Filing at a Glance

Companies: Acadia Insurance Company, Continental Western Insurance Company, Union Insurance Company

Product Name: 2008 WC Rate Filings	SERFF Tr Num: UNON-125820095	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: #10034879 $50
Sub-TOI: 16.0004 Standard WC	Co Tr Num: 08-WC-RT-7	State Status: Fees verified and received
Filing Type: Rate/Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Authors: Frances Linker, Tamara Manuel	Disposition Date: 09/19/2008
	Date Submitted: 09/17/2008	Disposition Status: Approved
Effective Date Requested (New): 11/01/2008		Effective Date (New): 11/01/2008
Effective Date Requested (Renewal): 02/01/2009		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: 11-08 AR WC Rate Filing	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization: NCCI	Reference Number: AR-2008-02
Reference Title: AR Revised LC's	Advisory Org. Circular:
Filing Status Changed: 09/19/2008	
State Status Changed: 09/19/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Continental Western Insurance Company (CWIC), Union Insurance Company (UIC) and Acadia Insurance Company (AIC) are making the above referenced rate and rule filings in accordance with Arkansas law. We ask approval to adopt NCCI reference documents AR-2008-06 and AR-2008-02. The Companies wish to continue using their current loss cost multipliers as follows:

CWIC 1.601

UIC 1.149

AIC 0.951

The overall proposed rate change is a 9.5% decrease.

We want this change to be effective for new business November 1, 2008 and February 1, 2009 for renewal business.

Company and Contact

Filing Contact Information

Frances Linker, Compliance Analyst
P. O. Box 152180
Irving, TX 75015-2180

flinker@usic.com
(972) 719-2400 [Phone]
(972) 719-2301[FAX]

Filing Company Information

Acadia Insurance Company	CoCode: 31325	State of Domicile: New Hampshire
P. O. Box 152180	Group Code: 98	Company Type: P & C
Irving, TX 75015-2180	Group Name: W. R. Berkley	State ID Number:
(972) 719-2465 ext. [Phone]	FEIN Number: 01-0471706	

Continental Western Insurance Company	CoCode: 10804	State of Domicile: Iowa
P. O. Box 152180	Group Code: 98	Company Type: P & C
Irving, TX 75015-2180	Group Name: W. R. Berkley	State ID Number:
(972) 719-2400 ext. 2465[Phone]	FEIN Number: 42-0594770	

Union Insurance Company	CoCode: 25844	State of Domicile: Iowa
122 W. Carpenter Freeway	Group Code: 98	Company Type: P&C
Suite 350		
Irving, TX 75039	Group Name: W. R. Berkle	State ID Number:
(972) 719-2400 ext. 2465[Phone]	FEIN Number: 47-0547953	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00

SERFF Tracking Number:	*UNON-125820095*	*State:*	*Arkansas*
First Filing Company:	*Acadia Insurance Company, ...*	*State Tracking Number:*	*#10034879 $50*
Company Tracking Number:	*08-WC-RT-7*		
TOI:	*16.0 Workers Compensation*	*Sub-TOI:*	*16.0004 Standard WC*
Product Name:	*2008 WC Rate Filings*		
Project Name/Number:	*11-08 AR WC Rate Filing/*		

Retaliatory?	No
Fee Explanation:	$50.00 fee per filing
Per Company:	No

SERFF Tracking Number:	*UNON-125820095*	*State:*	*Arkansas*
First Filing Company:	*Acadia Insurance Company, ...*	*State Tracking Number:*	*#10034879 $50*
Company Tracking Number:	*08-WC-RT-7*		
TOI:	*16.0 Workers Compensation*	*Sub-TOI:*	*16.0004 Standard WC*
Product Name:	*2008 WC Rate Filings*		
Project Name/Number:	*11-08 AR WC Rate Filing/*		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Acadia Insurance Company	$0.00		
Continental Western Insurance Company	$0.00		
Union Insurance Company	$0.00		

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
10034879	$50.00	09/17/2008

Correspondence Summary

Dispositions

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

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Company Rule Pages	Rate	Frances Linker	09/19/2008	09/19/2008
Cover Letter	Supporting Document	Frances Linker	09/19/2008	09/19/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
B-1407	Note To Filer	Carol Stiffler	09/18/2008	09/18/2008

Disposition

Disposition Date: 09/19/2008
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:**
Acadia Insurance Company	-9.000%	$-69,796	29	$775,512	13.000%	-26.700%	-13.100%
Continental Western Insurance Company	-9.900%	$-260,643	341	$2,632,755	18.200%	-30.200%	-13.100%
Union Insurance Company	-9.400%	$-535,892	318	$5,700,977	17.900%	-26.900%	-13.100%

Overall Rate Information for Multiple Company Filings	
Overall Percentage Rate Indicated For This Filing	-13.100%
Overall Percentage Rate Impact For This Filing	-9.500%
Effect of Rate Filing-Written Premium Change For This Program	$-866,331

Effect of Rate Filing - Number of Policyholders Affected

SERFF Tracking Number:	*UNON-125820095*	*State:*	*Arkansas*
First Filing Company:	*Acadia Insurance Company, ...*	*State Tracking Number:*	*#10034879 $50*
Company Tracking Number:	*08-WC-RT-7*		
TOI:	*16.0 Workers Compensation*	*Sub-TOI:*	*16.0004 Standard WC*
Product Name:	*2008 WC Rate Filings*		
Project Name/Number:	*11-08 AR WC Rate Filing/*		

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	5 Year Experience Exhibit	Approved	Yes
Supporting Document	Actuarial Support	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Rate	CWIC Rate Pages	Approved	Yes
Rate	UIC Rate Pages	Approved	Yes
Rate	AIC Rate Pages	Approved	Yes
Rate	CWIC-UIC-AIC Rule Pages	Approved	Yes
Rate	Company Rule Pages	Approved	Yes

Amendment Letter

Amendment Date:

Submitted Date: 09/19/2008

Comments:

Dear Carol:

I had help with this filing. (You can tell, can't you?)

The wrong letter was attached. Yes, B-1407 was supposed to be added. A new cover letter is attached. Also, the maual page has been corrected, and it attached also.

I want to adopt AR-2008-02 (which was approved in circular AR-2008-06). But we were also supposed to adopt AR-2007-10, which was not in the original cover letter. That too has been corrected in the new cover letter attached.

If you need anything else, please let me know. I do apologize for the deficiencies of this filing.

Sincerely,

Frances Linker
Sr. Compliance Analyst

Changed Items:

Rate/Rule Schedule Item Changes:

Exhibit Name:	Rule # or Page #:	Rate Action:	Previous State Filing Numbers:	Attach Document:
Company Rule Pages	AR-WC-Rule-1 and 2	Replacement		11-08 WC Rule Pages CWIC-UIC-AIC corr'd.pdf

Supporting Document Schedule Item Changes:

User Added -Name: Cover Letter

Comment:

11-08 WC RatesRules Filing rev'd.pdf

SERFF Tracking Number:	*UNON-125820095*	*State:*	*Arkansas*
First Filing Company:	*Acadia Insurance Company, ...*	*State Tracking Number:*	*#10034879 $50*
Company Tracking Number:	*08-WC-RT-7*		
TOI:	*16.0 Workers Compensation*	*Sub-TOI:*	*16.0004 Standard WC*
Product Name:	*2008 WC Rate Filings*		
Project Name/Number:	*11-08 AR WC Rate Filing/*		

Note To Filer

Created By:

Carol Stiffler on 09/18/2008 08:59 AM

Subject:

B-1407

Comments:

I think when we talked yesterday you said you were going to add B-1407 to this filing but I don't see where it is. Have I overlooked it?

Also, the filing show you want to adopt AR-2008-06 but I don't show any NCCI Item Filing by that number. It that the circular number? We don't receive circulars so we can't approve anything based only on the circular #.

Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	Decrease
Overall Percentage of Last Rate Revision:	-10.000%
Effective Date of Last Rate Revision:	01/03/2008
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):
Acadia Insurance Company	-13.100%	-9.000%	$-69,796	29	$775,512	13.000%	-26.700%
Continental Western Insurance Company	-13.100%	-9.900%	$-260,643	341	$2,632,755	18.200%	-30.200%
Union Insurance Company	-13.100%	-9.400%	$-535,892	318	$5,700,977	17.900%	-26.900%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated: -13.100%

SERFF Tracking Number:	*UNON-125820095*	*State:*	*Arkansas*
First Filing Company:	*Acadia Insurance Company, ...*	*State Tracking Number:*	*#10034879 $50*
Company Tracking Number:	*08-WC-RT-7*		
TOI:	*16.0 Workers Compensation*	*Sub-TOI:*	*16.0004 Standard WC*
Product Name:	*2008 WC Rate Filings*		
Project Name/Number:	*11-08 AR WC Rate Filing/*		

Overall Percentage Rate Impact For This Filing:	-9.500%
Effect of Rate Filing - Written Premium Change For This Program:	$-866,331
Effect of Rate Filing - Number of Policyholders Affected:	688

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
Approved	CWIC Rate Pages	AR-WC-CWIC-Rate-Pages 1 - 3	Replacement		11-08 WC Rate Pages CWIC.pdf
Approved	UIC Rate Pages	AR-WC-UIC-Rate-Pages 1 - 3	Replacement		11-08 WC Rate Pages UIC.pdf
Approved	AIC Rate Pages	AR-WC-AIC-Rate-Pages 1 - 3	Replacement		11-08 WC Rate Pages AIC.pdf
Approved	CWIC-UIC-AIC Rule Pages	AR-WC-Rule-1 and 2	Replacement		11-08 WC Rule Pages CWIC-UIC-AIC.pdf
Approved	Company Rule Pages	AR-WC-Rule-1 and 2	Replacement		11-08 WC Rule Pages CWIC-UIC-AIC corr'd.pdf

CONTINENTAL WESTERN INSURANCE COMPANY
ARKANSAS WORKERS' COMPENSATION RATES

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
0005	6.21	750	**2001**	2.31	471	**2651**	2.55	504	**3169**	2.37	480	**3827**	1.52	365
0008	2.53	501	**2002**	2.90	551	**2660**	1.41	350	**3175D**	2.75	532	**3830**	1.09	307
0016	5.44	750	**2003**	3.27	601	**2670**	2.23	460	**3179**	2.32	473	**3851**	2.56	506
0034	4.18	724	**2014**	6.15	750	**2683**	1.91	417	**3180**	1.73	393	**3865**	1.23	326
0035	2.50	497	**2016**	1.92	419	**2688**	2.95	558	**3188**	1.47	359	**3881**	3.41	620
0036	3.97	696	**2021**	3.22	594	**2701**	7.16	750	**3220**	1.83	406	**4000**	7.00	750
0037	4.48	750	**2039**	4.31	741	**2702X**	29.19	750	**3223**	2.90	551	**4021**	5.73	750
0042	6.18	750	**2041**	4.13	718	**2710**	8.50	750	**3224**	2.37	480	**4024E**	2.15	450
0050	5.03	750	**2065**	1.55	370	**2714**	4.03	705	**3227**	1.76	398	**4034**	6.72	750
0059D	0.29	199	**2070**	5.28	750	**2719X**	10.71	750	**3240**	2.93	556	**4036**	2.43	489
0065D	0.05	166	**2081**	3.73	664	**2731**	3.59	644	**3241**	2.72	527	**4038**	2.10	443
0066D	0.05	166	**2089**	2.45	491	**2735**	2.51	499	**3255**	2.26	465	**4053**	3.33	610
0067D	0.05	166	**2095**	2.64	517	**2759**	8.18	750	**3257**	3.30	605	**4061**	4.10	713
0079	4.10	713	**2105**	2.35	478	**2790**	1.50	363	**3270**	3.12	581	**4062**	2.23	460
0083	9.45	750	**2110**	2.07	439	**2802**	5.09	750	**3300**	4.32	744	**4101**	1.94	422
0106	11.05	750	**2111**	2.43	489	**2812**	3.57	642	**3303**	3.70	659	**4111**	2.96	560
0113	5.54	750	**2112**	2.63	514	**2835**	1.55	370	**3307**	3.25	599	**4112**	0.91	283
0170	2.39	482	**2114**	2.59	510	**2836**	2.18	454	**3315**	2.55	504	**4113**	1.28	333
0251	4.88	750	**2121**	2.16	452	**2841**	3.60	646	**3334**	2.07	439	**4114**	2.15	450
0400	7.81	750	**2130**	2.71	525	**2881**	2.43	489	**3336**	2.13	447	**4130**	4.40	750
0401	10.66	750	**2131**	1.83	406	**2883**	3.95	694	**3365**	9.89	750	**4131**	2.35	478
0771N	0.29	199	**2143**	2.11	445	**2913**	3.95	694	**3372**	2.75	532	**4133**	2.32	473
0908P	137.69	750	**2150**	–	–	**2915**	4.11	715	**3373**	2.80	538	**4150**	1.62	378
0909	–	–	**2156**	–	–	**2916**	2.26	465	**3383**	1.04	300	**4206**	3.55	640
0912	–	–	**2157**	3.92	690	**2923**	2.32	473	**3385**	0.85	275	**4207**	0.98	292
0913P	339.41	750	**2172**	1.52	365	**2942**	2.27	467	**3400**	2.63	514	**4239**	1.23	326
0917	3.79	672	**2174**	2.83	543	**2960**	3.12	581	**3507**	2.99	564	**4240**	2.39	482
1005*	10.68	750	**2211**	5.30	750	**3004**	2.66	519	**3515**	2.11	445	**4243**	1.62	378
1016X*	39.85	750	**2220**	1.89	415	**3018**	2.48	495	**3548**	1.31	337	**4244**	2.87	547
1164E	6.90	750	**2286**	1.38	346	**3022**	3.07	575	**3559**	2.51	499	**4250**	1.44	355
1165E	4.55	750	**2288**	3.91	687	**3027**	2.59	510	**3574**	1.09	307	**4251**	1.71	391
1320	2.83	543	**2300**	2.07	439	**3028**	2.24	463	**3581**	1.39	348	**4263**	2.13	447
1322	15.21	750	**2302**	1.65	383	**3030**	3.89	685	**3612**	2.13	447	**4273**	1.86	411
1430	4.19	726	**2305**	2.07	439	**3040**	3.60	646	**3620**	5.62	750	**4279**	1.75	396
1438	2.35	478	**2361**	1.17	318	**3041**	3.22	594	**3629**	1.89	415	**4282**	2.05	437
1452	1.63	380	**2362**	1.70	389	**3042**	3.07	575	**3632**	3.87	683	**4283**	1.91	417
1463	11.27	750	**2380**	4.37	750	**3064**	4.45	750	**3634**	1.65	383	**4299**	1.70	389
1472	3.92	690	**2386**	1.09	307	**3066**	–	–	**3635**	2.00	430	**4304**	2.67	521
1624E	7.35	750	**2388**	1.86	411	**3069**	7.64	750	**3638**	1.42	352	**4307**	2.13	447
1642	3.95	694	**2402**	2.08	441	**3076**	2.87	547	**3642**	0.82	270	**4308**	–	–
1654	6.07	750	**2413**	1.63	380	**3081D**	2.79	536	**3643**	2.87	547	**4351**	1.10	309
1655	4.79	750	**2416**	1.62	378	**3082D**	3.76	668	**3647**	3.25	599	**4352**	0.98	292
1699	1.94	422	**2417**	1.52	365	**3085D**	3.14	584	**3648**	2.08	441	**4360**	0.88	279
1701	2.99	564	**2501**	1.31	337	**3110**	2.75	532	**3681**	1.50	363	**4361**	1.28	333
1710E	5.92	750	**2503**	1.30	335	**3111**	2.88	549	**3685**	1.73	393	**4362**	1.12	311
1741E	1.79	402	**2534**	2.08	441	**3113**	2.27	467	**3719**	2.53	501	**4410**	3.11	579
1745X	2.90	551	**2570**	4.79	750	**3114**	2.53	501	**3724**	6.58	750	**4420**	3.75	666
1747	2.53	501	**2576**	–	–	**3118**	1.17	318	**3726**	2.93	556	**4431**	1.44	355
1748	7.22	750	**2578**	–	–	**3119**	1.06	303	**3803**	1.84	409	**4432**	1.55	370
1803D	5.19	750	**2585**	2.99	564	**3122**	1.46	357	**3807**	2.03	434	**4439**	1.63	380
1852D	2.40	484	**2586**	1.28	333	**3126**	1.67	385	**3808**	2.66	519	**4452**	3.15	586
1853	2.24	463	**2587**	2.80	538	**3131**	1.01	296	**3821**	4.00	700	**4459**	1.81	404
1860	1.89	415	**2589**	1.39	348	**3132**	2.39	482	**3822**	3.51	633	**4470**	2.31	471
1924	4.10	713	**2600**	6.18	750	**3145**	2.31	471	**3824**	4.69	750	**4484**	2.02	432
1925	2.83	543	**2623**	2.72	527	**3146**	2.66	519	**3826**	0.85	275	**4493**	2.45	491

