

Filing at a Glance

Companies: American Fire and Casualty Company, Ohio Security Insurance Company, The Ohio Casualty Insurance Company, West American Insurance Company

Product Name: AR WC Rate Revision 9/15/07	SERFF Tr Num: HCAS-125205139	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: AR-PC-07-025242
Sub-TOI: 16.0004 Standard WC	Co Tr Num: CL20070056	State Status:
Filing Type: Rate	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Author: Jennifer Swift	Disposition Date: 07-02-2007
	Date Submitted: 06-28-2007	Disposition Status: Approved
Effective Date Requested (New): 09-15-2007		Effective Date (New): 09-15-2007
Effective Date Requested (Renewal): 09-15-2007		Effective Date (Renewal):

General Information

Project Name: AR WC Rate Revision 9/15/07	Status of Filing in Domicile: Not Filed
Project Number: CL20070056	Domicile Status Comments:
Reference Organization: NCCI	Reference Number: AR-2007-01 & 04
Reference Title: Approved Voluntary Advisory Loss Costs and Rating Values effective July 1, 2007	Advisory Org. Circular: AR-2007-01; CIF-2006-06; CIF-2006-08
Filing Status Changed: 07-02-2007	
State Status Changed: 06-28-2007	Deemer Date:
Corresponding Filing Tracking Number: NA	

Filing Description:

WORKERS' COMPENSATION: ADOPTION OF NCCI JULY 1, 2007 LOSS COSTS AND RATING VALUES/RETROSPECTIVE RATING VALUES AR-2007-01 AND APPROVED IN AR-2007-04
ITEM B-1397 REVISION TO BASIC MANUAL CLASSIFICATION AND RULES CIF-2006-08
ITEM B-1403 REVISION TO BASIC MANUAL AND RETROSPECTIVE RATING PLAN MANUAL/2006 UPDATE TO HAZARD GROUP AND RETROSPECTIVE RATING PLAN PARAMETERS
OUR FILE NO.: CL20070056

In accordance with the laws of the state of Arkansas, we are filing to adopt the July 1, 2007 NCCI loss costs and rating values as released in AR-2007-01. We are also adopting Item B-1397 and Item B-1403. We hereby place on file our revised Workers' Compensation Program as outlined in the attached Filing Memorandum.

We are filing this to apply to new and renewal policies effective on and after September 15, 2007.

To the best of my knowledge, information and belief, this filing is in compliance in all respects with the provisions of the insurance statutes, laws and regulations of your state.

Company and Contact

Filing Contact Information

Jennifer Swift, Product Staff Underwriter
9450 Seward Road
Fairfield, OH 45014-5456

Jennifer.Swift@ocas.com
(800) 843-6446 [Phone]
(513) 603-3121[FAX]

Filing Company Information

American Fire and Casualty Company
9450 Seward Road
Fairfield, OH 45014-5456
(800) 843-6446 ext. [Phone]

CoCode: 24066
Group Code: 148
Group Name:
FEIN Number: 59-0141790

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

Ohio Security Insurance Company
9450 Seward Road
Fairfield, OH 45014-5456
(800) 843-6446 ext. [Phone]

CoCode: 24082
Group Code: 148
Group Name:
FEIN Number: 31-0541777

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

The Ohio Casualty Insurance Company
9450 Seward Road
Fairfield, OH 45014-5456
(800) 843-6446 ext. [Phone]

CoCode: 24074
Group Code: 148
Group Name:
FEIN Number: 31-0396250

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

West American Insurance Company
9450 Seward Road
Fairfield, OH 45014-5456
(800) 843-6446 ext. [Phone]

CoCode: 44393
Group Code: 148
Group Name:
FEIN Number: 31-0624491

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

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Fee is applicable by submission and reduced as we are not filing revised LCMs.
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
21552603	\$50.00	06-26-2007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07-02-2007	07-02-2007

