

SERFF Tracking Number: GTWY-125982598 State: Arkansas
Filing Company: Gateway Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: AR WC NCCI AR-2008-02
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Adopt NCCI's LC Effective 7-1-08/Adopt NCCI's LC Effective 7-1-08

Filing at a Glance

Company: Gateway Insurance Company

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rate/Rule

SERFF Tr Num: GTWY-125982598 State: Arkansas

SERFF Status: Closed

Co Tr Num: AR WC NCCI AR-2008-02

Co Status:

Author: Laura Ellsworth

Date Submitted: 01/12/2009

State Tr Num: EFT \$100

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Carol Stiffler

Disposition Date: 01/13/2009

Disposition Status: Approved

Effective Date Requested (New): 01/15/2009

Effective Date Requested (Renewal): 01/15/2009

Effective Date (New): 01/15/2009

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Adopt NCCI's LC Effective 7-1-08

Project Number: Adopt NCCI's LC Effective 7-1-08

Reference Organization: NCCI

Reference Title: Arkansas-Approved Voluntary Advisory Loss Costs and Advisory Org. Circular: AR-2008-06

Rating Values and Assigned Risk Rates and Rating Values to Be

Effective July 1, 2008

Filing Status Changed: 01/13/2009

State Status Changed: 01/13/2009

Corresponding Filing Tracking Number: GTWY-125352974

Closed/Withdrawn

Filing Description:

Gateway Insurance Company received approval from the state of Arkansas for our Workers Compensation program filing on April 1, 2007. In November of 2007, we were in the process of adopting NCCI's most recent loss costs to be effective 1-1-08, when it was discovered that we did not, at that time, have a valid certificate of authority for workers compensation. We have since applied for received it and we would like to pick up where we left off. I have attached a copy of the filing that was withdrawn due to this issue, and please accept our filing fees submitted with our withdrawn

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number: AR-2008-02

Deemer Date:

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filing GTWY-125352974.

The adoption of this filing does not impact any policies, and we are requesting an effective date of 01/15/2009.

Gateway is making this filing to accomplish 5 things:

1. Adopt the latest NCCI Loss Cost revisions to be effective 7-1-2008; We are adopting the NCCI Loss Cost revision outlined in NCCI Item Filing # AR-2008-02 with no change to our previously filed loss cost multiplier. The approval of the Loss Costs was announced in Circular AR-2008-06.
2. File a new maximum minimum premium; we wish to file a new maximum minimum premium of \$900 per class.
3. Amend the minimum premium multiplier currently on file; We wish to amend the minimum premium multiplier approved under state tracking number: AR-PC-07-026193 from \$145 to \$185.
4. Amend the expense constant currently on file; We wish to amend our expense constant approved under state tracking number: AR-PC-07-026193 from to \$160 to \$200.
5. Adopt item filing 01-AR-2008 - Arkansas Dispute Resolution Process.

Company and Contact

Filing Contact Information

Laura Ellsworth, lellsworth@gicauto.com
1401 S. Brentwood Blvd. Suite 1000 (800) 779-3600 [Phone]
St. Louis, MO 63144 (314) 373-4444[FAX]

Filing Company Information

Gateway Insurance Company CoCode: 28339 State of Domicile: Missouri
1401 S. Brentwood Blvd Group Code: Company Type:
St. Louis, MO 63144 Group Name: State ID Number:
(800) 779-3600 ext. 262[Phone] FEIN Number: 43-0762309

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Gateway Insurance Company	\$0.00	01/12/2009	
Gateway Insurance Company	\$100.00	01/13/2009	24983815

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/13/2009	01/13/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	01/13/2009	01/13/2009	Laura Ellsworth	01/13/2009	01/13/2009

Industry Response

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fees Submitted	Note To Reviewer	Laura Ellsworth	01/13/2009	01/13/2009

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Disposition

Disposition Date: 01/13/2009

Effective Date (New): 01/15/2009

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GTWY-125982598 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	WD GTWY-125352974	Approved	Yes
Supporting Document	Cert of Authority Letter	Approved	Yes
Supporting Document	Adoption Letter	Approved	Yes
Supporting Document	RF-WC Form	Approved	Yes
Rate	Final Rates Pages with AR-2008-02 LC Revisions	Approved	Yes
Rate	Exception Page	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/13/2009

Submitted Date 01/13/2009

Respond By Date

Dear Laura Ellsworth,

This will acknowledge receipt of the captioned filing. On the Filing Fee tab, it doesn't indicate that any filing fee is being sent. The filing fee for a rate/loss cost filing is \$100. As soon as you send either a check or an EFT, I can approve this filing.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 01/13/2009

Submitted Date 01/13/2009

Dear Carol Stiffler,

Comments:

Response 1

Comments: EFT Company Amount Date Processed Transaction #

Gateway Insurance Company \$100.00 01/13/2009 08:45 AM 24983815

EFT Total \$100.00

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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No Rate/Rule Schedule items changed.

Sincerely,
Laura Ellsworth

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Note To Reviewer

Created By:

Laura Ellsworth on 01/13/2009 08:48 AM

Subject:

Filing Fees Submitted

Comments:

Hi Carol,

Thanks so much! The \$100 EFT was sent this morning.

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:	Attachments
Approved	Final Rates Pages with AR-2008-02 LC Revisions	Final Rates Pages with AR-2008-02 LC Revisions	Replacement	GTWY-125352974	Final Rate Pages effective 7-1-2008.pdf
Approved	Exception Page	GIC E-1	Replacement	GTWY-125352974	Exception Page WC Revision 7-1-08.pdf

Gateway Insurance Company
Arkansas Workers Compensation
Final Rate Pages
Effective July 1, 2008
(Rate per \$100)