CONTINENTAL WESTERN INSURANCE COMPANY
ARKANSAS WORKERS' COMPENSATION RATES

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
4511	0.72	257	**5462**	5.52	750	**6836**	6.13	750	**7515**	1.12	311	**8235**	4.34	746
4557	1.65	383	**5472**	5.03	750	**6843F**	15.56	750	**7520**	2.37	480	**8263**	9.80	750
4558	1.60	376	**5473**	6.88	750	**6845F**	23.61	750	**7538**	10.61	750	**8264**	3.54	638
4561	1.92	419	**5474**	7.56	750	**6854**	5.32	750	**7539**	4.55	750	**8265**	9.75	750
4568	2.51	499	**5478**	4.59	750	**6872F**	20.28	750	**7540**	2.98	562	**8279**	9.37	750
4581	1.68	387	**5479**	8.13	750	**6874F**	41.50	750	**7580**	1.97	426	**8288**	6.31	750
4583	5.14	750	**5480**	8.23	750	**6882**	5.32	750	**7590**	5.44	750	**8291**	2.19	456
4611	0.93	285	**5491**	2.13	447	**6884**	12.01	750	**7600**	2.74	530	**8292**	3.12	581
4635	4.79	750	**5506**	3.84	679	**7016M**	4.72	750	**7601**	12.34	750	**8293**	7.19	750
4653	1.25	329	**5507**	5.78	750	**7024M**	5.25	750	**7605**	3.44	625	**8295X**	7.86	750
4665	6.48	750	**5508D**	9.75	750	**7038M**	5.96	750	**7610**	0.56	236	**8304**	7.24	750
4670	3.71	661	**5535**	7.64	750	**7046M**	26.19	750	**7611**	5.52	750	**8350**	5.96	750
4683	4.74	750	**5536**	–	–	**7047M**	8.45	750	**7612**	12.31	750	**8380**	3.73	664
4686	1.23	326	**5537**	5.04	750	**7050M**	10.65	750	**7613**	4.92	750	**8381**	1.57	372
4692	0.46	223	**5538**	–	–	**7090M**	6.61	750	**7704**	–	–	**8385**	2.53	501
4693	0.90	281	**5551**	14.67	750	**7098M**	29.11	750	**7705**	2.71	525	**8392**	3.15	586
4703	2.34	476	**5606**	1.75	396	**7099M**	46.89	750	**7710**	6.07	750	**8393**	1.79	402
4717	1.73	393	**5610**	5.72	750	**7133**	3.60	646	**7711**	6.07	750	**8500**	6.66	750
4720	5.06	750	**5645**	11.67	750	**7151M**	4.37	750	**7720X**	2.71	525	**8601**	0.86	277
4740	1.49	361	**5651**	8.66	750	**7152M**	7.83	750	**7855**	6.53	750	**8606**	2.93	556
4741	1.70	389	**5703**	94.39	750	**7153M**	4.87	750	**8001**	2.34	476	**8709F**	8.39	750
4751	1.44	355	**5705**	5.52	750	**7222**	10.09	750	**8002**	3.41	620	**8719**	1.97	426
4771N	1.65	383	**5951**	0.42	216	**7228X**	7.16	750	**8006**	2.03	434	**8720**	1.42	352
4777	1.68	387	**6003**	10.34	750	**7229X**	7.51	750	**8008**	1.28	333	**8721**	0.42	216
4825	0.86	277	**6005**	7.86	750	**7230**	4.23	731	**8010**	1.99	428	**8726F**	9.62	750
4828	1.62	378	**6017**	4.03	705	**7231**	5.60	750	**8013**	0.51	229	**8734M**	0.67	251
4829	1.17	318	**6018**	2.19	456	**7232**	13.22	750	**8015**	0.67	251	**8737M**	0.61	242
4902	1.30	335	**6045**	2.55	504	**7309F**	23.60	750	**8017**	1.23	326	**8738M**	1.07	305
4923	1.07	305	**6204**	10.29	750	**7313F**	6.69	750	**8018X***	2.64	517	**8742X**	0.50	227
5020	7.12	750	**6206**	6.53	750	**7317F**	10.58	750	**8021**	1.95	424	**8745**	4.80	750
5022	5.12	750	**6213**	8.60	750	**7327F**	31.24	750	**8031**	4.07	709	**8748**	0.43	218
5037	20.09	750	**6214**	2.90	551	**7333M**	5.67	750	**8032**	1.67	385	**8755**	0.27	197
5040	26.94	750	**6216**	6.69	750	**7335M**	6.29	750	**8033**	1.99	428	**8799**	1.01	296
5057	19.28	750	**6217**	5.24	750	**7337M**	10.13	750	**8039**	1.44	355	**8800**	1.01	296
5059	22.89	750	**6229**	5.19	750	**7350F**	20.36	750	**8044**	2.90	551	**8803**	0.08	171
5069	28.91	750	**6233**	5.65	750	**7360**	7.30	750	**8045**	0.43	218	**8805M**	0.35	208
5102	4.24	733	**6235**	15.03	750	**7370**	5.16	750	**8046**	2.80	538	**8810**	0.26	195
5146	5.19	750	**6236**	12.38	750	**7380X**	3.55	640	**8047**	1.12	311	**8814M**	0.30	201
5160	3.67	655	**6237**	3.17	588	**7382**	2.93	556	**8050**	–	–	**8815M**	0.56	236
5183	3.63	651	**6251D**	8.25	750	**7390**	3.79	672	**8058**	2.88	549	**8820**	0.22	190
5188	4.64	750	**6252D**	6.16	750	**7394M**	11.50	750	**8072**	0.85	275	**8824**	2.59	510
5190	3.33	610	**6260D**	5.44	750	**7395M**	12.78	750	**8102**	2.66	519	**8825**	2.21	458
5191X	1.92	419	**6306**	5.86	750	**7398M**	20.59	750	**8103**	3.92	690	**8826**	2.34	476
5192	4.15	720	**6319**	5.72	750	**7403**	3.04	571	**8105**	5.08	750	**8829**	2.82	540
5213	7.32	750	**6325**	4.77	750	**7405N**	1.20	322	**8106**	4.02	702	**8831**	2.75	532
5215	4.37	750	**6400**	7.16	750	**7409***	–	–	**8107**	3.43	623	**8832**	0.29	199
5221	5.38	750	**6504**	2.47	493	**7420X***	26.35	750	**8111**	3.95	694	**8833X***	0.94	288
5222	12.42	750	**6702M***	7.94	750	**7421**	2.79	536	**8116**	4.40	750	**8835**	2.07	439
5223	5.48	750	**6703M***	14.20	750	**7422**	2.35	478	**8203**	5.78	750	**8842**	1.54	367
5348	4.24	733	**6704M***	8.82	750	**7423**	–	–	**8204**	5.01	750	**8861**	–	–
5402	4.71	750	**6801F**	12.10	750	**7425**	4.35	748	**8209**	3.14	584	**8864**	1.54	367
5403	9.73	750	**6811**	5.32	750	**7431N**	1.78	400	**8215**	6.02	750	**8868**	0.40	214
5437	4.61	750	**6824F**	34.85	750	**7445N**	0.64	246	**8227**	3.28	603	**8869**	0.77	264
5443	4.18	724	**6826F**	13.37	750	**7453N**	0.96	290	**8232**	6.61	750	**8871**	0.24	192
5445	5.24	750	**6834**	3.76	668	**7502**	2.61	512	**8233**	5.38	750	**8901**	0.27	197

CONTINENTAL WESTERN INSURANCE COMPANY
ARKANSAS WORKERS' COMPENSATION RATES

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
9012	2.03	434												
9014	2.91	553												
9015X	2.53	501												
9016	6.53	750												
9019	3.11	579												
9033	2.07	439												
9040*	3.70	659												
9052	1.63	380												
9058	1.87	413												
9059	2.90	551												
9060	1.91	417												
9061	1.46	357												
9063	1.04	300												
9077F	4.45	750												
9082	1.68	387												
9083	1.70	389												
9084	1.97	426												
9089	1.20	322												
9093	1.47	359												
9101	3.17	588												
9102	3.06	573												
9110	–	–												
9154	2.03	434												
9156	1.38	346												
9170	2.91	553												
9178	27.51	750												
9179	37.74	750												
9180	3.89	685												
9182	2.83	543												
9186	55.89	750												
9220	3.57	642												
9402	4.51	750												
9403	6.00	750												
9410	1.84	409												
9501	4.61	750												
9505	4.00	700												
9516	3.41	620												
9519	1.92	419												
9521	5.56	750												
9522	1.65	383												
9534	7.33	750												
9554	7.78	750												
9586	0.69	253												
9600	1.71	391												
9620	1.39	348												