Disposition

Disposition Date: 07-02-2007

Effective Date (New): 09-15-2007

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:
American Fire and Casualty Company	-6.200%	\$-10,173	18	\$165,218	11.000%	-19.000%	0.000%
Ohio Security Insurance Company	-6.600%	\$-16,467	20	\$249,225	17.000%	-29.000%	0.000%
The Ohio Casualty Insurance Company	-3.200%	\$-21,373	97	\$668,126	20.000%	-20.000%	0.000%
West American Insurance Company	-2.600%	\$-9,617	66	\$376,114	18.000%	-19.000%	0.000%

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	Cover Letter & Memo	Approved	Yes
Rate	Loss Costs Multiplier	Approved	Yes
Rate	Legend/Footnotes	Approved	Yes
Rate	Miscellaneous Values	Approved	Yes
Rate	Experience/Disease	Approved	Yes
Rate	Company Retrospective Rating Values	Approved	Yes

Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	Decrease
Overall Percentage of Last Rate Revision:	-2.200%
Effective Date of Last Rate Revision:	09-15-2007
Filing Method of Last Filing:	Prior Approval

Company Rate Information

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:
American Fire and Casualty Company	-6.200%	\$-10,173	18	\$165,218	11.000%	-19.000%	15.100%
Ohio Security Insurance Company	-6.600%	\$-16,467	20	\$249,225	17.000%	-29.000%	15.100%
The Ohio Casualty Insurance Company	-3.200%	\$-21,373	97	\$668,126	20.000%	-20.000%	15.100%
West American Insurance Company	-2.600%	\$-9,617	66	\$376,114	18.000%	-19.000%	15.100%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:	15.100%
Overall Percentage Rate Impact For This Filing:	-3.900%
Effect of Rate Filing - Written Premium Change For This Program:	\$-57,630
Effect of Rate Filing - Number of Policyholders Affected:	201

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Loss Costs Multiplier	Original Printing September 15, 2007	Replacement	WC AR LCM Page.pdf
Approved	Legend/Footnotes	Original Printing September 15, 2007	Replacement	WC AR Legend.pdf
Approved	Miscellaneous Values	Original Printing September 15, 2007	Replacement	WC AR Misc Values.pdf
Approved	Experience/Disease	Original Printing September 15, 2007	Replacement	WC AR Experience Disease.pdf
Approved	Company Retrospective Rating Values	Original Printing September 15, 2007	Replacement	

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

ARKANSAS

Effective September 15, 2007

Original Printing

LOSS COSTS MULTIPLIER

For the Authorized Rate, apply the following multipliers to the July 1, 2007 [NCCI Advisory Loss Costs](#) pages.

Company Loss Costs Multipliers

The Ohio Casualty Insurance Company	2.150
Ohio Security Insurance Company	1.725
West American Insurance Company	1.375
American Fire and Casualty Company	1.100

To develop Company rates, multiply the NCCI Loss Costs by the applicable Company Loss Costs Multiplier and round to two decimal places.

MINIMUM PREMIUM

How determined

Our minimum premium formula for Standard Industrial Classes: $(185 \times \text{OC final rate}) + \text{Expense Constant}$, subject to \$900 Maximum Minimum and a \$500 Minimum Minimum rounded to the nearest dollar. For Per Capita classes: $(1 \times \text{OC final rate}) + \text{Expense Constant}$, subject to a \$500 Minimum Minimum rounded to the nearest dollar.

**THE OHIO CASUALTY INSURANCE COMPANY
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LEGEND

- a Rate for each individual risk must be obtained by Home Office from the Rating Organization having jurisdiction.
- C Classification is a chemical code.
- D Rate for classification already includes the specific disease loading. See Basic Manual Rule 3-A-7.
- E Rate for classification already includes specific disease loading. Refer to Miscellaneous Values for amount.
- F Rate provides for coverage under the United States Longshore and Harbor Workers' Compensation Act and its extensions. Rate contains a provision for federal assessment.
- M Rate provides for coverage under the Admiralty Law and Federal Employers' Liability Act (FELA). A provision for federal assessment is included for those classifications under Program II USL Act.
- N This code is part of a ratable/non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code	Class Code	Non-Ratable Element Code
4771	0771	7405	7445
		7431	7453

- P Classification is computed on a per capita basis.
- X Refer to special classification phraseology in these pages which is applicable in this state.