Class Code	Rate	Class Code	Rate	Class Code	Rate	Class Code	Rate	Class Code	Rate	Class Code	Rate
5	5.49	2001	2.04	2660	1.24	3179	2.05	3851	2.26	4558	1.41
8	2.23	2002	2.56	2670	1.97	3180	1.53	3865	1.09	4561	1.70
16	4.81	2003	2.88	2683	1.68	3188	1.30	3881	3.01	4568	2.22
34	3.69	2014	5.43	2688	2.60	3220	1.61	4000	6.18	4581	1.48
35	2.21	2016	1.70	2701	6.32	3223	2.56	4021	5.06	4583	4.54
36	3.51	2021	2.84	2702X	25.78	3224	2.09	4024E	1.89	4611	0.82
37	3.96	2039	3.80	2710	7.51	3227	1.56	4034	5.94	4635	4.23
42	5.46	2041	3.65	2714	3.56	3240	2.59	4036	2.15	4653	1.10
50	4.44	2065	1.37	2719X	9.46	3241	2.40	4038	1.85	4665	5.73
0059D	0.25	2070	4.67	2731	3.17	3255	1.99	4053	2.94	4670	3.28
0065D	0.04	2081	3.29	2735	2.22	3257	2.91	4061	3.62	4683	4.19
0066D	0.04	2089	2.16	2759	7.23	3270	2.76	4062	1.97	4686	1.09
0067D	0.04	2095	2.33	2790	1.33	3300	3.82	4101	1.71	4692	0.41
79	3.62	2105	2.08	2802	4.50	3303	3.27	4111	2.62	4693	0.79
83	8.34	2110	1.82	2812	3.15	3307	2.87	4112	0.81	4703	2.06
106	9.76	2111	2.15	2835	1.37	3315	2.25	4113	1.13	4717	1.53
113	4.89	2112	2.32	2836	1.92	3334	1.82	4114	1.89	4720	4.47
170	2.11	2114	2.29	2841	3.18	3336	1.88	4130	3.89	4740	1.32
251	4.31	2121	1.91	2881	2.15	3365	8.74	4131	2.08	4741	1.50
400	6.90	2130	2.39	2883	3.49	3372	2.43	4133	2.05	4751	1.27
401	9.42	2131	1.61	2913	3.49	3373	2.47	4150	1.43	4771N	1.46
0771N	0.25	2143	1.87	2915	3.63	3383	0.92	4206	3.14	4777	1.48
0908P	121.60	2150	0.00	2916	1.99	3385	0.75	4207	0.86	4825	0.76
0909P	0.00	2156	0.00	2923	2.05	3400	2.32	4239	1.09	4828	1.43
0912P	0.00	2157	3.46	2942	2.01	3507	2.64	4240	2.11	4829	1.03
0913P	299.77	2172	1.34	2960	2.76	3515	1.87	4243	1.43	4902	1.15
917	3.35	2174	2.50	3004	2.35	3548	1.16	4244	2.53	4923	0.95
1005*	9.43	2211	4.68	3018	2.19	3559	2.22	4250	1.27	5020	6.29
1016*	35.19	2220	1.67	3022	2.71	3574	0.96	4251	1.51	5022	4.52
1164E	6.09	2286	1.22	3027	2.29	3581	1.23	4263	1.88	5037	17.75
1165E	4.02	2288	3.45	3028	1.98	3612	1.88	4273	1.64	5040	23.80
1320	2.50	2300	1.82	3030	3.44	3620	4.96	4279	1.54	5057	17.02
1322	13.43	2302	1.46	3040	3.18	3629	1.67	4282	1.81	5059	20.22
1430	3.70	2305	1.82	3041	2.84	3632	3.42	4283	1.68	5069	25.54
1438	2.08	2361	1.03	3042	2.71	3634	1.46	4299	1.50	5102	3.75
1452	1.44	2362	1.50	3064	3.93	3635	1.77	4304	2.36	5146	4.58
1463	9.95	2380	3.86	3069	6.74	3638	1.26	4307	1.88	5160	3.24
1472	3.46	2386	0.96	3076	2.53	3642	0.72	4308	0.00	5183	3.21
1624E	6.49	2388	1.64	3081D	2.46	3643	2.53	4351	0.98	5188	4.10
1642	3.49	2402	1.84	3082D	3.32	3647	2.87	4352	0.86	5190	2.94
1654	5.36	2413	1.44	3085D	2.77	3648	1.84	4360	0.78	5191X	1.70
1655	4.23	2416	1.43	3110	2.43	3681	1.33	4361	1.13	5192	3.66
1699	1.71	2417	1.34	3111	2.55	3685	1.53	4362	0.99	5213	6.46
1701	2.64	2501	1.16	3113	2.01	3719	2.23	4410	2.74	5215	3.86
1710E	5.23	2503	1.15	3114	2.23	3724	5.81	4420	3.31	5221	4.75
1741E	1.58	2534	1.84	3118	1.03	3726	2.59	4431	1.27	5222	10.97
1745X	2.56	2570	4.23	3119	0.93	3803	1.63	4432	1.37	5223	4.84
1747	2.23	2576	0.00	3122	1.29	3807	1.80	4439	1.44	5348	3.75
1748	6.38	2585	2.64	3126	1.47	3808	2.35	4452	2.79	5402	4.16
1803D	4.58	2586	1.13	3131	0.89	3821	3.54	4459	1.60	5403	8.60
1852D	2.12	2587	2.47	3132	2.11	3822	3.10	4470	2.04	5437	4.07
1853	1.98	2589	1.23	3145	2.04	3824	4.14	4484	1.78	5443	3.69
1860	1.67	2600	5.46	3146	2.35	3826	0.75	4493	2.16	5445	4.62
1924	3.62	2623	2.40	3169	2.09	3827	1.34	4511	0.64	5462	4.88
1925	2.50	2651	2.25	3175D	2.43	3830	0.96	4557	1.46	5472	4.44

Gateway Insurance Company
Arkansas Workers Compensation
Final Rate Pages
Effective July 1, 2008
(Rate per \$100)