UNION INSURANCE COMPANY
ARKANSAS WORKERS' COMPENSATION RATES

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
0005	4.46	750	**2001**	1.65	383	**2651**	1.83	407	**3169**	1.70	390	**3827**	1.09	307
0008	1.82	405	**2002**	2.08	441	**2660**	1.01	297	**3175D**	1.98	427	**3830**	0.78	265
0016	3.91	687	**2003**	2.34	476	**2670**	1.60	376	**3179**	1.67	385	**3851**	1.84	408
0034	3.00	565	**2014**	4.41	750	**2683**	1.37	345	**3180**	1.24	328	**3865**	0.88	279
0035	1.79	402	**2016**	1.38	346	**2688**	2.11	445	**3188**	1.06	303	**3881**	2.45	490
0036	2.85	545	**2021**	2.31	472	**2701**	5.14	750	**3220**	1.31	337	**4000**	5.02	750
0037	3.22	594	**2039**	3.09	577	**2702X**	20.95	750	**3223**	2.08	441	**4021**	4.11	715
0042	4.44	750	**2041**	2.96	560	**2710**	6.10	750	**3224**	1.70	390	**4024E**	1.54	368
0050	3.61	647	**2065**	1.11	310	**2714**	2.90	551	**3227**	1.26	331	**4034**	4.83	750
0059D	0.21	188	**2070**	3.79	672	**2719X**	7.69	750	**3240**	2.10	444	**4036**	1.75	396
0065D	0.03	165	**2081**	2.68	521	**2731**	2.57	507	**3241**	1.95	424	**4038**	1.51	363
0066D	0.03	165	**2089**	1.76	397	**2735**	1.80	404	**3255**	1.62	379	**4053**	2.39	483
0067D	0.03	165	**2095**	1.90	416	**2759**	5.87	750	**3257**	2.37	480	**4061**	2.94	557
0079	2.94	557	**2105**	1.69	388	**2790**	1.08	306	**3270**	2.24	462	**4062**	1.60	376
0083	6.78	750	**2110**	1.48	360	**2802**	3.65	653	**3300**	3.10	579	**4101**	1.39	348
0106	7.93	750	**2111**	1.75	396	**2812**	2.56	506	**3303**	2.65	518	**4111**	2.13	447
0113	3.98	697	**2112**	1.88	414	**2835**	1.11	310	**3307**	2.33	475	**4112**	0.65	248
0170	1.71	391	**2114**	1.86	411	**2836**	1.56	371	**3315**	1.83	407	**4113**	0.92	284
0251	3.50	633	**2121**	1.55	369	**2841**	2.59	509	**3334**	1.48	360	**4114**	1.54	368
0400	5.61	750	**2130**	1.94	422	**2881**	1.75	396	**3336**	1.53	366	**4130**	3.16	587
0401	7.65	750	**2131**	1.31	337	**2883**	2.84	543	**3365**	7.10	750	**4131**	1.69	388
0771N	0.21	188	**2143**	1.52	365	**2913**	2.84	543	**3372**	1.98	427	**4133**	1.67	385
0908P	98.81	750	**2150**	–	–	**2915**	2.95	559	**3373**	2.01	431	**4150**	1.16	317
0909	–	–	**2156**	–	–	**2916**	1.62	379	**3383**	0.75	261	**4206**	2.55	504
0912	–	–	**2157**	2.82	540	**2923**	1.67	385	**3385**	0.61	242	**4207**	0.70	255
0913P	243.59	750	**2172**	1.09	307	**2942**	1.63	380	**3400**	1.88	414	**4239**	0.88	279
0917	2.72	528	**2174**	2.03	435	**2960**	2.24	462	**3507**	2.15	450	**4240**	1.71	391
1005*	7.66	750	**2211**	3.80	673	**3004**	1.91	417	**3515**	1.52	365	**4243**	1.16	317
1016X*	28.60	750	**2220**	1.36	343	**3018**	1.78	400	**3548**	0.94	287	**4244**	2.06	438
1164E	4.95	750	**2286**	0.99	293	**3022**	2.21	458	**3559**	1.80	404	**4250**	1.03	300
1165E	3.26	601	**2288**	2.80	538	**3027**	1.86	411	**3574**	0.78	265	**4251**	1.23	326
1320	2.03	435	**2300**	1.48	360	**3028**	1.61	377	**3581**	1.00	295	**4263**	1.53	366
1322	10.92	750	**2302**	1.18	320	**3030**	2.79	537	**3612**	1.53	366	**4273**	1.33	340
1430	3.01	566	**2305**	1.48	360	**3040**	2.59	509	**3620**	4.03	704	**4279**	1.25	329
1438	1.69	388	**2361**	0.84	273	**3041**	2.31	472	**3629**	1.36	343	**4282**	1.47	359
1452	1.17	318	**2362**	1.22	324	**3042**	2.21	458	**3632**	2.78	535	**4283**	1.37	345
1463	8.09	750	**2380**	3.14	583	**3064**	3.19	591	**3634**	1.18	320	**4299**	1.22	324
1472	2.82	540	**2386**	0.78	265	**3066**	–	–	**3635**	1.44	354	**4304**	1.92	419
1624E	5.27	750	**2388**	1.33	340	**3069**	5.48	750	**3638**	1.02	298	**4307**	1.53	366
1642	2.84	543	**2402**	1.49	362	**3076**	2.06	438	**3642**	0.59	239	**4308**	–	–
1654	4.35	748	**2413**	1.17	318	**3081D**	2.00	430	**3643**	2.06	438	**4351**	0.79	267
1655	3.44	624	**2416**	1.16	317	**3082D**	2.70	525	**3647**	2.33	475	**4352**	0.70	255
1699	1.39	348	**2417**	1.09	307	**3085D**	2.25	464	**3648**	1.49	362	**4360**	0.63	245
1701	2.15	450	**2501**	0.94	287	**3110**	1.98	427	**3681**	1.08	306	**4361**	0.92	284
1710E	4.25	734	**2503**	0.93	286	**3111**	2.07	439	**3685**	1.24	328	**4362**	0.80	269
1741E	1.29	334	**2534**	1.49	362	**3113**	1.63	380	**3719**	1.82	405	**4410**	2.23	461
1745X	2.08	441	**2570**	3.44	624	**3114**	1.82	405	**3724**	4.72	750	**4420**	2.69	523
1747	1.82	405	**2576**	–	–	**3118**	0.84	273	**3726**	2.10	444	**4431**	1.03	300
1748	5.18	750	**2578**	–	–	**3119**	0.76	262	**3803**	1.32	338	**4432**	1.11	310
1803D	3.72	663	**2585**	2.15	450	**3122**	1.05	301	**3807**	1.46	357	**4439**	1.17	318
1852D	1.72	393	**2586**	0.92	284	**3126**	1.19	321	**3808**	1.91	417	**4452**	2.26	466
1853	1.61	377	**2587**	2.01	431	**3131**	0.72	258	**3821**	2.87	548	**4459**	1.30	335
1860	1.36	343	**2589**	1.00	295	**3132**	1.71	391	**3822**	2.52	500	**4470**	1.65	383
1924	2.94	557	**2600**	4.44	750	**3145**	1.65	383	**3824**	3.37	614	**4484**	1.45	355
1925	2.03	435	**2623**	1.95	424	**3146**	1.91	417	**3826**	0.61	242	**4493**	1.76	397

UNION INSURANCE COMPANY
ARKANSAS WORKERS' COMPENSATION RATES

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
4511	0.52	230	**5462**	3.96	695	**6836**	4.40	750	**7515**	0.80	269	**8235**	3.11	580
4557	1.18	320	**5472**	3.61	647	**6843F**	11.17	750	**7520**	1.70	390	**8263**	7.03	750
4558	1.15	315	**5473**	4.94	750	**6845F**	16.95	750	**7538**	7.62	750	**8264**	2.54	503
4561	1.38	346	**5474**	5.42	750	**6854**	3.81	675	**7539**	3.26	601	**8265**	7.00	750
4568	1.80	404	**5478**	3.30	605	**6872F**	14.56	750	**7540**	2.14	449	**8279**	6.72	750
4581	1.21	323	**5479**	5.84	750	**6874F**	29.78	750	**7580**	1.41	351	**8288**	4.53	750
4583	3.69	658	**5480**	5.91	750	**6882**	3.81	675	**7590**	3.91	687	**8291**	1.57	373
4611	0.67	250	**5491**	1.53	366	**6884**	8.62	750	**7600**	1.96	425	**8292**	2.24	462
4635	3.44	624	**5506**	2.76	532	**7016M**	3.39	618	**7601**	8.86	750	**8293**	5.16	750
4653	0.90	281	**5507**	4.15	720	**7024M**	3.77	669	**7605**	2.47	493	**8295X**	5.64	750
4665	4.65	750	**5508D**	7.00	750	**7038M**	4.27	737	**7610**	0.40	214	**8304**	5.19	750
4670	2.67	520	**5535**	5.48	750	**7046M**	18.80	750	**7611**	3.96	695	**8350**	4.27	737
4683	3.40	619	**5536**	–	–	**7047M**	6.07	750	**7612**	8.84	750	**8380**	2.68	521
4686	0.88	279	**5537**	3.62	649	**7050M**	7.64	750	**7613**	3.53	636	**8381**	1.13	312
4692	0.33	205	**5538**	–	–	**7090M**	4.75	750	**7704**	–	–	**8385**	1.82	405
4693	0.64	247	**5551**	10.52	750	**7098M**	20.89	750	**7705**	1.94	422	**8392**	2.26	466
4703	1.68	386	**5606**	1.25	329	**7099M**	33.65	750	**7710**	4.35	748	**8393**	1.29	334
4717	1.24	328	**5610**	4.10	714	**7133**	2.59	509	**7711**	4.35	748	**8500**	4.78	750
4720	3.63	650	**5645**	8.38	750	**7151M**	3.14	583	**7720X**	1.94	422	**8601**	0.62	244
4740	1.07	304	**5651**	6.22	750	**7152M**	5.62	750	**7855**	4.69	750	**8606**	2.10	444
4741	1.22	324	**5703**	67.75	750	**7153M**	3.49	632	**8001**	1.68	386	**8709F**	6.02	750
4751	1.03	300	**5705**	3.96	695	**7222**	7.24	750	**8002**	2.45	490	**8719**	1.41	351
4771N	1.18	320	**5951**	0.30	200	**7228X**	5.14	750	**8006**	1.46	357	**8720**	1.02	298
4777	1.21	323	**6003**	7.42	750	**7229X**	5.39	750	**8008**	0.92	284	**8721**	0.30	200
4825	0.62	244	**6005**	5.64	750	**7230**	3.03	570	**8010**	1.42	352	**8726F**	6.91	750
4828	1.16	317	**6017**	2.90	551	**7231**	4.02	703	**8013**	0.37	210	**8734M**	0.48	225
4829	0.84	273	**6018**	1.57	373	**7232**	9.49	750	**8015**	0.48	225	**8737M**	0.44	219
4902	0.93	286	**6045**	1.83	407	**7309F**	16.94	750	**8017**	0.88	279	**8738M**	0.77	264
4923	0.77	264	**6204**	7.39	750	**7313F**	4.80	750	**8018X***	1.90	416	**8742X**	0.36	208
5020	5.11	750	**6206**	4.69	750	**7317F**	7.59	750	**8021**	1.40	349	**8745**	3.45	625
5022	3.68	656	**6213**	6.17	750	**7327F**	22.42	750	**8031**	2.92	554	**8748**	0.31	202
5037	14.42	750	**6214**	2.08	441	**7333M**	4.07	709	**8032**	1.19	321	**8755**	0.20	186
5040	19.34	750	**6216**	4.80	750	**7335M**	4.52	750	**8033**	1.42	352	**8799**	0.72	258
5057	13.83	750	**6217**	3.76	667	**7337M**	7.27	750	**8039**	1.03	300	**8800**	0.72	258
5059	16.43	750	**6229**	3.72	663	**7350F**	14.62	750	**8044**	2.08	441	**8803**	0.06	168
5069	20.75	750	**6233**	4.06	708	**7360**	5.24	750	**8045**	0.31	202	**8805M**	0.25	194
5102	3.04	571	**6235**	10.79	750	**7370**	3.70	659	**8046**	2.01	431	**8810**	0.18	185
5146	3.72	663	**6236**	8.88	750	**7380X**	2.55	504	**8047**	0.80	269	**8814M**	0.22	189
5160	2.63	515	**6237**	2.28	467	**7382**	2.10	444	**8050**	–	–	**8815M**	0.40	214
5183	2.61	512	**6251D**	5.92	750	**7390**	2.72	528	**8058**	2.07	439	**8820**	0.16	182
5188	3.33	610	**6252D**	4.42	750	**7394M**	8.25	750	**8072**	0.61	242	**8824**	1.86	411
5190	2.39	483	**6260D**	3.91	687	**7395M**	9.17	750	**8102**	1.91	417	**8825**	1.59	374
5191X	1.38	346	**6306**	4.21	728	**7398M**	14.78	750	**8103**	2.82	540	**8826**	1.68	386
5192	2.98	562	**6319**	4.10	714	**7403**	2.18	455	**8105**	3.64	652	**8829**	2.02	433
5213	5.25	750	**6325**	3.42	622	**7405N**	0.86	276	**8106**	2.88	549	**8831**	1.98	427
5215	3.14	583	**6400**	5.14	750	**7409***	–	–	**8107**	2.46	492	**8832**	0.21	188
5221	3.86	681	**6504**	1.77	399	**7420X***	18.91	750	**8111**	2.84	543	**8833X***	0.68	252
5222	8.92	750	**6702M***	5.70	750	**7421**	2.00	430	**8116**	3.16	587	**8835**	1.48	360
5223	3.93	690	**6703M***	10.19	750	**7422**	1.69	388	**8203**	4.15	720	**8842**	1.10	309
5348	3.04	571	**6704M***	6.33	750	**7423**	–	–	**8204**	3.60	646	**8861**	–	–
5402	3.38	616	**6801F**	8.69	750	**7425**	3.13	582	**8209**	2.25	464	**8864**	1.10	309
5403	6.99	750	**6811**	3.81	675	**7431N**	1.28	332	**8215**	4.32	743	**8868**	0.29	199
5437	3.31	607	**6824F**	25.01	750	**7445N**	0.46	222	**8227**	2.36	478	**8869**	0.55	234
5443	3.00	565	**6826F**	9.59	750	**7453N**	0.69	253	**8232**	4.75	750	**8871**	0.17	183
5445	3.76	667	**6834**	2.70	525	**7502**	1.87	413	**8233**	3.86	681	**8901**	0.20	186