FOOTNOTES

- * Footnotes applicable to specific classification codes.
- 1005 Ohio Casualty rate includes a non-ratable disease element of \$5.51 (For coverage written separately for federal benefits only, \$4.71. For coverage written separately for state benefits only, \$0.80).
Ohio Security rate includes a non-ratable disease element of \$4.42 (For coverage written separately for federal benefits only, \$3.78. For coverage written separately for state benefits only, \$0.64).
West American rate includes a non-ratable disease element of \$3.52 (For coverage written separately for federal benefits only, \$3.01. For coverage written separately for state benefits only, \$0.51).
American Fire rate includes a non-ratable disease element of \$2.82 (For coverage written separately for federal benefits only, \$2.41. For coverage written separately for state benefits only, \$0.41).
- 1016 Ohio Casualty rate includes a non-ratable disease element of \$21.97 (For coverage written separately for federal benefits only, \$18.77. For coverage written separately for state benefits only, \$3.20), and a catastrophe load of \$0.22.
Ohio Security rate includes a non-ratable disease element of \$17.63 (For coverage written separately for federal benefits only, \$15.06. For coverage written separately for state benefits only, \$2.57), and a catastrophe load of \$0.17.
West American rate includes a non-ratable disease element of \$14.05 (For coverage written separately for federal benefits only, \$12.00. For coverage written separately for state benefits only, \$2.05), and a catastrophe load of \$0.14.
American Fire rate includes a non-ratable disease element of \$11.24 (For coverage written separately for federal benefits only, \$9.60. For coverage written separately for state benefits only, \$1.64), and a catastrophe load of \$0.11.

- 7409 & Payroll is subject to a maximum of \$600 per week per employee.
7420
- 8018 See Arkansas Special Classification for Warehousing-groceries exclusively.
- 8833 Ohio Casualty ex-medical rate for this classification is \$0.88. A charge of \$0.22 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Ohio Security ex-medical rate for this classification is \$0.71. A charge of \$0.17 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. West American ex-medical rate for this classification is \$0.56. A charge of \$0.14 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. American Fire ex-medical rate for this classification is \$0.45. A charge of \$0.11 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- 9040 Ohio Casualty ex-medical rate for this classification is \$2.58. A charge of \$0.22 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Ohio Security ex-medical rate for this classification is \$2.07. A charge of \$0.17 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. West American ex-medical rate for this classification is \$1.65. A charge of \$0.14 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. American Fire ex-medical rate for this classification is \$1.32. A charge of \$0.11 is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

REFER TO UPDATE PAGE FOR ALL SUBSEQUENT REVISIONS TO ALL CLASS CODES

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MISCELLANEOUS VALUES**Basis of Premium** applicable in accordance with the footnote instructions for Code 7370 - "Taxicab. Co."

Employee operated vehicles	\$46,220.00
Leased or rented vehicles	\$30,813.00

7420- "Aviation – Aerial Application, Seeding, Herding, or Scintillometer Surveying – Flying Crew"

Maximum payroll per week per employee	\$600.00
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Expense Constant applicable in accordance with Basic Manual Rule 3-A-11 \$180.00

Maximum Payroll applicable in accordance with Basic Manual Rule 2-E-1 "Executive Officers" and the footnote instructions for code 9178 - "Athletic Team: Non-Contact Sports", Code 9179 - "Athletic Team: Contact Sports" and Code 9186 - "Carnival – Traveling" \$2,400.00

Minimum Payroll applicable in accordance with Basic Manual Rule 2-E-1 "Executive Officers" \$300.00

Premium Determination for Partners, Sole Proprietors, and Members of Limited Liability Companies in accordance with Basic Manual Rule 2-E-3 \$30,800.00

Per Passenger Seat Surcharge - In accordance with the footnote instructions for classification code 7421, the surcharge is \$100 per passenger seat
\$1000 maximum surcharge per aircraft

Premium Discount Percentages - (See Basic Manual Rule 3-A-19). The following premium discounts are applicable to Standard Premiums:

			Stock	
First	\$5,000.....	-	-	
Next	95,000.....	"a"	10.9	%
Next	400,000.....	"b"	12.6	
Over	500,000.....	"c"	14.4	

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 95%

(Multiply a Non-F classification rate by a factor of 1.95 to adjust for the difference in state and federal benefits and loss-based expenses.)