Class Code	Rate	Class Code	Rate	Class Code	Rate	Class Code	Rate	Class Code	Rate
5473	6.08	6854	4.69	7539	4.02	8265	8.61	9016	5.77
5474	6.67	6872f	17.92	7540	2.63	8279	8.27	9019	2.74
5478	4.06	6874f	36.65	7580	1.74	8288	5.57	9033	1.82
5479	7.18	6882	4.69	7590	4.81	8291	1.94	9040*	3.27
5480	7.27	6884	10.61	7600	2.42	8292	2.76	9052	1.44
5491	1.88	7016m	4.17	7601	10.90	8293	6.35	9058	1.65
5506	3.39	7024m	4.64	7605	3.04	8295X	6.94	9059	2.56
5507	5.10	7038m	5.26	7610	0.49	8304	6.39	9060	1.68
5508D	8.61	7046m	23.13	7611	4.88	8350	5.26	9061	1.29
5535	6.74	7047m	7.47	7612	10.87	8380	3.29	9063	0.92
5537	4.45	7050m	9.40	7613	4.34	8381	1.39	9077f	3.93
5538	0.00	7090m	5.84	7704	0.00	8385	2.23	9082	1.48
5551	12.95	7098m	25.71	7705	2.39	8392	2.79	9083	1.50
5606	1.54	7099m	41.42	7710	5.36	8393	1.58	9084	1.74
5610	5.05	7133	3.18	7711	5.36	8500	5.88	9089	1.06
5645	10.31	7151m	3.86	7720X	2.39	8601	0.76	9093	1.30
5651	7.65	7152m	6.91	7855	5.77	8606	2.59	9101	2.80
5703	83.37	7153m	4.30	8001	2.06	8709f	7.41	9102	2.70
5705	4.88	7222	8.91	8002	3.01	8719	1.74	9110	0.00
5951	0.37	7228x	6.32	8006	1.80	8720	1.26	9154	1.80
6003	9.13	7229x	6.63	8008	1.13	8721	0.37	9156	1.22
6005	6.94	7230	3.73	8010	1.75	8726f	8.50	9170	2.57
6017	3.56	7231	4.95	8013	0.45	8734m	0.59	9178	24.29
6018	1.94	7232	11.68	8015	0.59	8737m	0.54	9179	33.33
6045	2.25	7309f	20.84	8017	1.09	8738m	0.95	9180	3.44
6204	9.09	7313f	5.91	8018x	2.33	8742X	0.44	9182	2.50
6206	5.77	7317f	9.35	8021	1.73	8745	4.24	9186	49.36
6213	7.59	7327f	27.59	8031	3.59	8748	0.38	9220	3.15
6214	2.56	7333m	5.01	8032	1.47	8755	0.24	9402	3.99
6216	5.91	7335m	5.56	8033	1.75	8799	0.89	9403	5.30
6217	4.62	7337m	8.95	8039	1.27	8800	0.89	9410	1.63
6229	4.58	7350f	17.99	8044	2.56	8803	0.07	9501	4.07
6233	4.99	7360	6.45	8045	0.38	8805m	0.31	9505	3.54
6235	13.28	7370	4.55	8046	2.47	8810	0.23	9516	3.01
6236	10.93	7380X	3.14	8047	0.99	8814m	0.27	9519	1.70
6237	2.80	7382	2.59	8050	0.00	8815m	0.49	9521	4.91
6251d	7.28	7390	3.35	8058	2.55	8820	0.20	9522	1.46
6252d	5.44	7394m	10.15	8072	0.75	8824	2.29	9534	6.48
6260d	4.81	7395m	11.28	8102	2.35	8825	1.95	9554	6.87
6306	5.18	7398m	18.18	8103	3.46	8826	2.06	9586	0.61
6319	5.05	7403x	2.69	8105	4.48	8829	2.49	9600	1.51
6325	4.21	7405n	1.06	8106	3.55	8831	2.43	9620	1.23
6400	6.32	7409*	0.00	8107	3.03	8832	0.25		
6504	2.18	7420X*	23.27	8111	3.49	8833X	0.83		
6702m*	7.01	7421	2.46	8116	3.89	8835	1.82		
6703m*	12.54	7422	2.08	8203	5.10	8842	1.36		
6704m*	7.79	7423x	0.00	8204	4.43	8861	0.00		
6801F	10.69	7425	3.85	8209	2.77	8864	1.36		
6811	4.69	7431n	1.57	8215	5.32	8868	0.35		
6824f	30.78	7445n	0.57	8227	2.90	8869	0.68		
6826f	11.81	7453n	0.85	8232	5.84	8871	0.21		
6834	3.32	7502	2.30	8233	4.75	8901	0.24		
6836	5.42	7515	0.99	8235	3.83	9012	1.80		
6843F	13.74	7520	2.09	8263	8.65	9014	2.57		
6845F	20.86	7538	9.37	8264	3.12	9015x	2.23		

**GATEWAY INSURANCE COMPANY
ARKANSAS WORKERS COMPENSATION
MANUAL EXCEPTION PAGE**

EFFECTIVE JANUARY 15, 2009

1. Minimum Premium Multiplier of \$185.00.
2. Expense Constant – An Expense Constant of \$200 is applied to each policy written.
3. Waiver of Our Right to Recover from Others Endorsement - In exchange for our right to recover against others, Gateway Insurance Company will charge an additional 2% in premium for blanket waivers and a \$250 flat charge for specific waivers. The 2% is determined based on the final calculated premium. The Waiver of Our Right to Recover from Others Endorsement (WC 00 03 13) must be attached to the Policy.
4. The Loss Cost Multiplier applies to each new NCCI loss cost filing without delay.

Loss Cost Multiplier1.414
5. Maximum Minimum Premium per class of \$900.00

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Supporting Document Schedules

Review Status:
Bypassed -Name: Uniform Transmittal Document- Property & Casualty **Approved** 01/13/2009
Bypass Reason: Per the NCCI "Company Repsonse to Loss Cost Filings by NCCI" I am submitting a letter with our intent to adopt the revised loss costs, a filing fee of \$50 and a copy of the previously filed RF-WC. Per NCCI's instructions, a Uniform Transmittal Document is not required.
Comments:

Review Status:
Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Approved** 01/13/2009
Bypass Reason: Per the NCCI "Company Repsonse to Loss Cost Filings by NCCI" I am submitting a letter with our intent to adopt the revised loss costs, a filing fee of \$50 and a copy of the previously filed RF-WC. Per NCCI's instructions, an NAIC Loss Cost Filing Document for Workers' Compensation is not required.
Comments:

Review Status:
Bypassed -Name: NAIC loss cost data entry document **Approved** 01/13/2009
Bypass Reason: Per the NCCI "Company Repsonse to Loss Cost Filings by NCCI" I am submitting a letter with our intent to adopt the revised loss costs, a filing fee of \$50 and a copy of the previously filed RF-WC. Per NCCI's instructions, an NAIC loss cost data entry document is not required.
Comments:

Review Status:
Satisfied -Name: WD GTWY-125352974 **Approved** 01/13/2009
Comments:
Carol Stiffer was about to approve this filing when we discovered that we needed our certificate of authority for workers compensation. We just received our certificate and a copy of it is attached. We are now able to proceed with the filing so I am resubmitting.
Attachment:
GTWY-125352974-WD waiting for CofA.pdf

