	NOTE	RATES	PREMIUM
5462		5.21	\$500	6836		5.78	\$500	7515		1.06	\$306
5472		4.74	\$500	6843	F	14.68	\$500	7520		2.23	\$423
5473		6.49	\$500	6845	F	22.27	\$500	7538		10.01	\$500
5474		7.13	\$500	6854		5.01	\$500	7539		4.29	\$500
5478		4.33	\$500	6872	F	19.13	\$500	7540		2.81	\$481
5479		7.67	\$500	6874	F	39.14	\$500	7580		1.86	\$386
5480		7.76	\$500	6882		5.01	\$500	7590		5.13	\$500
5491		2.01	\$401	6884		11.33	\$500	7600		2.58	\$458
5506		3.62	\$500	7016	M	4.45	\$500	7601		11.64	\$500
5507		5.45	\$500	7024	M	4.95	\$500	7605		3.25	\$500
5508	D	9.20	\$500	7038	M	5.62	\$500	7610		0.53	\$253
5535		7.20	\$500	7046	M	24.70	\$500	7611		5.21	\$500
5536		—	—	7047	M	7.97	\$500	7612		11.61	\$500
5537		4.76	\$500	7050	M	10.04	\$500	7613		4.64	\$500
5538		—	—	7090	M	6.24	\$500	7704		—	—
5551		13.83	\$500	7098	M	27.45	\$500	7705		2.55	\$455
5606		1.65	\$365	7099	M	44.23	\$500	7710		5.72	\$500
5610		5.39	\$500	7133		3.40	\$500	7711		5.72	\$500
5645		11.01	\$500	7151	M	4.12	\$500	7720	X	2.55	\$455
5651		8.17	\$500	7152	M	7.38	\$500	7855		6.16	\$500
5703		89.03	\$500	7153	M	4.59	\$500	8001		2.20	\$420
5705		5.21	\$500	7222		9.51	\$500	8002		3.22	\$500
5951		0.39	\$239	7228	X	6.75	\$500	8006		1.92	\$392
6003		9.75	\$500	7229	X	7.08	\$500	8008		1.21	\$321
6005		7.41	\$500	7230		3.99	\$500	8010		1.87	\$387
6017		3.81	\$500	7231		5.29	\$500	8013		0.48	\$248
6018		2.07	\$407	7232		12.47	\$500	8015		0.63	\$263
6045		2.40	\$440	7309	F	22.26	\$500	8017		1.16	\$316
6204		9.71	\$500	7313	F	6.31	\$500	8018	X*	2.49	\$449
6206		6.16	\$500	7317	F	9.98	\$500	8021		1.84	\$384
6213		8.11	\$500	7327	F	29.46	\$500	8031		3.84	\$500
6214		2.73	\$473	7333	M	5.35	\$500	8032		1.57	\$357
6216		6.31	\$500	7335	M	5.93	\$500	8033		1.87	\$387
6217		4.94	\$500	7337	M	9.56	\$500	8039		1.36	\$336
6229		4.89	\$500	7350	F	19.21	\$500	8044		2.73	\$473
6233		5.33	\$500	7360		6.89	\$500	8045		0.41	\$241
6235		14.18	\$500	7370		4.86	\$500	8046		2.64	\$464
6236		11.67	\$500	7380	X	3.35	\$500	8047		1.06	\$306
6237		2.99	\$499	7382		2.76	\$476	8050		—	—
6251	D	7.78	\$500	7390		3.58	\$500	8058		2.72	\$472
6252	D	5.81	\$500	7394	M	10.84	\$500	8072		0.80	\$280
6260	D	5.13	\$500	7395	M	12.05	\$500	8102		2.51	\$451
6306		5.53	\$500	7398	M	19.42	\$500	8103		3.70	\$500
6319		5.39	\$500	7403		2.87	\$487	8105		4.79	\$500
6325		4.50	\$500	7405	N	1.13	\$313	8106		3.79	\$500
6400		6.75	\$500	7409	*	—	—	8107		3.23	\$500
6504		2.33	\$433	7420	X*	24.85	\$500	8111		3.73	\$500
6702	M*	7.49	\$500	7421		2.63	\$463	8116		4.15	\$500
6703	M*	13.39	\$500	7422		2.22	\$422	8203		5.45	\$500
6704	M*	8.32	\$500	7423		—	—	8204		4.73	\$500
6801	F	11.42	\$500	7425		4.11	\$500	8209		2.96	\$496
6811		5.01	\$500	7431	N	1.68	\$368	8215		5.68	\$500
6824	F	32.87	\$500	7445	N	0.60	\$260	8227		3.10	\$500
6826	F	12.61	\$500	7453	N	0.91	\$291	8232		6.24	\$500
6834		3.55	\$500	7502		2.46	\$446	8233		5.07	\$500

*Refer to the Footnotes Page for additional information on this class code.