Foreign Terrorism	Company	Rate
	Ohio Casualty	.04
	Ohio Security	.03
	West American	.03
	American Fire	.02

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents	Company	Rate
	Ohio Casualty	.02
	Ohio Security	.02
	West American	.01
	American Fire	.01

Premium Reduction Percentages. The following reduction percentages are applicable by deductible amount by hazard group on a per claim basis:

**TOTAL LOSSES
Hazard Group**

Deductible Amount	A		B		C		D		E		F		G	
\$1,000	7.0	%	5.7	%	4.9	%	3.9	%	3.3	%	2.3	%	1.7	%
\$1,500	8.5	%	7.0	%	6.0	%	4.8	%	4.1	%	2.9	%	2.2	%
\$2,000	9.7	%	8.0	%	6.9	%	5.5	%	4.7	%	3.3	%	2.6	%
\$2,500	10.7	%	8.9	%	7.7	%	6.1	%	5.2	%	3.7	%	2.9	%
\$3,000	11.6	%	9.7	%	8.5	%	6.6	%	5.6	%	4.1	%	3.2	%
\$3,500	12.5	%	10.4	%	9.1	%	7.1	%	6.1	%	4.4	%	3.4	%
\$4,000	13.3	%	11.1	%	9.8	%	7.5	%	6.4	%	4.7	%	3.7	%
\$4,500	14.0	%	11.7	%	10.4	%	7.9	%	6.8	%	5.0	%	3.9	%
\$5,000	14.7	%	12.3	%	10.9	%	8.3	%	7.1	%	5.3	%	4.1	%

**MEDICAL LOSSES ONLY
Hazard Group**

Deductible Amount	A		B		C		D		E		F		G	
\$1,000	6.8	%	5.5	%	4.7	%	3.9	%	3.3	%	2.3	%	1.7	%
\$1,500	8.1	%	6.6	%	5.7	%	4.8	%	4.1	%	2.9	%	2.2	%
\$2,000	9.1	%	7.5	%	6.5	%	5.5	%	4.7	%	3.3	%	2.6	%
\$2,500	10.0	%	8.2	%	7.2	%	6.1	%	5.2	%	3.7	%	2.9	%
\$3,000	10.7	%	8.9	%	7.7	%	6.6	%	5.6	%	4.1	%	3.2	%
\$3,500	11.4	%	9.5	%	8.3	%	7.1	%	6.1	%	4.4	%	3.4	%
\$4,000	12.0	%	10.0	%	8.7	%	7.5	%	6.4	%	4.7	%	3.7	%
\$4,500	12.5	%	10.5	%	9.2	%	7.9	%	6.8	%	5.0	%	3.9	%
\$5,000	13.0	%	10.9	%	9.6	%	8.3	%	7.1	%	5.3	%	4.1	%

**INDEMNITY LOSSES ONLY
Hazard Group**

Deductible Amount	A		B		C		D		E		F		G	
\$1,000	1.5	%	1.2	%	1.1	%	1.0	%	0.9	%	0.8	%	0.6	%
\$1,500	2.1	%	1.7	%	1.6	%	1.5	%	1.3	%	1.1	%	0.8	%
\$2,000	2.6	%	2.2	%	2.0	%	1.8	%	1.6	%	1.4	%	1.1	%
\$2,500	3.0	%	2.5	%	2.4	%	2.2	%	1.9	%	1.6	%	1.3	%
\$3,000	3.4	%	2.9	%	2.7	%	2.5	%	2.2	%	1.9	%	1.5	%
\$3,500	3.8	%	3.2	%	3.0	%	2.8	%	2.5	%	2.1	%	1.6	%
\$4,000	4.2	%	3.5	%	3.3	%	3.1	%	2.7	%	2.3	%	1.8	%
\$4,500	4.5	%	3.8	%	3.6	%	3.3	%	3.0	%	2.5	%	2.0	%
\$5,000	4.8	%	4.1	%	3.8	%	3.6	%	3.2	%	2.7	%	2.1	%

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Effective September 15, 2007

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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 of 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.