UNION INSURANCE COMPANY
ARKANSAS WORKERS' COMPENSATION RATES

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
9012	1.46	357												
9014	2.09	442												
9015X	1.82	405												
9016	4.69	750												
9019	2.23	461												
9033	1.48	360												
9040*	2.65	518												
9052	1.17	318												
9058	1.34	341												
9059	2.08	441												
9060	1.37	345												
9061	1.05	301												
9063	0.75	261												
9077F	3.19	591												
9082	1.21	323												
9083	1.22	324												
9084	1.41	351												
9089	0.86	276												
9093	1.06	303												
9101	2.28	467												
9102	2.19	456												
9110	--	--												
9154	1.46	357												
9156	0.99	293												
9170	2.09	442												
9178	19.74	750												
9179	27.08	750												
9180	2.79	537												
9182	2.03	435												
9186	40.11	750												
9220	2.56	506												
9402	3.24	597												
9403	4.31	742												
9410	1.32	338												
9501	3.31	607												
9505	2.87	548												
9516	2.45	490												
9519	1.38	346												
9521	3.99	698												
9522	1.18	320												
9534	5.26	750												
9554	5.58	750												
9586	0.49	227												
9600	1.23	326												
9620	1.00	295												

ACADIA INSURANCE COMPANY
ARKANSAS WORKERS' COMPENSATION RATES

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
0005	3.69	658	2001	1.37	345	2651	1.51	364	3169	1.41	350	3827	0.90	282
0008	1.50	363	2002	1.72	392	2660	0.84	273	3175D	1.64	381	3830	0.65	247
0016	3.23	597	2003	1.94	422	2670	1.32	338	3179	1.38	346	3851	1.52	365
0034	2.48	495	2014	3.65	653	2683	1.13	313	3180	1.03	299	3865	0.73	259
0035	1.48	360	2016	1.14	314	2688	1.75	396	3188	0.87	278	3881	2.03	433
0036	2.36	478	2021	1.91	418	2701	4.25	734	3220	1.08	306	4000	4.16	721
0037	2.66	519	2039	2.56	505	2702X	17.34	750	3223	1.72	392	4021	3.40	620
0042	3.67	656	2041	2.45	491	2710	5.05	750	3224	1.41	350	4024E	1.27	332
0050	2.99	563	2065	0.92	285	2714	2.40	484	3227	1.05	301	4034	3.99	699
0059D	0.17	183	2070	3.14	584	2719X	6.36	750	3240	1.74	395	4036	1.45	355
0065D	0.03	164	2081	2.22	459	2731	2.13	448	3241	1.62	378	4038	1.25	328
0066D	0.03	164	2089	1.46	356	2735	1.49	362	3255	1.34	341	4053	1.98	427
0067D	0.03	164	2095	1.57	372	2759	4.86	750	3257	1.96	424	4061	2.43	489
0079	2.43	489	2105	1.40	349	2790	0.89	281	3270	1.85	410	4062	1.32	338
0083	5.61	750	2110	1.23	326	2802	3.02	568	3300	2.57	507	4101	1.15	315
0106	6.56	750	2111	1.45	355	2812	2.12	446	3303	2.20	457	4111	1.76	398
0113	3.29	604	2112	1.56	371	2835	0.92	285	3307	1.93	421	4112	0.54	233
0170	1.42	351	2114	1.54	368	2836	1.29	335	3315	1.51	364	4113	0.76	263
0251	2.90	552	2121	1.28	333	2841	2.14	449	3334	1.23	326	4114	1.27	332
0400	4.64	750	2130	1.61	377	2881	1.45	355	3336	1.26	331	4130	2.62	513
0401	6.33	750	2131	1.08	306	2883	2.35	477	3365	5.88	750	4131	1.40	349
0771N	0.17	183	2143	1.26	329	2913	2.35	477	3372	1.64	381	4133	1.38	346
0908P	81.79	750	2150	–	–	2915	2.44	490	3373	1.66	385	4150	0.96	290
0909	–	–	2156	–	–	2916	1.34	341	3383	0.62	243	4206	2.11	445
0912	–	–	2157	2.33	475	2923	1.38	346	3385	0.50	228	4207	0.58	238
0913P	201.61	750	2172	0.90	282	2942	1.35	342	3400	1.56	371	4239	0.73	259
0917	2.25	464	2174	1.68	387	2960	1.85	410	3507	1.78	400	4240	1.42	351
1005*	6.34	750	2211	3.15	585	3004	1.58	373	3515	1.26	329	4243	0.96	290
1016X*	23.67	750	2220	1.12	311	3018	1.47	359	3548	0.78	265	4244	1.70	390
1164E	4.10	713	2286	0.82	270	3022	1.83	406	3559	1.49	362	4250	0.86	276
1165E	2.70	525	2288	2.32	473	3027	1.54	368	3574	0.65	247	4251	1.02	297
1320	1.68	387	2300	1.23	326	3028	1.33	340	3581	0.83	272	4263	1.26	331
1322	9.03	750	2302	0.98	292	3030	2.31	472	3612	1.26	331	4273	1.10	309
1430	2.49	496	2305	1.23	326	3040	2.14	449	3620	3.34	611	4279	1.04	300
1438	1.40	349	2361	0.69	254	3041	1.91	418	3629	1.12	311	4282	1.22	324
1452	0.97	291	2362	1.01	296	3042	1.83	406	3632	2.30	471	4283	1.13	313
1463	6.70	750	2380	2.60	510	3064	2.64	517	3634	0.98	292	4299	1.01	296
1472	2.33	475	2386	0.65	247	3066	–	–	3635	1.19	320	4304	1.59	374
1624E	4.37	749	2388	1.10	309	3069	4.54	750	3638	0.85	274	4307	1.26	331
1642	2.35	477	2402	1.24	327	3076	1.70	390	3642	0.49	225	4308	–	–
1654	3.60	647	2413	0.97	291	3081D	1.65	383	3643	1.70	390	4351	0.66	249
1655	2.84	544	2416	0.96	290	3082D	2.23	462	3647	1.93	421	4352	0.58	238
1699	1.15	315	2417	0.90	282	3085D	1.86	412	3648	1.24	327	4360	0.52	231
1701	1.78	400	2501	0.78	265	3110	1.64	381	3681	0.89	281	4361	0.76	263
1710E	3.52	635	2503	0.77	264	3111	1.71	391	3685	1.03	299	4362	0.67	250
1741E	1.07	304	2534	1.24	327	3113	1.35	342	3719	1.50	363	4410	1.84	409
1745X	1.72	392	2570	2.84	544	3114	1.50	363	3724	3.91	688	4420	2.23	460
1747	1.50	363	2576	–	–	3118	0.69	254	3726	1.74	395	4431	0.86	276
1748	4.29	739	2578	–	–	3119	0.63	245	3803	1.09	308	4432	0.92	285
1803D	3.08	576	2585	1.78	400	3122	0.87	277	3807	1.21	323	4439	0.97	291
1852D	1.43	353	2586	0.76	263	3126	0.99	294	3808	1.58	373	4452	1.87	413
1853	1.33	340	2587	1.66	385	3131	0.60	241	3821	2.38	481	4459	1.07	305
1860	1.12	311	2589	0.83	272	3132	1.42	351	3822	2.08	441	4470	1.37	345
1924	2.43	489	2600	3.67	656	3145	1.37	345	3824	2.79	536	4484	1.20	322
1925	1.68	387	2623	1.62	378	3146	1.58	373	3826	0.50	228	4493	1.46	356

ACADIA INSURANCE COMPANY
ARKANSAS WORKERS' COMPENSATION RATES

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
4511	0.43	218	**5462**	3.28	603	**6836**	3.64	652	**7515**	0.67	250	**8235**	2.58	508
4557	0.98	292	**5472**	2.99	563	**6843F**	9.24	750	**7520**	1.41	350	**8263**	5.82	750
4558	0.95	288	**5473**	4.09	712	**6845F**	14.03	750	**7538**	6.31	750	**8264**	2.10	444
4561	1.14	314	**5474**	4.49	750	**6854**	3.16	586	**7539**	2.70	525	**8265**	5.79	750
4568	1.49	362	**5478**	2.73	528	**6872F**	12.05	750	**7540**	1.77	399	**8279**	5.56	750
4581	1.00	295	**5479**	4.83	750	**6874F**	24.65	750	**7580**	1.17	318	**8288**	3.75	666
4583	3.05	572	**5480**	4.89	750	**6882**	3.16	586	**7590**	3.23	597	**8291**	1.30	336
4611	0.55	234	**5491**	1.26	331	**6884**	7.13	750	**7600**	1.63	380	**8292**	1.85	410
4635	2.84	544	**5506**	2.28	468	**7016M**	2.81	539	**7601**	7.33	750	**8293**	4.27	736
4653	0.74	260	**5507**	3.43	623	**7024M**	3.12	581	**7605**	2.04	436	**8295X**	4.67	750
4665	3.85	680	**5508D**	5.79	750	**7038M**	3.54	638	**7610**	0.33	205	**8304**	4.30	740
4670	2.21	458	**5535**	4.54	750	**7046M**	15.56	750	**7611**	3.28	603	**8350**	3.54	638
4683	2.81	540	**5536**	–	–	**7047M**	5.02	750	**7612**	7.31	750	**8380**	2.22	459
4686	0.73	259	**5537**	3.00	564	**7050M**	6.32	750	**7613**	2.92	554	**8381**	0.93	286
4692	0.28	197	**5538**	–	–	**7090M**	3.93	690	**7704**	–	–	**8385**	1.50	363
4693	0.53	232	**5551**	8.71	750	**7098M**	17.29	750	**7705**	1.61	377	**8392**	1.87	413
4703	1.39	347	**5606**	1.04	300	**7099M**	27.85	750	**7710**	3.60	647	**8393**	1.07	304
4717	1.03	299	**5610**	3.40	618	**7133**	2.14	449	**7711**	3.60	647	**8500**	3.96	694
4720	3.01	566	**5645**	6.93	750	**7151M**	2.60	510	**7720X**	1.61	377	**8601**	0.51	229
4740	0.88	279	**5651**	5.14	750	**7152M**	4.65	750	**7855**	3.88	684	**8606**	1.74	395
4741	1.01	296	**5703**	56.07	750	**7153M**	2.89	550	**8001**	1.39	347	**8709F**	4.98	750
4751	0.86	276	**5705**	3.28	603	**7222**	5.99	750	**8002**	2.03	433	**8719**	1.17	318
4771N	0.98	292	**5951**	0.25	193	**7228X**	4.25	734	**8006**	1.21	323	**8720**	0.85	274
4777	1.00	295	**6003**	6.14	750	**7229X**	4.46	750	**8008**	0.76	263	**8721**	0.25	193
4825	0.51	229	**6005**	4.67	750	**7230**	2.51	499	**8010**	1.18	319	**8726F**	5.72	750
4828	0.96	290	**6017**	2.40	484	**7231**	3.33	609	**8013**	0.30	201	**8734M**	0.40	214
4829	0.69	254	**6018**	1.30	336	**7232**	7.86	750	**8015**	0.40	214	**8737M**	0.36	209
4902	0.77	264	**6045**	1.51	364	**7309F**	14.02	750	**8017**	0.73	259	**8738M**	0.64	246
4923	0.64	246	**6204**	6.11	750	**7313F**	3.98	697	**8018X***	1.57	372	**8742X**	0.29	200
5020	4.23	731	**6206**	3.88	684	**7317F**	6.29	750	**8021**	1.16	317	**8745**	2.85	545
5022	3.04	571	**6213**	5.11	750	**7327F**	18.55	750	**8031**	2.42	486	**8748**	0.26	195
5037	11.94	750	**6214**	1.72	392	**7333M**	3.37	614	**8032**	0.99	294	**8755**	0.16	182
5040	16.01	750	**6216**	3.98	697	**7335M**	3.74	665	**8033**	1.18	319	**8799**	0.60	241
5057	11.45	750	**6217**	3.11	580	**7337M**	6.02	750	**8039**	0.86	276	**8800**	0.60	241
5059	13.60	750	**6229**	3.08	576	**7350F**	12.10	750	**8044**	1.72	392	**8803**	0.05	166
5069	17.18	750	**6233**	3.36	613	**7360**	4.34	745	**8045**	0.26	195	**8805M**	0.21	188
5102	2.52	500	**6235**	8.93	750	**7370**	3.06	573	**8046**	1.66	385	**8810**	0.15	181
5146	3.08	576	**6236**	7.35	750	**7380X**	2.11	445	**8047**	0.67	250	**8814M**	0.18	184
5160	2.18	454	**6237**	1.88	414	**7382**	1.74	395	**8050**	–	–	**8815M**	0.33	205
5183	2.16	451	**6251D**	4.90	750	**7390**	2.25	464	**8058**	1.71	391	**8820**	0.13	178
5188	2.76	532	**6252D**	3.66	654	**7394M**	6.83	750	**8072**	0.50	228	**8824**	1.54	368
5190	1.98	427	**6260D**	3.23	597	**7395M**	7.59	750	**8102**	1.58	373	**8825**	1.31	337
5191X	1.14	314	**6306**	3.48	630	**7398M**	12.23	750	**8103**	2.33	475	**8826**	1.39	347
5192	2.46	493	**6319**	3.40	618	**7403**	1.81	404	**8105**	3.01	567	**8829**	1.67	386
5213	4.35	747	**6325**	2.83	543	**7405N**	0.71	256	**8106**	2.39	482	**8831**	1.64	381
5215	2.60	510	**6400**	4.25	734	**7409***	–	–	**8107**	2.04	435	**8832**	0.17	183
5221	3.20	591	**6504**	1.46	358	**7420X***	15.65	750	**8111**	2.35	477	**8833X***	0.56	236
5222	7.38	750	**6702M***	4.72	750	**7421**	1.65	383	**8116**	2.62	513	**8835**	1.23	326
5223	3.25	599	**6703M***	8.44	750	**7422**	1.40	349	**8203**	3.43	623	**8842**	0.91	283
5348	2.52	500	**6704M***	5.24	750	**7423**	–	–	**8204**	2.98	562	**8861**	–	–
5402	2.80	537	**6801F**	7.19	750	**7425**	2.59	509	**8209**	1.86	412	**8864**	0.91	283
5403	5.78	750	**6811**	3.16	586	**7431N**	1.06	303	**8215**	3.58	643	**8868**	0.24	192
5437	2.74	530	**6824F**	20.70	750	**7445N**	0.38	211	**8227**	1.95	423	**8869**	0.46	222
5443	2.48	495	**6826F**	7.94	750	**7453N**	0.57	237	**8232**	3.93	690	**8871**	0.14	179
5445	3.11	580	**6834**	2.23	462	**7502**	1.55	369	**8233**	3.20	591	**8901**	0.16	182