SERFF Tracking Number: GTWY-125982598 State: Arkansas
Filing Company: Gateway Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: AR WC NCCI AR-2008-02
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Adopt NCCI's LC Effective 7-1-08/Adopt NCCI's LC Effective 7-1-08

Review Status:
Satisfied -Name: Cert of Authority Letter Approved 01/13/2009
Comments:
Attachment:
Cert of Authority for WC Letter.pdf

Review Status:
Satisfied -Name: Adoption Letter Approved 01/13/2009
Comments:
Letter of intent to adopt NCCI's revised loss costs, per the NCCI "Company Response to Loss Cost Filings by NCCI" instructions.
Attachment:
Cover Letter NCCI LC adoption 7-01-2008.pdf

Review Status:
Satisfied -Name: RF-WC Form Approved 01/13/2009
Comments:
Previously Filed RF-WC Form per the NCCI "Company Response to Loss Cost Filings by NCCI" instructions.
Attachment:
AR_RF-WC Filed 3-2007.pdf

SERFF Tracking Number: GTWY-125352974 State: Arkansas
Filing Company: Gateway Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR WC NCCI AR-2007-01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: AR WC NCCI July 1, 2007 Filing Adoption/AR WC NCCI July 1, 2007 Filing Adoption

Filing at a Glance

Company: Gateway Insurance Company

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rate

SERFF Tr Num: GTWY-125352974 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$50

Co Tr Num: AR WC NCCI AR-2007-01

State Status: Fees verified and received

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Laura Ellsworth

Disposition Date: 01/31/2008

Date Submitted: 11/12/2007

Disposition Status: Withdrawn

Effective Date Requested (New): On Approval

Effective Date (New): 01/31/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

General Information

Project Name: AR WC NCCI July 1, 2007 Filing Adoption

Project Number: AR WC NCCI July 1, 2007 Filing Adoption

Reference Organization: NCCI

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number: AR-2007-01 - Filing Number

Reference Title: Voluntary Advisory Loss Costs and Rating Values and Assigned Risk Rates and Rating Values to Be Effective July 1, 2007

Advisory Org. Circular: AR-2007-04 - Approval Circular

Filing Status Changed: 01/31/2008

Company Status Changed:

State Status Changed: 11/13/2007

Deemer Date:

Created By: Laura Ellsworth

Submitted By: Laura Ellsworth

Corresponding Filing Tracking Number:

Filing Description:

Gateway Insurance Company received approval from the state of Arkansas for our Workers Compensation program April 1, 2007.

This is a filing to adopt NCCI's loss costs in their filing number AR-2007-01 with no changes to our loss cost multiplier already on file.

The adoption of this filing does not impact any policies, and we are requesting an effective date upon approval.

SERFF Tracking Number: GTWY-125352974 State: Arkansas
 Filing Company: Gateway Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AR WC NCCI AR-2007-01
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: AR WC NCCI July 1, 2007 Filing Adoption/AR WC NCCI July 1, 2007 Filing Adoption

Company and Contact

Filing Contact Information

Laura Ellsworth, lellsworth@gicauto.com
 1401 S. Brentwood Blvd. Suite 1000 (800) 779-3600 [Phone]
 St. Louis, MO 63144 (314) 373-4444[FAX]

Filing Company Information

Gateway Insurance Company CoCode: 28339 State of Domicile: Missouri
 1401 S. Brentwood Blvd Group Code: Company Type:
 St. Louis, MO 63144 Group Name: State ID Number:
 (800) 779-3600 ext. 262[Phone] FEIN Number: 43-0762309

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: LC Adoption with no change to previously filed LC multiplier.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Gateway Insurance Company	\$50.00	11/12/2007	16594425

SERFF Tracking Number: GTWY-125352974 State: Arkansas
 Filing Company: Gateway Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AR WC NCCI AR-2007-01
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: AR WC NCCI July 1, 2007 Filing Adoption/AR WC NCCI July 1, 2007 Filing Adoption

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Carol Stiffler	01/31/2008	01/31/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	01/29/2008	01/29/2008	Laura Ellsworth	01/29/2008	01/29/2008
Pending Industry Response	Carol Stiffler	11/14/2007	11/14/2007			
Pending Industry Response	Carol Stiffler	11/13/2007	11/13/2007	Laura Ellsworth	11/14/2007	11/14/2007

SERFF Tracking Number: GTWY-125352974 *State:* Arkansas
Filing Company: Gateway Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: AR WC NCCI AR-2007-01
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: AR WC NCCI July 1, 2007 Filing Adoption/AR WC NCCI July 1, 2007 Filing Adoption

Disposition

Disposition Date: 01/31/2008

Effective Date (New): 01/31/2008

Effective Date (Renewal):

Status: Withdrawn

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GTWY-125352974 State: Arkansas
 Filing Company: Gateway Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AR WC NCCI AR-2007-01
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: AR WC NCCI July 1, 2007 Filing Adoption/AR WC NCCI July 1, 2007 Filing Adoption

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Withdrawn	No
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Withdrawn	No
Supporting Document	NAIC loss cost data entry document	Withdrawn	No
Supporting Document	Adoption Letter	Withdrawn	No
Supporting Document	RF-WC Form	Withdrawn	No
Supporting Document	Memo re: Withdraw Filing	Withdrawn	No
Rate	Final Rates Pages with AR-2007-01 LC Revisions	Withdrawn	No

SERFF Tracking Number: GTWY-125352974 State: Arkansas
Filing Company: Gateway Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR WC NCCI AR-2007-01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: AR WC NCCI July 1, 2007 Filing Adoption/AR WC NCCI July 1, 2007 Filing Adoption

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/29/2008

Submitted Date 01/29/2008

Respond By Date

Dear Laura Ellsworth,

This will acknowledge receipt of the captioned filing.

As of this date, we have not received any application or request to add workers' compensation to Gateway Insurance Company's certificate of authority. This filing has been pending since November 14, 2007. If the company is not going to apply for workers' compensation authority within the next few days, then you need to withdraw this filing or it will be disapproved.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 01/29/2008

Submitted Date 01/29/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: At this time, we will withdraw this filing. We will resubmit when the certificate of authority issue is resolved. Thanks for working with me on this.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Memo re: Withdraw Filing

Comment:

SERFF Tracking Number: GTWY-125352974 *State:* Arkansas
Filing Company: Gateway Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: AR WC NCCI AR-2007-01
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: AR WC NCCI July 1, 2007 Filing Adoption/AR WC NCCI July 1, 2007 Filing Adoption

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Laura Ellsworth

SERFF Tracking Number: GTWY-125352974 State: Arkansas
Filing Company: Gateway Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR WC NCCI AR-2007-01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: AR WC NCCI July 1, 2007 Filing Adoption/AR WC NCCI July 1, 2007 Filing Adoption

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 11/14/2007

Submitted Date 11/14/2007

Respond By Date

Dear Laura Ellsworth,

This will acknowledge receipt of the captioned filing.