TABLE OF SPECIFIC DISEASE LOADINGS**DISEASE SYMBOLS**

Asb = Asbestos

S = Silica

Code	Disease Symbol	Ohio Casualty	Ohio Security	West American	American Fire & Casualty
0059D	S	0.43	0.35	0.28	0.22
0065D	S	0.09	0.07	0.06	0.04
0066D	S	0.09	0.07	0.06	0.04
0067D	S	0.09	0.07	0.06	0.04
1164E	S	0.13	0.10	0.08	0.07
1165E	S	0.06	0.05	0.04	0.03
1624E	S	0.06	0.05	0.04	0.03
1710E	S	0.09	0.07	0.06	0.04
1741E	S	0.37	0.29	0.23	0.19
1803D	S	0.37	0.29	0.23	0.19
1852D	Asb	0.06	0.05	0.04	0.03
3081D	S	0.06	0.05	0.04	0.03
3082D	S	0.09	0.07	0.06	0.04
3085D	S	0.09	0.07	0.06	0.04
3175D	S	0.04	0.03	0.03	0.02
4024E	S	0.02	0.02	0.01	0.01
5508D	S	0.04	0.03	0.03	0.02
6251D	S	0.09	0.07	0.06	0.04
6252D	S	0.06	0.05	0.04	0.03
6260D	S	0.04	0.03	0.03	0.02

Refer to Legend page(s) for definition of classification symbols.

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WEST AMERICAN INSURANCE COMPANY
AMERICAN FIRE AND CASUALTY COMPANY**

Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 07-02-2007

Bypass Reason: SERFF V5 includes all the elements of the form based on the latest NAIC version effective 3/1/07.

Comments:

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

Review Status: Approved 07-02-2007

Comments:

Please find attached the NAIC filing forms WC Cover, LCM Calc and Expense Constant Supplement for each company.

Attachments:

Arwcref.oc.pdf
AR LCM Calc.oc.pdf
AR EC Supp.oc.pdf
Arwcref.os.pdf
AR LCM Calc.os.pdf
AR EC Supp.os.pdf
Arwcref.wa.pdf
AR LCM Calc.wa.pdf
AR EC Supp.wa.pdf
Arwcref.af.pdf
AR LCM Calc.afc.pdf
AR EC Supp.afc.pdf

Satisfied -Name: NAIC loss cost data entry document

Review Status: Approved 07-02-2007

Comments:

Please see attached copy of loss cost data entry completed for each state.

Attachments:

AR LC data entry.oc.pdf
AR LC data entry.os.pdf
AR LC data entry.wa.pdf
AR LC data entry.afc.pdf

Satisfied -Name: Cover Letter & Memo

Review Status: Approved 07-02-2007

Comments:

Please see attached cover memo and filing memorandum that details the filing.

Attachments:

js061907wc.ar.pdf
wcmemo.pdf

Date; 6/28/2007

Space Reserved for Insurance
Department Use

**WORKERS COMPENSATION
LOSS COST FILING DOCUMENT COVER FORM**

**INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION
PROSPECTIVE LOSS COSTS**

1. INSURER NAME Ohio Casualty Insurance Company
ADDRESS 9450 Seward Road
Fairfield, Ohio 45014

2. PERSON RESPONSIBLE FOR FILING : Jennifer Swift
TITLE Product Staff Underwriter TELEPHONE # 1-800-843-6446 Ext. 2766

3. INSURER NAIC NO. 24074 GROUP NO. 148
ADVISORY ORGANIZATION National Council on Compensation Insurance, Inc.

ADVISORY ORGANIZATION REFERENCE FILING NO.: AR-2007-01 & 04

5A. PROPOSED RATE LEVEL CHANGE: -3.2 % EFFECTIVE DATE September 15, 2007

5B. PROPOSED PREMIUM LEVEL CHANGE * -3.2 % EFFECTIVE DATE September 15, 2007

6A. PRIOR RATE LEVEL CHANGE: -2.7 % EFFECTIVE DATE September 15, 2006

6B. PRIOR PREMIUM LEVEL CHANGE * -2.7 % EFFECTIVE DATE September 15, 2006

7. ATTACH "NAIC LOSS COST FILING DOCUMENT—WORKERS' COMPENSATION"
(Attach this document separately for each insurer-selected loss cost multiplier.)