SPARTA INSURANCE COMPANY

RATES

Original Printing

Effective *October 1, 2008*

Arkansas

Page 4

CLASS CODE	FOOT-NOTE	RATES	MINIMUM PREMIUM	CLASS CODE	FOOT-NOTE	RATES	MINIMUM PREMIUM	CLASS CODE	FOOT-NOTE	RATES	MINIMUM PREMIUM
8235		4.09	\$500	9012		1.92	\$392				
8263		9.24	\$500	9014		2.75	\$475				
8264		3.34	\$500	9015	X	2.39	\$439				
8265		9.20	\$500	9016		6.16	\$500				
8279		8.83	\$500	9019		2.93	\$493				
8288		5.95	\$500	9033		1.95	\$395				
8291		2.07	\$407	9040	*	3.49	\$500				
8292		2.94	\$494	9052		1.54	\$354				
8293		6.78	\$500	9058		1.77	\$377				
8295	X	7.41	\$500	9059		2.73	\$473				
8304		6.83	\$500	9060		1.80	\$380				
8350		5.62	\$500	9061		1.37	\$337				
8380		3.52	\$500	9063		0.98	\$298				
8381		1.48	\$348	9077	F	4.20	\$500				
8385		2.39	\$439	9082		1.59	\$359				
8392		2.97	\$497	9083		1.60	\$360				
8393		1.69	\$369	9084		1.86	\$386				
8500		6.28	\$500	9089		1.13	\$313				
8601		0.82	\$282	9093		1.39	\$339				
8606		2.76	\$476	9101		2.99	\$499				
8709	F	7.91	\$500	9102		2.88	\$488				
8719		1.86	\$386	9110		—	—				
8720		1.34	\$334	9154		1.92	\$392				
8721		0.39	\$239	9156		1.30	\$330				
8726	F	9.08	\$500	9170		2.75	\$475				
8734	M	0.63	\$263	9178		25.94	\$500				
8737	M	0.57	\$257	9179		35.59	\$500				
8738	M	1.01	\$301	9180		3.67	\$500				
8742	X	0.47	\$247	9182		2.67	\$467				
8745		4.53	\$500	9186		52.71	\$500				
8748		0.41	\$241	9220		3.37	\$500				
8755		0.26	\$226	9402		4.26	\$500				
8799		0.95	\$295	9403		5.66	\$500				
8800		0.95	\$295	9410		1.74	\$374				
8803		0.08	\$208	9501		4.35	\$500				
8805	M	0.33	\$233	9505		3.78	\$500				
8810		0.24	\$224	9516		3.22	\$500				
8814	M	0.29	\$229	9519		1.81	\$381				
8815	M	0.53	\$253	9521		5.24	\$500				
8820		0.21	\$221	9522		1.56	\$356				
8824		2.45	\$445	9534		6.92	\$500				
8825		2.08	\$408	9554		7.34	\$500				
8826		2.20	\$420	9586		0.65	\$265				
8829		2.66	\$466	9600		1.62	\$362				
8831		2.60	\$460	9620		1.31	\$331				
8832		0.27	\$227								
8833	X*	0.89	\$289								
8835		1.95	\$395								
8842		1.45	\$345								
8861		—	—								
8864		1.45	\$345								
8868		0.38	\$238								
8869		0.72	\$272								
8871		0.23	\$223								
8901		0.26	\$226								

*Refer to the Footnotes Page for additional information on this class code.

SERFF Tracking Number: REGU-125824200 State: Arkansas
Filing Company: SPARTA Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: SPARTA-WC-08
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Adoption of NCCI 7/1/08 Loss Costs/SPARTA-WC-08

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 09/19/2008

Comments:

Attachment:

AR NAIC Trans & RRS.pdf

Satisfied -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 09/19/2008

Comments:

Attachment:

AR WC Loss Cost Filing Document.pdf

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Approved 09/19/2008

Comments:

Attachment:

AR FORM RF-1 Rate Filing Abstract.pdf

Satisfied -Name: 3rd Party Filing Authorization Letter **Review Status:** Approved 09/19/2008

Comments:

Attachment:

SPARTA Filing Authorization Letter.pdf

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # SPARTA-WC-08

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

SPARTA Insurance Company (SPARTA), a member of the National Council on Compensation Insurance (NCCI) respectfully submits this filing to adopt the NCCI July 1, 2008 loss costs (NCCI Item Number AR-2008-02)

SPARTA is filing only to adopt these July 1, 2008 NCCI loss costs. The Loss Cost Multiplier (LCM) that will be used with these loss costs will be the currently approved SPARTA LCM in Arkansas. All other rules and rating plans filed by SPARTA will remain unchanged.

The overall rate level effect of this revision is – 12.8%.