ACADIA INSURANCE COMPANY
ARKANSAS WORKERS' COMPENSATION RATES

CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM	CLASS CODE	RATE	MIN PREM
9012	1.21	323												
9014	1.73	394												
9015X	1.50	363												
9016	3.88	684												
9019	1.84	409												
9033	1.23	326												
9040*	2.20	457												
9052	0.97	291												
9058	1.11	310												
9059	1.72	392												
9060	1.13	313												
9061	0.87	277												
9063	0.62	243												
9077F	2.64	517												
9082	1.00	295												
9083	1.01	296												
9084	1.17	318												
9089	0.71	256												
9093	0.87	278												
9101	1.88	414												
9102	1.82	405												
9110	–	–												
9154	1.21	323												
9156	0.82	270												
9170	1.73	394												
9178	16.34	750												
9179	22.42	750												
9180	2.31	472												
9182	1.68	387												
9186	33.20	750												
9220	2.12	446												
9402	2.68	522												
9403	3.57	641												
9410	1.09	308												
9501	2.74	530												
9505	2.38	481												
9516	2.03	433												
9519	1.14	314												
9521	3.30	605												
9522	0.98	292												
9534	4.36	748												
9554	4.62	750												
9586	0.41	215												
9600	1.02	297												
9620	0.83	272												

CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
ARKANSAS WORKERS COMPENSATION

Loss Cost Multipliers:

Union Insurance Company	**1.149**
Continental Western Insurance Company	**1.601**
Acadia Insurance Company	**0.951**
Expense Constant:	160
Minimum Premium Multiplier:	135

Waiver of our Right to Recover from Other Endorsemetn (WC 00 03 13) -

Blanket Waiver - 2% charge to the total premium with a minmum charge of 250 per policy
Specific Waiver - 5% charge of the total premium developed on the payroll used in connection with work performed for the entity requiring the waiver and named in the endorsement, subject to a minimum charge of $ 250 per policy.

Advisory Loss Elimination Ratios - The following reduction percentages are applicable by hazard group for employers electing deductibles as designated below (excluding safety factor):

	Total Losses HAZARD GROUP						
Deductible Amount	**A**	**B**	**C**	**D**	**E**	**F**	**G**
1,000	13.0%	10.4%	8.9%	7.4%	6.2%	4.3%	3.2%
1,500	15.9%	12.8%	10.9%	9.2%	7.8%	5.4%	4.1%
2,000	18.1%	14.7%	12.6%	10.7%	9.1%	6.5%	4.9%
2,500	20.1%	16.3%	14.1%	12.1%	10.2%	7.4%	5.6%
3,000	21.8%	17.8%	15.4%	13.2%	11.3%	8.2%	6.2%
3,500	23.4%	19.1%	16.6%	14.3%	12.2%	9.0%	6.8%
4,000	24.8%	20.3%	17.8%	15.4%	13.1%	9.7%	7.4%
4,500	26.2%	21.5%	18.8%	16.3%	14.0%	10.4%	7.9%
5,000	27.4%	22.6%	19.8%	17.3%	14.8%	11.1%	8.4%

	Medical Losses HAZARD GROUP						
Deductible Amount	**A**	**B**	**C**	**D**	**E**	**F**	**G**
1,000	12.6%	10.1%	8.6%	7.1%	6.0%	4.1%	3.0%
1,500	15.2%	12.2%	10.4%	8.8%	7.4%	5.1%	3.8%
2,000	17.1%	13.8%	11.9%	10.0%	8.5%	5.9%	4.5%
2,500	18.7%	15.2%	13.1%	11.1%	9.4%	6.7%	5.0%
3,000	20.1%	16.4%	14.2%	12.1%	10.2%	7.3%	5.5%
3,500	21.3%	17.5%	15.1%	12.9%	11.0%	7.9%	6.0%
4,000	22.5%	18.4%	16.0%	13.7%	11.7%	8.5%	6.4%
4,500	23.5%	19.3%	16.8%	14.5%	12.3%	9.0%	6.8%
5,000	24.4%	20.1%	17.5%	15.1%	12.9%	9.5%	7.2%

	Indemnity Losses HAZARD GROUP						
Deductible Amount	**A**	**B**	**C**	**D**	**E**	**F**	**G**
1,000	2.7%	2.1%	1.9%	1.8%	1.6%	1.3%	1.0%
1,500	3.7%	2.9%	2.7%	2.5%	2.2%	1.9%	1.4%
2,000	4.6%	3.7%	3.4%	3.2%	2.8%	2.3%	1.8%
2,500	5.4%	4.4%	4.0%	3.8%	3.3%	2.8%	2.1%
3,000	6.2%	5.0%	4.6%	4.3%	3.8%	3.2%	2.4%
3,500	6.9%	5.6%	5.2%	4.8%	4.3%	3.6%	2.7%
4,000	7.5%	6.2%	5.7%	5.3%	4.7%	4.0%	3.0%
4,500	8.1%	6.7%	6.2%	5.7%	5.1%	4.3%	3.3%
5,000	8.7%	7.2%	6.6%	6.2%	5.5%	4.6%	3.6%

CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
ARKANSAS WORKERS COMPENSATION

Loss Cost Multipliers:

ADVISORY MISCELLANEOUS VALUES

Basis of Premium applicable in accordance with the footnote instructions for Code 7370 - "Taxicab Co.":		
7370 - Taxicab Co:		
Employee operated vehicle	$	48,893
Leased or rented vehicle	$	32,595
7420 - Aviation - Aerial Application, Seeding, Herding or Scintillometer Surveying - Flying Crew maximum payroll per week per employee	$	750
Domestic Terrorism, Earthquake and Catastrophic Industrial Accidents (Loss Cost)	$	0.01
Foreign Terrorism (Advisory Loss Cost)	$	0.02
Maximum Payroll applicable in accordance with Basic Manual Rule 2-E-1 - "Executive Officers" and the footnote instructions for Code 9178 - "Athletic Sports or Park: Noncontact Sports," Code 9179 - "Athletic Sports or Park: Contact Spors" and Code 9186 - "Carnival - Traveling"	$	2,500
Minimum Payroll applicable in accordance with Basic Manual Rule 2-E-1 - "Executive Officers"	$	300
Per Passenger Seat Surcharge - In accordance with the footnote instructions for Classification Code 7421, the surcharge is		
maximum surcharge per aircraft	$	1,000
per passenger seat	$	100
Premium Determination for Partners and Sole Proprietors in accordance with Basic Manual Rule 2-E-3	$	31,900
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 by a factor of 1.86 to adjust for the difference in state and federal benefits and loss-based expenses. This factor is the product of the adjustment for difference in benefits (1.67) and for differences in loss-based expenses (1.116).

EXPERIENCE RATING ELIGIBILITY

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least $ 8,000. If more than two years, an average annual premium of at least $ 4,000 is required. Page A-1 of the Experience Rating Plan Manual should be referenced for the latest approved eligibility amounts by state.

PREMIIUM DISCOUNT FACTORS

First $5,000	0.0%
Next $95,000	10.9%
Next $400,000	12.6%
Over %500,000	14.4%

CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
ARKANSAS WORKERS COMPENSATION

Loss Cost Multipliers:

Union Insurance Company	**1.149**
Continental Western Insurance Company	**1.601**
Acadia Insurance Company	**0.951**
Expense Constant:	160
Minimum Premium Multiplier:	135

Waiver of our Right to Recover from Other Endorsemetn (WC 00 03 13) -

Blanket Waiver - 2% charge to the total premium with a minmum charge of 250 per policy
Specific Waiver - 5% charge of the total premium developed on the payroll used in connection with work performed for the entity requiring the waiver and named in the endorsement, subject to a minimum charge of $ 250 per policy.

Advisory Loss Elimination Ratios - The following reduction percentages are applicable by hazard group for employers electing deductibles as designated below (excluding safety factor):

	Total Losses HAZARD GROUP						
Deductible Amount	**A**	**B**	**C**	**D**	**E**	**F**	**G**
1,000	13.0%	10.4%	8.9%	7.4%	6.2%	4.3%	3.2%
1,500	15.9%	12.8%	10.9%	9.2%	7.8%	5.4%	4.1%
2,000	18.1%	14.7%	12.6%	10.7%	9.1%	6.5%	4.9%
2,500	20.1%	16.3%	14.1%	12.1%	10.2%	7.4%	5.6%
3,000	21.8%	17.8%	15.4%	13.2%	11.3%	8.2%	6.2%
3,500	23.4%	19.1%	16.6%	14.3%	12.2%	9.0%	6.8%
4,000	24.8%	20.3%	17.8%	15.4%	13.1%	9.7%	7.4%
4,500	26.2%	21.5%	18.8%	16.3%	14.0%	10.4%	7.9%
5,000	27.4%	22.6%	19.8%	17.3%	14.8%	11.1%	8.4%

	Medical Losses HAZARD GROUP						
Deductible Amount	**A**	**B**	**C**	**D**	**E**	**F**	**G**
1,000	12.6%	10.1%	8.6%	7.1%	6.0%	4.1%	3.0%
1,500	15.2%	12.2%	10.4%	8.8%	7.4%	5.1%	3.8%
2,000	17.1%	13.8%	11.9%	10.0%	8.5%	5.9%	4.5%
2,500	18.7%	15.2%	13.1%	11.1%	9.4%	6.7%	5.0%
3,000	20.1%	16.4%	14.2%	12.1%	10.2%	7.3%	5.5%
3,500	21.3%	17.5%	15.1%	12.9%	11.0%	7.9%	6.0%
4,000	22.5%	18.4%	16.0%	13.7%	11.7%	8.5%	6.4%
4,500	23.5%	19.3%	16.8%	14.5%	12.3%	9.0%	6.8%
5,000	24.4%	20.1%	17.5%	15.1%	12.9%	9.5%	7.2%

	Indemnity Losses HAZARD GROUP						
Deductible Amount	**A**	**B**	**C**	**D**	**E**	**F**	**G**
1,000	2.7%	2.1%	1.9%	1.8%	1.6%	1.3%	1.0%
1,500	3.7%	2.9%	2.7%	2.5%	2.2%	1.9%	1.4%
2,000	4.6%	3.7%	3.4%	3.2%	2.8%	2.3%	1.8%
2,500	5.4%	4.4%	4.0%	3.8%	3.3%	2.8%	2.1%
3,000	6.2%	5.0%	4.6%	4.3%	3.8%	3.2%	2.4%
3,500	6.9%	5.6%	5.2%	4.8%	4.3%	3.6%	2.7%
4,000	7.5%	6.2%	5.7%	5.3%	4.7%	4.0%	3.0%
4,500	8.1%	6.7%	6.2%	5.7%	5.1%	4.3%	3.3%
5,000	8.7%	7.2%	6.6%	6.2%	5.5%	4.6%	3.6%

CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
ARKANSAS WORKERS COMPENSATION

ADVISORY MISCELLANEOUS VALUES

Basis of Premium applicable in accordance with the footnote instructions for Code 7370 - "Taxicab Co.":			
7370 - Taxicab Co:			
Employee operated vehicle		$	48,893
Leased or rented vehicle		$	32,595
7420 - Aviation - Aerial Application, Seeding, Herding or Scintillometer Surveying - Flying Crew maximum payroll per week per employee		$	750
Domestic Terrorism, Earthquake and Catastrophic Industrial Accidents (Loss Cost)		$	0.01
Foreign Terrorism (Advisory Loss Cost)	until 12-1-08	$	0.02
	effective 12-1-08	$	0.01
Maximum Payroll applicable in accordance with Basic Manual Rule 2-E-1 - "Executive Officers" and the footnote instructions for Code 9178 - "Athletic Sports or Park: Noncontact Sports," Code 9179 - "Athletic Sports or Park: Contact Spors" and Code 9186 - "Carnival - Traveling"		$	2,500
Minimum Payroll applicable in accordance with Basic Manual Rule 2-E-1 - "Executive Officers"		$	300
Per Passenger Seat Surcharge - In accordance with the footnote instructions for Classification Code 7421, the surcharge is			
maximum surcharge per aircraft		$	1,000
per passenger seat		$	100
Premium Determination for Partners and Sole Proprietors in accordance with Basic Manual Rule 2-E-3		$	31,900
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 by a factor of 1.86 to adjust for the difference in state and federal benefits and loss-based expenses. This factor is the product of the adjustment for difference in benefits (1.67) and for differences in loss-based expenses (1.116).

EXPERIENCE RATING ELIGIBILITY

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least $ 8,000. If more than two years, an average annual premium of at least $ 4,000 is required. Page A-1 of the Experience Rating Plan Manual should be referenced for the latest approved eligibility amounts by state.