Yes, I will hold the filing open. You need to contact Kim Johnson in our Finance Division. Her telephone # is 501-371-2665 and her email address is kim.johnson@arkansas.gov. As soon as you get the C/A changed, please send me a response to this objection letter and I can approve the filing.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

SERFF Tracking Number: GTWY-125352974 State: Arkansas
Filing Company: Gateway Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR WC NCCI AR-2007-01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: AR WC NCCI July 1, 2007 Filing Adoption/AR WC NCCI July 1, 2007 Filing Adoption

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 11/13/2007

Submitted Date 11/13/2007

Respond By Date

Dear Laura Ellsworth,

This will acknowledge receipt of the captioned filing.

Our company licensing records indicate that Gateway Insurance Company NAIC #28339 is licensed for "Casualty excluding workers' compensation". I failed to realize this when I reviewed your February 23, 2007 form filing and the February 23, 2007 rate/rule filing and I do apologize for the confusion.

It is possible our company licensing records are wrong. In order for a company to write WC, they must be licensed for Casualty and, in addition, they must pay a \$500 fee to be qualified for WC. The Certificate of Authority and our licensing records then should be notated "Casualty including workers' compensation". In the late 1970s to early 1990s, the person who was issuing and/or changing the Certificates of Authority was only notating "Casualty". Over the years as we changed computer systems, if there was only Casualty listed, then it was changed to Casualty excluding WC. If you can provide a copy of the Certificate of Authority showing that WC is on it, or a copy of the approval letter from the Commissioner, or a copy of a cancelled check showing the \$500 fee, then I can approve the filing.

Otherwise, you will need to apply for WC to be added to your Certificate of Authority and pay the \$500 fee.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 11/14/2007

Submitted Date 11/14/2007

Dear Carol Stiffler,

SERFF Tracking Number: GTWY-125352974 *State:* Arkansas
Filing Company: Gateway Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: AR WC NCCI AR-2007-01
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: AR WC NCCI July 1, 2007 Filing Adoption/AR WC NCCI July 1, 2007 Filing Adoption

Comments:

Response 1

Comments: Our latest certificate dated 1991 says: Property, Casualty, Marine. We will amend our certificate to include worker's compensation. Obviously doing so is a priority for us.

Can you hold this filing open until the transaction is completed, please?

Let me know, and thank you in advance.

Laura

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Laura Ellsworth

SERFF Tracking Number: GTWY-125352974 *State:* Arkansas
Filing Company: Gateway Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: AR WC NCCI AR-2007-01
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: AR WC NCCI July 1, 2007 Filing Adoption/AR WC NCCI July 1, 2007 Filing Adoption

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: GTWY-125352974 State: Arkansas
 Filing Company: Gateway Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AR WC NCCI AR-2007-01
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: AR WC NCCI July 1, 2007 Filing Adoption/AR WC NCCI July 1, 2007 Filing Adoption

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Withdrawn	Final Rates Pages with AR-2007-01 LC Revisions	Final Rates Pages with AR-2007-01 LC revisions	Replacement	Final Rates Pages with AR-2007-01 LC revisions.pdf

Gateway Insurance Company
Arkansas Workers Compensation
Final Rate Pages
Effective July 1, 2007
(Rate per \$100)