Enclosed for your review are the following:

1. State Required Filing Forms
 - Property & Casualty Transmittal Form
 - Rate/Rule Transmittal Form
2. Supporting Information
 - Final Rate Pages – RATES-Arkansas Pages 1-4

An EFT in the amount of \$50.00 has been initiated within SERFF to cover the required filing fee.

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 #	SPARTA-WC-08
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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.)	File & Use
-----------	--	------------

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)
SPARTA Insurance Company	-12.8%	-12.8%	0	0	\$0	0.0%	0.0%

4b.	Rate Change by Company (As Accepted) For State Use Only
------------	--

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	N/A - NEW
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7.	Effective Date of last rate revision	11/1/2007
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File & Use
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Sparta Workers Compensation Final Rate Pages	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AR-PC-07-026338
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

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

DATE September 19, 2008

Page 1 of 2

1 INSURER NAME SPARTA Insurance Company
ADDRESS CityPlace II, 185 Asylum Street
Hartford, CT 06103

PERSON RESPONSIBLE FOR FILING Kelly Gunning

TITLE Analyst TELEPHONE NO. (212) 571-3989

2. INSURER NAIC NO. 20613 GROUP NO. N/A

3. ADVISORY ORGANIZATION National Council on Compensation Insurance

4. ADVISORY ORGANIZATION REFERENCE FILING NO. NCCI Item # 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 -12.8% EFFECTIVE DATE October 1, 2008

B. PROPOSED PREMIUM LEVEL CHANGE -12.8% EFFECTIVE DATE October 1, 2008

7. A. PRIOR RATE LEVEL CHANGE N/A - New EFFECTIVE DATE November 1, 2007

B. PRIOR PREMIUM LEVEL CHANGE N/A - New EFFECTIVE DATE November 1, 2007

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 INITIAL FILING EFFECTIVE 11/1/2007

INSURER NAME: SPARTA Insurance Company DATE September 19, 2008
NAIC NUMBER: 20613 # GROUP NO. N/A

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form? (X) 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)

- [X] Without modification (factor = 1.000).
[] With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/o 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.

Table with 2 columns: Expense Category (A-F) and Selected Provisions (13.50%, 6.00%, 6.00%, 4.06%, 1.50%, 31.06%)

* Explain how investment income is taken into account.

The internal rate of return model procedure derives the amount necessary to achieve SPARTA's rate of return target while contemplating actual cashflows and investment income on reserves and other investments. Because this process was used, the 'profit load' and 'credit for investment income' cannot be separated.

4. A. Expected Loss and Loss Adjustment Expense Ratio: ELR = 1.000 - 3F = 68.94%
B. ELR in Decimal Form = 0.6894

5. Overall Impact of Expense Constant and Minimum Premiums: (A 2.3% impact would be expressed as 1.023) 1.0220

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.) 0.959

7. Company Formula Loss Cost Multiplier: 2B / [6-3F] x 5] = 1.510

8. Company Selected Loss Cost Multiplier = 1.510
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. () (X)

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

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	SPARTA-WC-08
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	National Council On Compensation Insurance (NCCI) – Item Filing # AR-2008-02
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Company Name		Company NAIC Number	
3.	A.	SPARTA Insurance Company	B. 20613

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
4.	A.	16.0 Workers Compensation	B. 16.0004 Standard WC

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers Comp.	-12.8%	-12.8%	68.94%	1.000	1.510	\$200	N/A - New
TOTAL OVERALL EFFECT	0.0%	0.0%					

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2007	0	0	11/1/07	0	0	0	0

7.

Expense Constants	Selected Provisions
A. Total Production Expense	13.50%
B. General Expense	6.00%
C. Taxes, License & Fees	6.00%
D. Underwriting Profit & Contingencies	4.06%
E. Other (explain)	1.50%
F. TOTAL	31.06%

** Residual Market Load

- 8.** Y Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** 0 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
- 10.** 0 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____



LETTER OF FILING AUTHORIZATION

This letter will certify that Insurance Regulatory Consultants, LLC (IRC) has given full authorization to submit filings on behalf of **SPARTA Insurance Company**. This authorization extends to all correspondence regarding the filings.

Brian P. Mulroy
Name

September 19, 2008
Date

EVP & CUO
Title

SPARTA Insurance Company
Company Name

A handwritten signature in black ink, appearing to read "Brian P. Mulroy", is written over a horizontal line.

Signature

(860) 275-6523
Telephone Number

**Re: SPARTA Insurance Company; NAIC #: 000-20613; FEIN#: 04-1027270
Workers Compensation
Adoption of NCCI Workers Compensation Loss Costs (NCCI Item # AR-2008-02)
Company Filing Designation Number: SPARTA-WC-08
Effective Date: October 1, 2008
State of Arkansas**