PREMIIUM DISCOUNT FACTORS

First $5,000	0.0%
Next $95,000	10.9%
Next $400,000	12.6%
Over %500,000	14.4%

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Review Status: Approved 09/19/2008

Comments:

Attachment:

11-08 WC RatesRules Filing Trans.pdf

Satisfied -Name: NAIC Loss Cost Filing Document for Workers' Compensation

Review Status: Approved 09/19/2008

Comments:

Attachment:

11-08 WC RatesRules Filing LCM Calcs.pdf

Satisfied -Name: NAIC loss cost data entry document

Review Status: Approved 09/19/2008

Comments:

Attachment:

11-08 WC RatesRules Filing Data Entry Docs.pdf

Satisfied -Name: 5 Year Experience Exhibit

Review Status: Approved 09/19/2008

Comments:

Attachment:

11-08 WC RatesRules Filing 5-Yr Exh's.pdf

Satisfied -Name: Actuarial Support

Review Status: Approved 09/19/2008

Comments:

Attachment:

11-08 WC RatesRules Filing Act Supp.pdf

Review Status:

Satisfied -Name: Cover Letter — Approved — 09/19/2008

Comments:

Attachment:

11-08 WC RatesRules Filing rev'd.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:
	f. State Filing #:
	g. SERFF Filing #:

3.	Group Name	Group NAIC #
	W. R. Berkley Corp.	0098

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	Continental Western Insurance Company	IA	10804	42-0594770
	Union Insurance Company	IA	25844	47-0547953
	Acadia Insurance Company	NH	31325	01-0471706

5.	Company Tracking Number	08-WC-RT-7

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Frances C. Linker Irving, TX 75015-2180	Compliance Analyst	800-444-0049, ext. 2465	972-719-2301	flinker@usic.com

7.	Signature of authorized filer	*Frances Linker*
8.	Please print name of authorized filer	Frances C. Linker

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

9.	**Type of Insurance (TOI)**	16.0
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**	[ ] Rate/Loss Cost [ ] Rules [**X**] Rates/Rules [ ] Forms [ ] Combination Rates/Rules/Forms [ ] Withdrawal[ ] Other (give description)
14.	**Effective Date(s) Requested**	New: 11/1/2008 Renewal: 2/1/2009
15.	**Reference Filing?**	[**X**] Yes [ ] No
16.	**Reference Organization** (if applicable)	National Council on Compensation Insurance
17.	**Reference Organization # & Title**	AR-2008-6, AR-2008-02
18.	**Company's Date of Filing**	9/17/2008
19.	**Status of filing in domicile**	[ ] Not Filed [ ] Pending [ ] Authorized [ ] Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	08-WC-RT-7

21.	**Filing Description** [This area should be similar to the body of a cover letter and is free-form text]

Continental Western Insurance Company (CWIC), Union Insurance Company (UIC) and Acadia Insurance Company (AIC) are making the above referenced rate and rule filings in accordance with Arkansas law. We ask approval to adopt NCCI reference documents AR-2008-06 and AR-2008-02. The Companies wish to continue using their current loss cost multipliers as follows:

CWIC	1.601
UIC	1.149
AIC	0.951

The overall proposed rate change is a 9.5% decrease.

We want this change to be effective for new business November 1, 2008 and February 1, 2009 for renewal business.

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 #:

Check Amount $50.00
($50.00 per 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.)

1.	**This filing transmittal is part of Company Tracking #**	**08-WC-RT-7**

2.	**This filing corresponds to form filing number** (Company tracking number of form filing, if applicable)	**N/A**

☐ Rate Increase ☒ Rate Decrease ☐ Rate Neutral (0%)

3.	**Overall percentage rate impact for this filing**	-9.5
4.	**Effect of Rate Filing – Written premium change for this program**	-866331
5.	**Effect of Rate Filing – Number of policyholders**	688
6.	**Filing Method (Prior Approval, File & Use, Flex Band, etc.)**	Prior Approval

7. Rate Change by Company

Company Name	**Percentage Change**	**Effect of Rate Filing**	
		# of policyholders for this program	**Written premium change for this program**
Continental Western Ins.	-9.9	341	-260643
Union Insurance Co.	-9.4	318	-535892
Acadia Insurance Co.	-9.0	29	-69796

8.	**Overall percentage of last rate revision**	-10.0
9.	**Effective Date of last rate revision**	1/03/2008
10.	**Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)**	Prior Approval

11.	**Exhibit Name/Description /Synopsis**	**Rule # or Page #**	**Replacement or withdrawn?**	**Previous state filing number, if required by state**
01	Continental Western Insurance Company Rate Pages	AR-WC-CWIC-Rate-Pages 1 – 3	[**X**] Replacement [ ] Withdrawn [ ] Neither	
02	Union Insurance Company Rate Pages	AR-WC-UIC-Rate-Pages 1 – 3	[**X**] Replacement [ ] Withdrawn [ ] Neither	
03	Acadia Insurance Company Rate Pages	AR-WC-AIC-Rate-Pages 1 – 3	[**X**] Replacement [ ] Withdrawn [ ] Neither	
04	Company Rule Pages	AR-WC-Rule-1 and 2	[**X**] Replacement [ ] Withdrawn [ ] Neither	
05			[ ] Replacement [ ] Withdrawn [ ] Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

NAIC LOSS COST FILING DOCUMENT— *WORKERS' COMPENSATION*

CALCULATION OF COMPANY LOSS COST MULTIPLIER

(EFFECTIVE AUG. 16, 2004)
Continental Western Insurance Company

This filing transmittal is part of Company Tracking #	**08-WC-RT-7**
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	**N/A**

( ) **Loss Cost Reference Filing** **NCCI: AR-2008-02** ( ) **Independent Rate Filing**
(Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, 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.

1. 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. **Note: Some states have statutes that prohibit this option for some lines of business.**
☐	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.

2. Does this filing apply to all class codes? **yes** **If no, complete a copy of this form for each affected class with appropriate justification.**

3. 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.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) **1.176**

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.
Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. 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	19.9%
	B.	General Expense	3.7%
	C.	Taxes, Licenses & Fee	3.3%
	D.	Underwriting profit & contingencies*	2.5%
	E.	Other (explain)	%
	F.	Total	29.4%
		* Explain how investment income is taken into account	

5.	A.	Expected Loss Ratio: ELR = 100% - 4F =	**70.6%**
	B.	ELR in Decimal Form =	**.706**

PC IRF-WC

CONTINUED ON PAGE 2

6.		Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	**1.048**
7.		Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	**1.0**
8.		Company Formula Loss Cost Multiplier [3B / ((7 – 4F) X 6)]	**1.601**
9.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	**1.601**

		Yes	No
10.	**Are you amending your minimum premium formula?** If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.	( )	(**N**)
11.	**Are you changing your premium discount schedules?** If yes, attach schedules and support, detailing premium or rate level changes.	( )	(**N**)

PC IRF-WC

NAIC LOSS COST FILING DOCUMENT— *WORKERS' COMPENSATION*

CALCULATION OF COMPANY LOSS COST MULTIPLIER

(EFFECTIVE AUG. 16, 2004)
Union Insurance Company

This filing transmittal is part of Company Tracking #	**08-WC-RT-7**
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	**N/A**

( ) **Loss Cost Reference Filing** **NCCI: AR-2008-02** ( ) **Independent Rate Filing**
(Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, 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.

1. 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. **Note: Some states have statutes that prohibit this option for some lines of business.**
☒	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.

2. Does this filing apply to all class codes? yes **If no, complete a copy of this form for each affected class with appropriate justification.**

3. 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.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) **0.836**

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.
Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. 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	19.9%
	B.	General Expense	3.7%
	C.	Taxes, Licenses & Fee	3.3%
	D.	Underwriting profit & contingencies*	2.5%
	E.	Other (explain)	%
	F.	Total	29.4%
		* Explain how investment income is taken into account	

5.	A.	Expected Loss Ratio: ELR = 100% - 4F =	**70.6%**
	B.	ELR in Decimal Form =	**.706**

PC IRF-WC

CONTINUED ON PAGE 2

6.		Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	**1.048**
7.		Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	**1.0**
8.		Company Formula Loss Cost Multiplier [3B / ((7 – 4F) X 6)]	**1.149**
9.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	**1.149**

		Yes	No
10.	**Are you amending your minimum premium formula?** If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.	( )	(**N**)
11.	**Are you changing your premium discount schedules?** If yes, attach schedules and support, detailing premium or rate level changes.	( )	(**N**)

PC IRF-WC

NAIC LOSS COST FILING DOCUMENT— *WORKERS' COMPENSATION*

CALCULATION OF COMPANY LOSS COST MULTIPLIER

(EFFECTIVE AUG. 16, 2004)
Acadia Insurance Company

This filing transmittal is part of Company Tracking #	**08-WC-RT-7**
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	**N/A**

( ) **Loss Cost Reference Filing** **NCCI: AR-2008-02** ( ) **Independent Rate Filing**
(Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, 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.

1. 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. **Note: Some states have statutes that prohibit this option for some lines of business.**
☒	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.

2. Does this filing apply to all class codes? yes **If no, complete a copy of this form for each affected class with appropriate justification.**

3. 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.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) **0.698**

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.
Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. 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	19.9%
	B.	General Expense	3.7%
	C.	Taxes, Licenses & Fee	3.3%
	D.	Underwriting profit & contingencies*	2.5%
	E.	Other (explain)	%
	F.	Total	29.4%
		* Explain how investment income is taken into account	

5.	A.	Expected Loss Ratio: ELR = 100% - 4F =	**70.6%**
	B.	ELR in Decimal Form =	**.706**

PC IRF-WC

CONTINUED ON PAGE 2

6.		Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	**1.048**
7.		Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	**1.0**
8.		Company Formula Loss Cost Multiplier [3B / ((7 – 4F) X 6)]	**.951**
9.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	**.951**

		Yes	No
10.	**Are you amending your minimum premium formula?** If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.	( )	(**N**)
11.	**Are you changing your premium discount schedules?** If yes, attach schedules and support, detailing premium or rate level changes.	( )	(**N**)

PC IRF-WC

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

1.	This filing transmittal is part of Company Tracking #	**08-WC-RT-7**
2.	If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number	**NCCI – AR-2008-02**

		Company Name		Company NAIC Number
3.	A.	**Union Insurance Company**	B.	**25844**

		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**	B.	**16.004**

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
W/C			**.706**	**.836**	**1.149**		**1.149**
TOTAL OVERALL EFFECT							

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
See	**Separate**	**Attach**	**-ment**				

7.

Expense Constants	Selected Provisions
A. Total Production Expense	**19.9**
B. General Expense	**3.7**
C. Taxes, License & Fees	**3.3**
D. Underwriting Profit & Contingencies	**2.5**
E. Other (explain)	
F. TOTAL	**29.4**

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

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

1.	This filing transmittal is part of Company Tracking #	**08-WC-RT-7**
2.	If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number	**NCCI – AR-2008-02**

		Company Name		Company NAIC Number
3.	A.	**Continental Western Insurance Company**	B.	**10804**

		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**	B.	**16.004**

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
W/C			**.706**	**1.176**	**1.601**		**1.601**
TOTAL OVERALL EFFECT							

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
See	**Separate**	**Attach**	**-ment**				

7.

Expense Constants	Selected Provisions
A. Total Production Expense	**19.9**
B. General Expense	**3.7**
C. Taxes, License & Fees	**3.3**
D. Underwriting Profit & Contingencies	**2.5**
E. Other (explain)	
F. TOTAL	**29.4**

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

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

1.	This filing transmittal is part of Company Tracking #	**08-WC-RT-7**
2.	If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number	**NCCI – AR-2008-02**

		Company Name		Company NAIC Number
3.	A.	**Acadia Insurance Company**	B.	**31325**

		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**	B.	**16.004**

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
W/C			**.706**	**.698**	**.951**		**0.951**
TOTAL OVERALL EFFECT							

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
See	**Separate**	**Attach**	**-ment**				

7.

Expense Constants	Selected Provisions
A. Total Production Expense	**19.9**
B. General Expense	**3.7**
C. Taxes, License & Fees	**3.3**
D. Underwriting Profit & Contingencies	**2.5**
E. Other (explain)	
F. TOTAL	**29.4**

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

ARKANSAS COUNTRYWIDE FIVE-YEAR EXPERIENCE & EXPENSE EXHIBIT
CONTINENTAL WESTERN INSURANCE COMPANY
WORKERS' COMPENSATION (LINE 16.0)
(Statistics should be identical to Page 14 of the Annual Statement, Insurance Expense Exhibit)

ARKANSAS	2003 AMOUNT	%	2004 AMOUNT	%	2005 AMOUNT	%	2006 AMOUNT	%	2007 AMOUNT	%	ALL YEARS AMOUNT	%
1. Premiums Earned (2)	3,081,010		3,582,631		3,708,274		3,935,245		3,164,339		17,471,499	
2. Losses Incurred (6)	1,132,333	36.8%	974,811	27.2%	1,611,143	43.4%	-331,473	-8.4%	609,381	19.3%	3,996,195	22.9%
Direct Defense and Cost Containment Expense (9)	152,236	4.9%	241,346	6.7%	86,139	2.3%	-322,232	-8.2%	91,124	2.9%	248,613	1.4%
Adjusting and Other Expenses [11]	206,105	6.7%	123,394	3.4%	199,565	5.4%	-59,843	-1.5%	87,013	2.7%	556,234	3.2%
3. Loss Adjustment Expenses Incurred (9) + [11]	358,341	11.6%	364,740	10.2%	285,704	7.7%	-382,075	-9.7%	178,137	5.6%	804,847	4.6%
4. Loss & Loss Expenses (6) + (9) + [11]	1,490,674	48.4%	1,339,551	37.4%	1,896,847	51.2%	-713,548	-18.1%	787,518	24.9%	4,801,042	27.5%
5. Premiums Written (1)	3,116,855		3,718,810		3,728,669		3,766,219		2,759,772		17,090,325	
6. Direct Commission & Brokerage Paid (11)	345,859	11.1%	396,692	10.7%	358,345	9.6%	367,115	9.7%	269,561	9.8%	1,737,572	10.2%
7. Other Acquisition & Collection Expenses Paid [27]	104,296	3.3%	236,807	6.4%	231,352	6.2%	213,575	5.7%	173,888	6.3%	959,918	5.6%
8. General Expenses Paid [29]	52,148	1.7%	118,359	3.2%	115,663	3.1%	106,787	2.8%	86,944	3.2%	479,901	2.8%
9. Taxes, Licenses & Fees Paid (12)	98,458	3.2%	116,671	3.1%	91,353	2.5%	77,891	2.1%	94,734	3.4%	479,107	2.8%
10. Total Expenses Paid (11) + [27] + [29] + (12)	600,761	19.3%	868,528	23.4%	796,714	21.4%	765,368	20.3%	625,126	22.7%	3,656,498	21.4%