Class Code	Rate	Class Code	Rate	Class Code	Rate	Class Code	Rate	Class Code	Rate	Class Code	Rate
5	4.74	2001	2.38	2651	2.22	3179	2.35	3851	2.87	4558	1.85
8	2.87	2002	3.28	2660	1.54	3180	2.11	3865	1.27	4561	1.82
16	6.04	2003	2.76	2670	2.32	3188	1.40	3881	3.73	4568	2.62
34	4.07	2014	5.23	2683	2.01	3220	1.99	4000	7.30	4581	1.65
35	2.42	2016	2.38	2688	2.86	3223	3.24	4021	4.47	4583	4.55
36	3.99	2021	3.25	2702X	26.33	3224	2.62	4024E	1.67	4611	0.93
37	4.28	2039	4.51	2710	8.17	3227	1.73	4034	6.79	4635	3.83
42	7.01	2041	3.93	2714	4.96	3240	3.31	4036	2.59	4653	1.33
50	5.29	2065	1.19	2719X	10.63	3241	2.90	4038	2.11	4665	6.70
0059D	0.28	2070	4.93	2731	3.62	3255	2.59	4053	3.20	4670	4.27
0065D	0.06	2081	4.26	2735	2.96	3257	2.67	4061	4.26	4683	4.64
0066D	0.06	2089	2.69	2759	7.38	3270	4.36	4062	3.10	4686	1.13
0067D	0.06	2095	3.17	2790	1.39	3300	3.62	4101	1.97	4692	0.37
79	3.11	2105	2.45	2802	6.41	3303	3.59	4111	2.32	4693	0.86
83	8.24	2110	2.23	2812	4.31	3307	3.49	4112	0.95	4703	2.26
106	13.83	2111	2.01	2835	1.65	3315	2.60	4113	1.67	4717	2.42
113	4.64	2112	2.52	2836	2.35	3334	2.45	4114	2.38	4720	4.00
170	2.55	2114	3.07	2841	4.09	3336	2.40	4130	5.53	4740	1.47
251	5.20	2121	1.94	2881	2.25	3365	9.50	4131	2.69	4741	1.77
400	8.30	2130	2.86	2883	4.27	3372	2.70	4133	2.55	4751	1.88
401	12.02	2131	1.75	2913	2.98	3373	3.32	4150	1.30	4771N	1.75
0771N	0.31	2143	2.15	2915	3.80	3383	0.96	4206	3.90	4777	1.70
0908P	128.67	2150	0.00	2916	2.40	3385	0.88	4207	1.13	4825	0.75
0909P	103.22	2156	3.70	2923	2.02	3400	2.56	4239	1.30	4828	1.41
0912P	278.56	2157	3.70	2942	2.40	3507	2.88	4240	2.88	4829	1.53
0913P	340.77	2172	2.08	2960	2.96	3515	2.33	4243	1.41	4902	1.70
917	3.68	2174	2.76	3004	2.53	3548	1.22	4244	2.33	4923	1.12
1005*	9.26	2211	5.15	3018	3.04	3559	2.15	4250	1.46	5020	5.61
1016*	33.00	2220	1.98	3022	3.28	3574	1.17	4251	1.64	5022	6.19
1164E	6.96	2286	1.46	3027	2.94	3581	1.20	4263	2.36	5037	17.01
1165E	6.77	2288	4.54	3028	3.12	3612	2.19	4273	1.60	5040	19.60
1320	2.80	2300	2.11	3030	4.11	3620	5.94	4279	1.73	5057	16.02
1322	11.45	2302	1.85	3040	4.07	3629	1.88	4282	2.12	5059	22.58
1430	5.18	2305	2.42	3041	3.52	3632	3.05	4283	2.30	5069	21.63
1438	2.66	2361	1.34	3042	3.22	3634	1.88	4299	1.48	5102	4.19
1452	1.81	2362	1.80	3064	4.55	3635	1.75	4304	2.77	5146	4.98
1463	11.18	2380	6.12	3066X	3.00	3638	1.57	4307	2.69	5160	4.26
1472	3.39	2386	1.17	3076	2.69	3642	0.92	4308	0.00	5183	3.20
1624E	7.47	2388	1.89	3081D	2.52	3643	2.94	4351	1.07	5188	5.32
1642	3.72	2402	2.26	3082D	3.97	3647	3.18	4352	1.02	5190	3.12
1654	7.97	2413	1.81	3085D	2.93	3648	2.11	4360	0.79	5191X	1.78
1655	4.48	2416	1.88	3110	2.98	3681	1.40	4361	1.34	5192	3.95
1699	2.06	2417	1.73	3111	2.98	3685	1.84	4362	1.05	5213	7.56
1701	3.44	2501	1.48	3113	2.15	3719	3.34	4410	2.88	5215	3.95
1710E	6.45	2503	1.33	3114	2.53	3724	6.56	4420	3.42	5221	4.02
1741E	1.73	2534	2.35	3118	1.41	3726	3.45	4431	1.47	5222	9.87
1745X	2.80	2570	4.75	3119	1.06	3803	1.80	4432	1.58	5223	5.43
1747	2.36	2576	0.00	3122	1.13	3807	1.57	4439	1.84	5348	3.76
1748	5.63	2578	0.00	3126	1.91	3808	2.70	4452	3.39	5402	4.95
1803D	5.34	2585	2.62	3131	0.89	3821	4.14	4459	2.06	5403	10.12
1852D	2.16	2586	0.99	3132	2.04	3822	2.70	4470	2.23	5437	4.62
1853	2.59	2587	2.15	3145	1.89	3824	4.77	4484	2.32	5443	3.66
1860	1.50	2589	1.58	3146	2.56	3826	1.02	4493	2.76	5445	4.68
1924	3.17	2600	4.82	3169	2.60	3827	1.17	4511	0.68	5462	6.11
1925	2.63	2623	2.49	3175D	2.81	3830	1.13	4557	1.81	5472	5.05

Gateway Insurance Company
Arkansas Workers Compensation
Final Rate Pages
Effective July 1, 2007
(Rate per \$100)

Class Code	Rate	Class Code	Rate	Class Code	Rate	Class Code	Rate	Class Code	Rate
5473	5.15	6854	5.26	7539	6.18	8291	2.45	9015X	2.76
5474	7.15	6872f	22.06	7540	4.04	8292	2.97	9016	5.02
5478	4.38	6874f	39.28	7580	2.04	8293	8.22	9019	3.29
5479	10.17	6882	5.85	7590	4.40	8295X	6.09	9033	1.80
5480	9.94	6884	12.85	7600	2.98	8304	7.14	9040*	3.52
5491	2.14	7016m	5.34	7601	11.84	8350	5.19	9052	1.77
5506	4.36	7024m	5.94	7605	3.31	8380	3.49	9058	1.74
5507	5.74	7038m	6.32	7610	0.48	8381	1.40	9059	2.98
5508D	7.30	7046m	28.59	7611	5.81	8385	2.69	9060	1.80
5536	0.00	7047m	9.62	7612	16.37	8392	3.45	9061	1.39
5537	5.50	7050m	11.37	7613	4.62	8393	1.63	9063	1.12
5538x	6.63	7090m	7.03	7704	6.65	8500	5.05	9077f	4.06
5551	14.38	7098m	31.77	7720X	2.74	8601	0.69	9082	1.65
5606	1.94	7099m	51.41	7855	5.91	8606	3.54	9083	1.48
5610	6.87	7133	3.42	8001	2.45	8709f	8.29	9084	2.05
5645	11.41	7151m	4.16	8002	3.22	8719	1.77	9089	1.30
5651	9.29	7152m	7.48	8006	2.25	8720	1.19	9093	1.47
5703	101.72	7153m	4.62	8008	1.17	8721	0.40	9101	3.07
5705	4.98	7222	9.76	8010	2.15	8726f	9.86	9102	3.01
5951	0.37	7228x	7.64	8013	0.49	8734m	0.66	9110	1.17
6003	10.18	7229x	7.58	8015	0.69	8737m	0.61	9154	2.46
6005	6.74	7230	3.75	8017	1.20	8738m	1.07	9156	1.41
6017	4.20	7231	8.36	8018x	2.67	8742X	0.49	9178	25.34
6018	2.12	7232	13.80	8021	1.73	8745	4.67	9179	43.98
6045	2.88	7309f	27.06	8031	3.14	8748	0.41	9180	4.34
6204	9.47	7313f	6.25	8032	1.61	8755	0.28	9182	2.70
6206	7.34	7317f	10.07	8033	1.95	8800	0.98	9186	54.37
6213	11.44	7327f	22.07	8039	1.46	8803	0.08	9220	3.79
6214	2.71	7333m	7.25	8044	3.18	8805m	0.33	9402	5.23
6216	5.15	7335m	8.06	8045	0.45	8810	0.24	9403	6.42
6217	4.79	7337m	13.04	8046	2.86	8814m	0.30	9410	1.97
6229	4.02	7350f	23.80	8047	1.23	8815m	0.52	9501	4.88
6233	7.41	7360	5.83	8050	0.00	8820	0.23	9505	3.56
6235	11.04	7370	5.08	8058	2.90	8824	2.84	9516	2.81
6236	12.64	7380X	4.07	8072	0.65	8825	2.38	9519	2.45
6237	3.54	7382	2.79	8102	2.66	8826	2.26	9521	5.23
6251d	7.54	7390	3.51	8103	4.71	8829	2.70	9522	1.53
6252d	6.82	7394m	14.24	8105	4.61	8831	3.00	9534	7.48
6260d	5.15	7395m	15.82	8106	4.38	8832	0.28	9554	8.58
6306	5.42	7398m	25.61	8107	4.03	8833X	1.12	9586	0.74
6319	5.39	7403x	2.83	8111	3.18	8835	2.15	9600	1.61
6325	5.02	7405n	1.48	8116	4.57	8861	1.17	9620	1.22
6400	6.82	7409*	0.00	8203	6.17	8868	0.41	9600	1.61
6504	2.40	7420X*	20.81	8204	6.15	8869	0.75	9620	1.22
6702m*	7.18	7421	2.22	8209	3.05	8871	0.25		
6703m*	12.91	7422	2.36	8215	5.50	8901	0.28		
6704m*	7.97	7423x	2.83	8227	4.30	8833X	1.12		
6801F	14.25	7425	3.35	8232	6.41	8835	2.15		
6811	5.39	7431n	1.87	8233	4.77	8861	1.17		
6824f	24.62	7445n	0.81	8235	4.07	8868	0.41		
6826f	11.85	7453n	1.00	8263	9.16	8869	0.75		
6834	4.20	7502	2.93	8264	4.06	8871	0.25		
6836	9.28	7515	1.06	8265	9.69	8901	0.28		
6843F	16.23	7520	3.00	8279	10.41	9012	1.68		
6845F	19.19	7538	9.54	8288	6.79	9014	2.33		

