

Filing at a Glance

Company: Florists' Mutual Insurance Company

Product Name: Item R-1396 - 2007 Update to Retro Rating 01-01-08
SERFF Tr Num: FLWR-125233828 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: AR-PC-07-025469

Sub-TOI: 16.0004 Standard WC

Co Tr Num: 07-6

State Status:

Filing Type: Rule

Co Status:

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

Author: Danielle Milby

Disposition Date: 07-17-2007

Date Submitted: 07-17-2007

Disposition Status: Approved

Effective Date Requested (New): 01-01-2008

Effective Date (New): 01-01-2008

Effective Date Requested (Renewal): 01-01-2008

Effective Date (Renewal):

General Information

Project Name: Item R-1396 - 2007 Update to Retro Rating 01-01-08

Status of Filing in Domicile: Authorized

Project Number: 07-6

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: Item R-1396

Reference Title: 2007 Update to Retrospective Rating Plan Parameters

Advisory Org. Circular: IF-2007-07-03

Filing Status Changed: 07-17-2007

State Status Changed: 07-17-2007

Deemer Date:

Corresponding Filing Tracking Number: 07-6

Filing Description:

Florists' Mutual Insurance Company is filing to adopt the changes outlined in NCCI's Circular No. Item R-1396 - 2007 Update to Retrospective Rating Plan Parameters effective January 1, 2008. This item filing was approved by your state in NCCI's Status of Item Filing Circulars IF-2007-07-03.

Company and Contact

Filing Contact Information

Danielle Milby, Compliance Analyst

dmilby@hortica-insurance.com

#1 Horticultural Lane

(618) 655-1822 [Phone]

Edwardsville, IL 62025

(618) 655-2519[FAX]

Filing Company Information

Florists' Mutual Insurance Company

CoCode: 13978

State of Domicile: Illinois

#1 Horticultural Lane

Group Code: 349

Company Type: Parent

PO Box 428

Edwardsville, IL 62025

Group Name:

State ID Number:

(800) 851-7740 ext. [Phone]

FEIN Number: 37-0277830

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Florists' Mutual Insurance Company	\$25.00	07-17-2007	14633829

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07-17-2007	07-17-2007

Disposition

Disposition Date: 07-17-2007

Effective Date (New): 01-01-2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 07-17-2007 12:25 PM

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07-17-2007
Comments:			
Attachment:	NAIC Property and Casualty Transmittal Document.pdf		
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	07-17-2007
Bypass Reason:	Not Applicable		
Comments:			
Bypassed -Name:	NAIC loss cost data entry document	Review Status: Approved	07-17-2007
Bypass Reason:	Not Applicable		
Comments:			

Property & Casualty Transmittal Document

Reset Form

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:

New Business	
Renewal Business	

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Florists' Mutual Insurance Company	Illinois	13978	370277830	12

5. Company Tracking Number	07-6
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Danielle Milby #1 Horticultural Lane Edwardsville, IL 62025	Compliance Analyst II	1-800-851-7740 Ext: 1822	1-618-655-2519	dmilby@hortica-insurance.com

7. Signature of authorized filer 

8. Please print name of authorized filer Danielle Milby

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

9. Type of Insurance (TOI)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	N/A
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01-01-2008 Renewal: 01-01-2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	Item R-1396 - 2007 Update to Retrospective Rating Plan 01-01-08
18. Company's Date of Filing	July 17, 2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # 07-6

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

Florists' Mutual Insurance Company is filing to adopt the changes outlined in NCCI's Circular No. Item R-1396 - 2007 Update to Retrospective Rating Plan Parameters effective January 1, 2008. This item filing was approved by your state in NCCI's Status of Item Filing Circulars IF-2007-07-03.

[View Complete Filing Description](#)

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 #:
Amount:

EFT Transaction

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

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

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	07-6
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a. Rate Change by Company (As Proposed)							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	N/A	
5b	Overall percentage rate impact for this filing	N/A	
5c	Effect of Rate Filing – Written premium change for this program	N/A	
5d	Effect of Rate Filing – Number of policyholders affected	N/A	

6.	Overall percentage of last rate revision	N/A
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7.	Effective Date of last rate revision	N/A
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Updates to the Retrospective Rating Plan	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	