COUNTRYWIDE	2003 AMOUNT	%	2004 AMOUNT	%	2005 AMOUNT	%	2006 AMOUNT	%	2007 AMOUNT	%	ALL YEARS AMOUNT	%
1. Premiums Earned (2)	86,852,689		115,297,410		140,249,710		147,664,232		144,952,369		635,016,410	
2. Losses Incurred (6)	68,366,918	78.7%	70,941,877	61.5%	88,135,967	62.8%	78,876,325	53.4%	89,817,523	62.0%	396,138,610	62.4%
Direct Defense and Cost Containment Expense (9)	4,051,522	4.7%	8,016,854	7.0%	6,115,588	4.4%	3,760,538	2.5%	3,536,806	2.4%	25,481,308	4.0%
Adjusting and Other Expenses [11]	12,444,000	14.3%	8,980,000	7.8%	10,917,000	7.8%	14,240,000	9.6%	12,825,000	8.8%	59,406,000	9.4%
3. Loss Adjustment Expenses Incurred (9) + [11]	16,495,522	19.0%	16,996,854	14.7%	17,032,588	12.1%	18,000,538	12.2%	16,361,806	11.3%	84,887,308	13.4%
4. Loss & Loss Expenses (6) + (9) + [11]	84,862,440	97.7%	87,938,731	76.3%	105,168,555	75.0%	96,876,863	65.6%	106,179,329	73.3%	481,025,918	75.8%
5. Premiums Written (1)	96,826,216		124,988,094		145,970,327		151,089,618		140,966,266		659,840,521	
6. Commission & Brokerage Paid (11)	6,735,718	7.0%	8,361,806	6.7%	9,107,877	6.2%	9,628,709	6.4%	9,699,820	6.9%	43,533,930	6.6%
7. Other Acquisition & Collection Expenses Paid [27]	3,240,000	3.3%	7,959,000	6.4%	9,057,000	6.2%	8,568,000	5.7%	8,882,000	6.3%	37,706,000	5.7%
8. General Expenses Paid [29]	1,620,000	1.7%	3,978,000	3.2%	4,528,000	3.1%	4,284,000	2.8%	4,441,000	3.2%	18,851,000	2.9%
9. Taxes, Licenses & Fees Paid (12)	2,421,201	2.5%	3,499,128	2.8%	1,816,713	1.2%	1,872,474	1.2%	3,161,960	2.2%	12,771,476	1.9%
10. Total Expenses Paid (11) + [27] + [29] + (12)	14,016,919	14.5%	23,797,934	19.0%	24,509,590	16.8%	24,353,183	16.1%	26,184,780	18.6%	112,862,406	17.1%

NOTES: % of Lines 2, 3 4 to Line 1 - % of Lines 6, 7, 8, 9 10 to Line 5

ARKANSAS COUNTRYWIDE FIVE-YEAR EXPERIENCE & EXPENSE EXHIBIT
UNION INSURANCE COMPANY
WORKERS' COMPENSATION (LINE 16.0)
(Statistics should be identical to Page 14 of the Annual Statement, Insurance Expense Exhibit)

ARKANSAS	2003 AMOUNT	%	2004 AMOUNT	%	2005 AMOUNT	%	2006 AMOUNT	%	2007 AMOUNT	%	ALL YEARS AMOUNT	%
1. Premiums Earned (2)	722,332		3,020,550		7,361,226		9,258,782		9,036,007		29,398,897	
2. Losses Incurred (6)	438,039	60.6%	1,538,229	50.9%	4,546,502	61.8%	4,390,002	47.4%	900,686	10.0%	11,813,458	40.2%
3. Loss Adjustment Expenses Incurred (9) + [11]	74,852	10.4%	560,094	18.5%	932,429	12.7%	1,063,700	11.5%	441,282	4.9%	3,072,358	10.5%
4. Loss & Loss Expenses (6) + (9) + [11]	512,891	71.0%	2,098,323	69.5%	5,478,931	74.4%	5,453,702	58.9%	1,341,968	14.9%	14,885,816	50.6%
5. Premiums Written (1)	855,030		5,208,002		7,843,701		10,329,095		8,853,487		33,089,315	
6. Direct Commission & Brokerage Paid (11)	120,811	14.1%	419,309	8.1%	617,088	7.9%	776,152	7.5%	791,373	8.9%	2,724,733	8.2%
7. Other Acquisition & Collection Expenses Paid [27]	58,143	6.8%	229,464	4.4%	779,058	9.9%	522,443	5.1%	454,256	5.1%	2,043,364	6.2%
8. General Expenses Paid [29]	29,072	3.4%	114,616	2.2%	389,529	5.0%	261,100	2.5%	227,032	2.6%	1,021,348	3.1%
9. Taxes, Licenses & Fees Paid (12)	49,068	5.7%	46,429	0.9%	90,333	1.2%	103,545	1.0%	303,059	3.4%	592,434	1.8%
10. Total Expenses Paid (11) + [27] + [29] + (12)	257,094	30.1%	809,818	15.5%	1,876,008	23.9%	1,663,239	16.1%	1,775,720	20.1%	6,381,879	19.3%

COUNTRYWIDE	2003 AMOUNT	%	2004 AMOUNT	%	2005 AMOUNT	%	2006 AMOUNT	%	2007 AMOUNT	%	ALL YEARS AMOUNT	%
1. Premiums Earned (2)	15,750,481		19,643,058		27,509,494		38,281,520		43,740,654		144,925,207	
2. Losses Incurred (6)	9,650,236	61.3%	11,469,834	58.4%	13,258,570	48.2%	22,130,727	57.8%	21,824,386	49.9%	78,333,753	54.1%
3. Loss Adjustment Expenses Incurred (9) + [11]	1,369,922	8.7%	3,297,039	16.8%	2,855,698	10.4%	4,646,989	12.1%	4,279,140	9.8%	16,448,788	11.3%
4. Loss & Loss Expenses (6) + (9) + [11]	11,020,158	70.0%	14,766,873	75.2%	16,114,268	58.6%	26,777,716	69.9%	26,103,526	59.7%	94,782,541	65.4%
5. Premiums Written (1)	17,234,884		22,492,157		31,573,830		42,408,307		45,860,119		159,569,297	
6. Commission & Brokerage Paid (11)	1,202,914	7.0%	1,985,427	8.8%	2,402,837	7.6%	2,979,235	7.0%	3,488,533	7.6%	12,058,946	7.6%
7. Other Acquisition & Collection Expenses Paid [27]	1,172,000	6.8%	991,000	4.4%	3,136,000	9.9%	2,145,000	5.1%	2,353,000	5.1%	9,797,000	6.1%
8. General Expenses Paid [29]	586,000	3.4%	495,000	2.2%	1,568,000	5.0%	1,072,000	2.5%	1,176,000	2.6%	4,897,000	3.1%
9. Taxes, Licenses & Fees Paid (12)	727,947	4.2%	557,478	2.5%	841,699	2.7%	1,108,856	2.6%	1,385,240	3.0%	4,621,220	2.9%
10. Total Expenses Paid (11) + [27] + [29] + (12)	3,688,861	21.4%	4,028,905	17.9%	7,948,536	25.2%	7,305,091	17.2%	8,402,773	18.3%	31,374,166	19.7%

NOTES: % of Lines 2, 3 4 to Line 1 - % of Lines 6, 7, 8, 9 10 to Line 5

ARKANSAS COUNTRYWIDE FIVE-YEAR EXPERIENCE & EXPENSE EXHIBIT
ACADIA INSURANCE COMPANY
WORKERS' COMPENSATION (LINE 16.0)
(Statistics should be identical to Page 14 of the Annual Statement, Insurance Expense Exhibit)

	2003		2004		2005		2006		2007		ALL YEARS	
ARKANSAS	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%
1. Premiums Earned (2)	0		0		5,835		116,662		357,543		480,040	
2. Losses Incurred (6)	0	0.0%	0	0.0%	0	0.0%	96,044	82.3%	140,918	39.4%	236,962	49.4%
3. Loss Adjustment Expenses Incurred (9) + [11]	0	0.0%	0	0.0%	0	0.0%	190,896	163.6%	12,144	3.4%	203,040	42.3%
4. Loss & Loss Expenses (6) + (9) + [11]	0	0.0%	0	0.0%	0	0.0%	286,940	246.0%	153,062	42.8%	440,002	91.7%
5. Premiums Written (1)	0		0		11,574		194,796		493,234		699,604	
6. Direct Commission & Brokerage Paid (11)	0	0.0%	0	0.0%	1,141	9.9%	18,673	9.6%	47,415	9.6%	67,229	9.6%
7. Other Acquisition & Collection Expenses Paid [27]	0	0.0%	0	0.0%	1,134	9.8%	20,255	10.4%	47,679	9.7%	69,069	9.9%
8. General Expenses Paid [29]	0	0.0%	0	0.0%	313	2.7%	8,561	4.4%	23,261	4.7%	32,135	4.6%
9. Taxes, Licenses & Fees Paid (12)	0	0.0%	0	0.0%	460	4.0%	3,685	1.9%	15,424	3.1%	19,569	2.8%
10. Total Expenses Paid (11) + [27] + [29] + (12)	0	0.0%	0	0.0%	3,048	26.3%	51,174	26.3%	133,779	27.1%	188,002	26.9%

	2003		2004		2005		2006		2007		ALL YEARS	
COUNTRYWIDE	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%
1. Premiums Earned (2)	57,367,512		78,986,395		93,536,208		88,817,868		86,132,453		404,840,436	
2. Losses Incurred (6)	32,397,266	56.5%	46,028,257	58.3%	49,972,566	53.4%	60,947,785	68.6%	54,282,850	63.0%	243,628,724	60.2%
3. Loss Adjustment Expenses Incurred (9) + [11]	5,211,485	9.1%	7,348,139	9.3%	8,083,888	8.6%	123,793,858	139.4%	5,769,499	6.7%	150,206,869	37.1%
4. Loss & Loss Expenses (6) + (9) + [11]	37,608,751	65.6%	53,376,396	67.6%	58,056,454	62.1%	184,741,643	208.0%	60,052,349	69.7%	393,835,593	97.3%
5. Premiums Written (1)	60,726,733		89,187,797		95,459,445		85,418,709		89,100,086		419,892,770	
6. Commission & Brokerage Paid (11)	7,204,403	11.9%	9,161,942	10.3%	8,753,977	9.2%	8,095,333	9.5%	8,135,702	9.1%	41,351,357	9.8%
7. Other Acquisition & Collection Expenses Paid [27]	9,192,000	15.1%	7,899,000	8.9%	9,354,000	9.8%	8,882,000	10.4%	8,613,000	9.7%	43,940,000	10.5%
8. General Expenses Paid [29]	4,515,000	7.4%	2,408,000	2.7%	2,581,000	2.7%	3,754,000	4.4%	4,202,000	4.7%	17,460,000	4.2%
9. Taxes, Licenses & Fees Paid (12)	1,872,220	3.1%	2,083,183	2.3%	2,363,106	2.5%	1,775,323	2.1%	2,191,446	2.5%	10,285,278	2.4%
10. Total Expenses Paid (11) + [27] + [29] + (12)	22,783,623	37.5%	21,552,125	24.2%	23,052,083	24.1%	22,506,656	26.3%	23,142,148	26.0%	113,036,635	26.9%

NOTES: % of Lines 2, 3 4 to Line 1 - % of Lines 6, 7, 8, 9 10 to Line 5

Workers Compensation
Development of Rate Level Indication

(1)	Weighted Experience Ratio	54.7%
(2)	Experience Period Ultimate Claims	2,219
(3)	Claims for Full Credibility	6,492
(4)	Credibility	58%
(5)	Permissible Loss + Expense Ratio	71.3%
(6)	Complement of Credibility	72.1%
(7)	Credibility Weighted Experience Ratio	62.0%
(8)	Rate Indication	-13.1%

Notes:
(3) It is assumed that the countrywide experience is fully credible
(4) = Sqrt((2) / (3))
(6) This is the Permissible Loss + Expense Ratio with 12 months of trend
(7) = (4) * (1) + (1 - (4))* (6)
(8) = (7) / (5) - 1

Workers Compensation
Arkansas On-Level Factor Calculation

Calendar Year	Effective Date	Rate Change	Cumulative Rate Level	Area Current Calendar Year	Area Next Calendar Year	Avg. Rate Level Prior to Change	Avg. Rate Level Calendar Year	EP On-Level Factor
2002	1/1/2002		1.000	1.000	0.873	1.000	1.000	0.735
2002			1.000	0.000	0.000			
2002			1.000	0.000	0.000			
2002			1.000	0.000	0.000			
2003	1/1/2003		1.000	0.873	0.124	1.000	1.004	0.733
2003	7/1/2003	3.1%	1.031	0.127	0.749			
2003			1.031	0.000	0.000			
2003			1.031	0.000	0.000			
2004	1/1/2004		1.031	0.873	0.124	1.026	1.025	0.717
2004	7/1/2004	-1.3%	1.018	0.127	0.749			
2004			1.018	0.000	0.000			
2004			1.018	0.000	0.000			
2005	1/1/2005		1.018	0.873	0.124	1.019	1.008	0.730
2005	7/1/2005	-8.7%	0.929	0.127	0.749			
2005			0.929	0.000	0.000			
2005			0.929	0.000	0.000			
2006	1/1/2006		0.929	0.873	0.124	0.941	0.934	0.787
2006	7/1/2006	-4.6%	0.886	0.127	0.749			
2006			0.886	0.000	0.000			
2006			0.886	0.000	0.000			
2007	1/1/2007		0.886	0.873	0.124	0.892	0.880	0.835
2007	7/1/2007	-9.5%	0.802	0.127	0.592			
2007			0.802	0.000	0.000			
2007			0.802	0.000	0.000			
2008	1/1/2008		0.802	0.717	-0.969	0.816	0.793	0.927
2008	4/1/2008	-8.3%	0.735	0.283	0.969			
2008			0.735	0.000	0.000			
2008			0.735	0.000	0.000			

Notes:

(1) The On-Level Factor calculation is based upon the standard parallelogram method.