SERFF Tracking Number: GTWY-125352974 State: Arkansas
 Filing Company: Gateway Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AR WC NCCI AR-2007-01
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: AR WC NCCI July 1, 2007 Filing Adoption/AR WC NCCI July 1, 2007 Filing Adoption

Supporting Document Schedules

Review Status:
Bypassed -Name: Uniform Transmittal Document- Property & Casualty Withdrawn 01/31/2008
Bypass Reason: Per the NCCI "Company Repsonse to Loss Cost Filings by NCCI" I am submitting a letter with our intent to adopt the revised loss costs, a filing fee of \$50 and a copy of the previously filed RF-WC. Per NCCI's instructions, a Uniform Transmittal Document is not required.

Comments:

Review Status:
Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation Withdrawn 01/31/2008
Bypass Reason: Per the NCCI "Company Repsonse to Loss Cost Filings by NCCI" I am submitting a letter with our intent to adopt the revised loss costs, a filing fee of \$50 and a copy of the previously filed RF-WC. Per NCCI's instructions, an NAIC Loss Cost Filing Document for Worker's Compension is not required.

Comments:

Review Status:
Bypassed -Name: NAIC loss cost data entry document Withdrawn 01/31/2008
Bypass Reason: Per the NCCI "Company Repsonse to Loss Cost Filings by NCCI" I am submitting a letter with our intent to adopt the revised loss costs, a filing fee of \$50 and a copy of the previously filed RF-WC. Per NCCI's instructions, an NAIC loss cost data entry document is not required.

Comments:

Review Status:
Satisfied -Name: Adoption Letter Withdrawn 01/31/2008

Comments:

Letter of intent to adopt NCCI's revised loss costs, per the NCCI "Company Response to Loss Cost Filings by NCCI" instructions.

Attachment:

Cover Letter NCCI LC Adoption AR-2007-01.pdf

Review Status:

SERFF Tracking Number: GTWY-125352974 State: Arkansas
Filing Company: Gateway Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR WC NCCI AR-2007-01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: AR WC NCCI July 1, 2007 Filing Adoption/AR WC NCCI July 1, 2007 Filing Adoption

Satisfied -Name: RF-WC Form Withdrawn 01/31/2008

Comments:

Previously Filed RF-WC Form per the NCCI "Company Response to Loss Cost Filings by NCCI" instructions.

Attachment:

AR_RF-WC Filed 3-2007.pdf

SERFF Tracking Number: GTWY-125352974 *State:* Arkansas
Filing Company: Gateway Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: AR WC NCCI AR-2007-01
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: AR WC NCCI July 1, 2007 Filing Adoption/AR WC NCCI July 1, 2007 Filing Adoption

Review Status:

Satisfied -Name: Memo re: Withdraw Filing Withdrawn 01/31/2008

Comments:

Attachment:

Cover Letter Withdraw Filing GTWY-125352974.pdf



November 12, 2007

Julie Benefield Bowman, Insurance Commissioner
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201—1904

Re: Rate Filing - Worker's Compensation
Gateway Insurance Company
FEIN #: 43-0762309
NAIC #: 000028339
Gateway's Filing Number: AR WC NCCI AR-2007-01
SERFF Tr Num: GTWY-125352974

Dear Commissioner,

Gateway Insurance Company filed our Workers Compensation program in Arkansas and received approval from the state on April 1, 2007.

In this filing, we are adopting NCCI Loss Costs with no changes to our loss cost multiplier of 1.414 filed in our original filing. Specifically we are adopting NCCI's loss costs in their filing number AR-2007-01 that has a July 1, 2007 effective date.

We apologize for the delay in this adoption, and we are requesting an effective date upon approval. Gateway does not have any Arkansas policies at this time, and this filing therefore does not impact any customers.

If you have any questions or need additional information to complete your review, please call me at (800) 779-3600, extension 248. You may also contact me via email at lellsworth@gicauto.com.