(2) Rate changes are based upon internal company price monitoring report and accounts for filed base rate impacts, changes in discretionary pricing, package modifiers, tier and experience modifications on both new and renewal business.

Workers Compensation
Countrywide Historical Premium

Calendar Year	Written Premium	Earned Premium	On-Level Factor	On-Level Earned Premium
2003	$ 19,409,284	$ 17,554,135	1.003	$ 17,600,775
2004	$ 20,938,421	$ 20,968,504	0.944	$ 19,803,734
2005	$ 23,644,154	$ 22,548,812	0.905	$ 20,411,977
2006	$ 27,857,042	$ 25,778,412	0.913	$ 23,523,251
2007	$ 30,060,701	$ 28,767,668	0.958	$ 27,549,984
2008	$ 16,075,994	$ 15,165,101	0.991	$ 15,023,361
Totals	$ 121,909,602	$ 115,617,531		$ 108,889,722

Notes:
(1) Excludes Domestic Terrorism Premium

Workers Compensation
Arkansas Historical Premium

Calendar Year	Written Premium	Earned Premium	On-Level Factor	On-Level Earned Premium
2003	$ 3,957,916	$ 3,801,774	0.733	$ 2,785,037
2004	$ 4,940,616	$ 4,661,775	0.717	$ 3,344,292
2005	$ 5,940,932	$ 5,561,004	0.730	$ 4,057,657
2006	$ 7,370,346	$ 6,544,680	0.787	$ 5,152,049
2007	$ 7,203,742	$ 7,311,888	0.835	$ 6,107,148
2008	$ 3,685,716	$ 3,456,127	0.927	$ 3,203,565
Totals	$ 29,413,552	$ 27,881,121		$ 21,446,182

Notes:
(1) Excludes Domestic Terrorism Premium

Workers Compensation
Countrywide Historical Loss Development as of 6/30/2008

Accident Year	Paid Loss Net Sal/Sub	Incurred Loss Net Sal/Sub	Loss IBNR Reserve	Ultimate Loss	Implied Paid LDF	Implied Incurred LDF
2003	$ 5,866,028	$ 5,910,761	$ 92,036	$ 6,002,797	1.023	1.016
2004	$ 6,103,101	$ 6,640,711	$ 252,617	$ 6,893,328	1.129	1.038
2005	$ 6,234,111	$ 7,694,201	$ 317,841	$ 8,012,042	1.285	1.041
2006	$ 8,289,067	$ 11,055,842	$ 728,235	$ 11,784,077	1.422	1.066
2007	$ 5,849,573	$ 10,075,650	$ 1,937,075	$ 12,012,725	2.054	1.192
2008	$ 875,920	$ 4,490,014	$ 2,184,744	$ 6,674,758	7.620	1.487
Totals	$ 32,341,880	$ 41,377,165	$ 3,327,803	$ 44,704,968		

Accident Year	Paid Expense	Expense IBNR Reserve	Ultimate Expense	Implied Paid LDF
2003	$ 846,100	$ 64,254	$ 910,355	1.076
2004	$ 912,974	$ 155,238	$ 1,068,212	1.170
2005	$ 1,038,674	$ 258,631	$ 1,297,305	1.249
2006	$ 1,175,857	$ 583,922	$ 1,759,779	1.497
2007	$ 636,876	$ 961,583	$ 1,598,458	2.510
2008	$ 72,011	$ 728,960	$ 800,971	11.123
Totals	$ 4,610,481	$ 2,023,628	$ 6,634,109	

Accident Year	Reported Claims	Claims IBNR	Ultimate Claims	Implied Reported LDF
2003	1,183	0	1,183	1.000
2004	1,196	0	1,196	1.000
2005	1,186	0	1,186	1.000
2006	1,423	1	1,424	1.001
2007	1,498	5	1,503	1.003
2008	793	56	849	1.071
Totals	6,486	6	6,492	

Notes:
(1) IBNR amounts are based upon company quarterly reserve analysis as of 12/31/2007

Workers Compensation
Arkansas Historical Loss Development as of 6/30/2008

Accident Year	Paid Loss Net Sal/Sub	Incurred Loss Net Sal/Sub	Loss IBNR Reserve	Ultimate Loss	Implied Paid LDF	Implied Incurred LDF
2003	$ 801,322	$ 801,822	$ 12,599	$ 814,421	1.016	1.016
2004	$ 1,099,204	$ 1,172,138	$ 45,013	$ 1,217,151	1.107	1.038
2005	$ 1,649,991	$ 2,151,608	$ 88,465	$ 2,240,072	1.358	1.041
2006	$ 1,615,027	$ 1,878,341	$ 127,504	$ 2,005,845	1.242	1.068
2007	$ 1,323,590	$ 1,933,758	$ 391,214	$ 2,324,972	1.757	1.202
2008	$ 250,851	$ 1,273,506	$ 579,808	$ 1,853,313	7.388	1.455
Totals	$ 6,489,133	$ 7,937,667	$ 664,795	$ 8,602,461		

Accident Year	Paid Expense	Expense IBNR Reserve	Ultimate Expense	Implied Paid LDF
2003	$ 166,758	$ 12,752	$ 179,510	1.076
2004	$ 159,005	$ 28,123	$ 187,128	1.177
2005	$ 399,058	$ 92,272	$ 491,330	1.231
2006	$ 250,893	$ 132,441	$ 383,334	1.528
2007	$ 119,925	$ 219,170	$ 339,095	2.828
2008	$ 13,139	$ 163,152	$ 176,292	13.417
Totals	$ 1,095,639	$ 484,759	$ 1,580,398	

Accident Year	Reported Claims	Claims IBNR	Ultimate Claims	Implied Reported LDF
2003	381	0	381	1.000
2004	412	0	412	1.000
2005	436	0	436	1.000
2006	480	0	480	1.001
2007	508	2	510	1.003
2008	247	17	264	1.069
Totals	2,217	2	2,219	

Notes:
(1) IBNR amounts are based upon company quarterly reserve analysis as of 12/31/2007

Workers Compensation
Arkansas Trended Losses and Premiums

Accident Year	Experience Avg. Accident Date	Expected Effective Date	Effective Period (Months)	Policy Term (Months)	Effective Period Avg. Acc. Date	Trend Period (Months)
2003	7/1/2003	11/1/2008	12	12	11/1/2009	76.06
2004	7/1/2004	11/1/2008	12	12	11/1/2009	64.03
2005	7/1/2005	11/1/2008	12	12	11/1/2009	52.04
2006	7/1/2006	11/1/2008	12	12	11/1/2009	40.05
2007	7/1/2007	11/1/2008	12	12	11/1/2009	28.06
2008	7/1/2008	11/1/2008	12	12	11/1/2009	16.03

Accident Year	Ultimate Loss	Annual Loss Ratio Trend	Loss Trend Factor	Trended Ultimate Loss
2003	$ 814,421	0.011	1.07	$ 873,744
2004	$ 1,217,151	0.011	1.06	$ 1,291,374
2005	$ 2,240,072	0.011	1.05	$ 2,350,474
2006	$ 2,005,845	0.011	1.04	$ 2,081,500
2007	$ 2,324,972	0.011	1.03	$ 2,386,065
2008	$ 1,853,313	0.011	1.01	$ 1,880,987
Totals	$ 8,602,461			$ 8,983,158

Calendar Year	Experience Avg. Written	Expected Effective Date	Effective Period (Months)	Policy Term (Months)	Effective Period Avg. Written Date	Trend Period (Months)
2003	1/1/2003	11/1/2008	12	12	5/1/2009	75.96
2004	1/1/2004	11/1/2008	12	12	5/1/2009	63.97
2005	1/1/2005	11/1/2008	12	12	5/1/2009	51.94
2006	1/1/2006	11/1/2008	12	12	5/1/2009	39.95
2007	1/1/2007	11/1/2008	12	12	5/1/2009	27.96
2008	1/1/2008	11/1/2008	12	12	5/1/2009	15.97

Calendar Year	On-Level EP	Annual Exposure Trend	Exposure Trend Factor	Trended On-Level EP
2003	$ 2,785,037	0.000	1.00	$ 2,785,037
2004	$ 3,344,292	0.000	1.00	$ 3,344,292
2005	$ 4,057,657	0.000	1.00	$ 4,057,657
2006	$ 5,152,049	0.000	1.00	$ 5,152,049
2007	$ 6,107,148	0.000	1.00	$ 6,107,148
2008	$ 3,203,565	0.000	1.00	$ 3,203,565
Totals	$ 21,446,182			$ 21,446,182

Notes:
(1) Loss Ratio Trend is based upon latest NCCI Circulars weighted by company premium volume by state
(2) Loss Ratio Trend Factor is (1+Annual Loss Ratio Trend) ^ (Trend Period / 12)
(3) Exposure Trend is incorporated in Loss Ratio Trend

Workers Compensation
Development of Arkansas Prospective Experience Ratio

Calendar/Accident Year	Trended On-Level Earned Premium	Trended Ultimate Loss & Expense	Trended Ult. Loss & Expense as % of EP	A&O as % of Loss & DCC	Total Ult. LLAE Ratio as % of EP	Annual Weight	Weighted Experience Ratio
2003	$ 2,785,037	$ 1,053,255	37.8%	10.0%	41.6%	10.0%	
2004	$ 3,344,292	$ 1,478,503	44.2%	10.0%	48.6%	15.0%	
2005	$ 4,057,657	$ 2,841,804	70.0%	10.0%	77.0%	20.0%	
2006	$ 5,152,049	$ 2,464,834	47.8%	10.0%	52.6%	25.0%	
2007	$ 6,107,148	$ 2,725,160	44.6%	10.0%	49.1%	30.0%	
2008	$ 3,203,565	$ 2,057,278	64.2%	10.0%	70.6%		
Totals	$ 21,446,182	$ 10,563,556	49.3%	10.0%	54.2%	100.0%	**54.7%**

September 19, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Department of Insurance
Attn.: Property & Casualty Division
1200 West Third Street
Little Rock, Arkansas 72201-1904

Attn.: Carol Stiffler – Rate Analyst

Re: Continental Western Insurance Company - NAIC # 10804
Union Insurance Company – NAIC # 25844
Acadia Insurance Company – NAIC # 31325
Workers' Compensation Rate and Rule Filing
Effective: 11/1/2008 (New) and 2/1/2009 (Renewal)
Company Filing # 08-WC-RT-7

Dear Ms. Stiffler:

Continental Western Insurance Company (CWIC), Union Insurance Company (UIC) and Acadia Insurance Company (AIC) are making the above referenced rate and rule filings in accordance with Arkansas law. We ask approval to adopt NCCI reference documents AR-2007-10 and AR-2008-02. The Companies wish to continue using their current loss cost multipliers as follows:

CWIC	1.601
UIC	1.149
AIC	0.951

The overall proposed rate change is a 9.5% decrease.

We want this change to be effective for new business November 1, 2008 and February 1, 2009 for renewal business.

Additionally, the Companies would like to delay adoption of NCCI reference document B-1407. NCCI submitted item B-1407 – Catastrophe Provisions Miscellaneous Value, Rules and Statistical Codes. Item B-1407 proposes to eliminate the distinction between foreign and domestic terrorism by:

- Producing separate miscellaneous values by state to address losses resulting from "Terrorism" and "Catastrophe (other than Certified Acts of Terrorism)"
- Replacing the references of "Foreign Terrorism" and "Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents (DTEC)" in NCCI manuals with the terms "Terrorism" and "Catastrophe (other than Certified Acts of Terrorism)"
- Providing new descriptions for Statistical Codes 9740 and 9741

P. O. Box 152180/Irving, TX 75015-2180
122 W. Carpenter Freeway, Suite 350/Irving, Texas 75039-2008
(972) 719-2400
A member of the W. R. Berkley Group

This filing was approved in Circular CIF-2008-07 effective 9/1/08.

Due to required renewal processing lead time, we cannot install by this date. We request an effective date of 12/1/08 (instead of 9/1/08). We are making no other changes to NCCI's filing.

Our check for $50.00 for the filing fee has been sent to you..

Should you have any questions or need more information, please call me at (800) 444-0049, extension 2465 or email me at flinker@usic.com. My fax number is (972) 719-2348.

Sincerely,

Frances Linker

Frances C. Linker, CPCU, CCP
Compliance Analyst

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