Sincerely,


Laura Ellsworth
Project Manager

Attachments: Filing Fee of \$50
Previously filed RF-WC Form
Final Printed Rate Pages

Commercial Auto Department	P.O. Box 20038	St. Louis, MO 63144-0038	FAX (314) 373-4444
Private Passenger Auto Department	P.O. Box 19886	St. Louis, MO 63144-0286	FAX (314) 373-5687
Local: (314) 373-3333	Nationwide: (800) 779-3600	Claims Department (800) 593-1333	

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

DATE February 22, 2007

1. INSURER NAME Gateway Insurance Company
ADDRESS 1401 S. Brentwood Blvd., 10th Floor, Suite 1000
St. Louis, MO 63144

PERSON RESPONSIBLE FOR FILING Lyn Ward
TITLE Compliance Officer TELEPHONE NO. 800-779-3600

2. INSURER NAIC NO. 000028339 GROUP NO. _____

3. ADVISORY ORGANIZATION NCCI

4. ADVISORY ORGANIZATION REFERENCE FILING NO. _____

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, expense constants specified in the attachments.

6. A.	PROPOSED RATE LEVEL CHANGE	<u>Initial</u>	%	EFFECTIVE DATE	_____
B.	PROPOSED PREMIUM LEVEL CHANGE	<u>N/A</u>	%	EFFECTIVE DATE	_____
7. A.	PRIOR RATE LEVEL CHANGE	<u>N/A</u>	%	EFFECTIVE DATE	_____
B.	PRIOR PREMIUM LEVEL CHANGE	<u>N/A</u>	%	EFFECTIVE DATE	_____

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. Check **one** of the following:

- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.
- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.



January 29, 2008

Texas Department of Insurance
Attn: Lanell Brown
Austin, Texas 78714-9104

Re: Form Filing – Commercial Automobile
SERFF Tr Num: GTWY-125389715
Gateway Insurance Company
NAIC # 000028339

There are only two new forms that we are filing for the first time in this forms filing: our policy jacket (GI002 12/07) and our request to use the old ISO version (10 01) of ISO form number CA DS 03.

We provided copies of the previously approved taxi forms (approved in Link # 89221) to clarify that these forms may be used in any of our commercial auto programs (Public Taxi and/or other commercial auto).

If you have any questions or need additional information, please call me at (800) 779-3600 Ext 284. I can also be reached via email at lellsworth@gicauto.com.

Sincerely,

Laura Ellsworth
Compliance Specialist

MITCHELL | WILLIAMS

JUNE STRACENER, FLMI, PARALEGAL
DIRECT DIAL: 501-370-4225
E-MAIL: JSTRACENER@MWSGW.COM

425 WEST CAPITOL AVENUE, SUITE 1800
LITTLE ROCK, ARKANSAS 72201-3525
TELEPHONE 501-688-8800
FAX 501-688-8807

January 9, 2009

VIA HAND DELIVERY

Ms. Kimberly Johnson
Market Analyst/Admissions
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Re: **GATEWAY INSURANCE COMPANY**
Amendment to Certificate of Authority to Include the Writing of Surety and
Workers Compensation Business

Dear Kim:

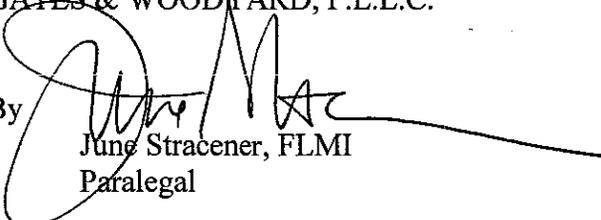
Thank you for your letter of this date concerning the above captioned matter. As requested, we are enclosing our check in the amount of \$500.00 payable to the Arkansas Department Trust Fund for the Company to qualify with the Arkansas Workers Compensation Commission. We look forward to receiving the amended Certificate of Authority in the near future.

We greatly appreciate your courtesy and assistance, Kim, in the review of this application.

Sincerely,

MITCHELL, WILLIAMS, SELIG,
GATES & WOODYARD, P.L.L.C.

By


June Stracener, FLMI
Paralegal

BJS:ab

cc: Ms. Lyn Ward
Ms. Theresa Thorburg
Mr. Doak Foster



January 12, 2009

Julie Benefield Bowman, Insurance Commissioner
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201—1904

Re: Rate Filing - Worker's Compensation
Gateway Insurance Company
FEIN #: 43-0762309
NAIC #: 000028339
Gateway's Filing Number: AR ADOPT NCCI LC REVISIONS EFFECTIVE 7-1-2008
SERFF Tr Num: GTWY-125982598

Dear Commissioner,

Gateway Insurance Company filed our Workers Compensation program in Arkansas and received approval from the state on April 1, 2007.

In this filing, we are adopting NCCI Loss Costs with no changes to our loss cost multiplier of 1.414 filed in our original filing. Specifically we are adopting NCCI's loss costs in their filing number AR-2008-02 that has a July 1, 2008 effective date.

We apologize for the delay in this adoption, and we are requesting an effective date upon approval. Gateway does not have any Arkansas policies at this time, and this filing therefore does not impact any customers.

If you have any questions or need additional information to complete your review, please call me at (800) 779-3600, extension 248. You may also contact me via email at lellsworth@gicauto.com.

Sincerely,

Laura Ellsworth
Compliance Specialist

Attachments: Previously filed RF-WC Form
Final Printed Rate Pages

Commercial Auto Department	P.O. Box 20038	St. Louis, MO	63144-0038	FAX (314) 373-4444
Private Passenger Auto Department	P.O. Box 19886	St. Louis, MO	63144-0286	FAX (314) 373-5687
Local: (314) 373-3333	Nationwide: (800) 779-3600			Claims Department (800) 593-1333

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

DATE February 22, 2007

1. INSURER NAME Gateway Insurance Company
ADDRESS 1401 S. Brentwood Blvd., 10th Floor, Suite 1000
St. Louis, MO 63144

PERSON RESPONSIBLE FOR FILING Lyn Ward
TITLE Compliance Officer TELEPHONE NO. 800-779-3600

2. INSURER NAIC NO. 000028339 GROUP NO. _____

3. ADVISORY ORGANIZATION NCCI

4. ADVISORY ORGANIZATION REFERENCE FILING NO. _____

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, expense constants specified in the attachments.

6. A.	PROPOSED RATE LEVEL CHANGE	<u>Initial</u>	%	EFFECTIVE DATE	_____
B.	PROPOSED PREMIUM LEVEL CHANGE	<u>N/A</u>	%	EFFECTIVE DATE	_____
7. A.	PRIOR RATE LEVEL CHANGE	<u>N/A</u>	%	EFFECTIVE DATE	_____
B.	PRIOR PREMIUM LEVEL CHANGE	<u>N/A</u>	%	EFFECTIVE DATE	_____

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. Check **one** of the following:

- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.
- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.