* The premium level change is the change in the insurer's annual collectible premium.

**NAIC Loss Cost Filing Document--Workers' Compensation
Calculation of Company Loss Cost Multiplier
(Effective Aug. 16, 2004)**

This filing transmittal is part of Company Tracking #	CL20070056
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	NA

- Loss Cost Reference Filing** ___ AR-2007-01 & AR-2007-04 **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, the 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.) 36.0% modification of loss costs allows us to continue a tiered rating structure while achieving our selected overall Group change of -3.9%.

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.36

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .9 (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 permium discount plans, and/or other supporting information.).
PROJECTED EXPENSES: Compared to standard permium at company rates.

			Selected Provisions
A.	Total Production Expense		%
B.	General Expense		%
C.	Taxes, Licenses & Fee		%
D.	Underwriting profit & contingencies*		%

	E.	Other (explain)		%
	F.	Total		%
		* Explain how investment income is taken into account		

5.	A.	Expected Loss Ratio: $ELR = 100\% - 4F =$		
	B.	ELR in Decimal Form =		

6.		Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)		
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)		
8.		Company Formula Loss Cost Multiplier $[3B / ((7-4F) \times 6)]$		
9.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)		

- | | | 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. | Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level changes. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

NACI Expense Constant Supplement

Calculation of Company Loss Cost Multiplier With Expense Constants

(Effective Aug. 16, 2004)

(This form must be provided ONLY when making a filing that includes an expense constant)

This filing transmittal is part of Company Tracking #	CL20070056
This filing corresponds to form filing number <small>(Company tracking number of form filing, if applicable)</small>	

Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

4.			Overall	Variable	Fixed	
	A.	Total Production Expense	14.96	9.09	5.87	%
	B.	General Expense	5.91	1.18	4.73	%
	C.	Taxes, License & Fees	5.85	5.85	0	%
	D.	Underwriting Profit & Contingencies*	1.07	1.07	0	%
	E.	Other (explain)	4.55	4.55	0	%
	F.	TOTAL	32.33	21.74	10.60	%
		*Explain how investment income is taken into account				

5.	A.	Expected Loss Ratio: ELR = 100% - Overall 4F				67.67 %
	B.	ELR in decimal form =				0.677
	C.	Variable Expected Loss Ratio: VELR=100% - Variable 4F				78.26 %
	D.	VELR in Decimal Form = B. ELR in Decimal Forc =				0.783

6.	A.	Formula Expense Constant: [(1.00 divided by 5B) - (1.00 divided by 5D)]				0.20
	B.	Formula Variable Loss Cost Multiplier (3B divided by 5D)				1.74

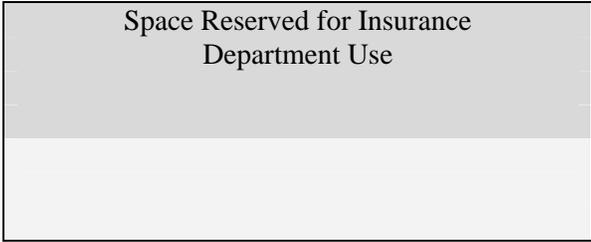
7.	A.	Selected Expense Constant =				0.04
	B.	Selected Variable Loss Cost Multiplier =				2.15

8. Explain any differences between 6 and 7:

We select the assigned risk expense constant of \$180 as our starting point. Additional rate need is obtained through our LCM

9.	Rate level change for the coverage(s) to which this page applies					-3.2 %
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Date; 6/28/2007



**WORKERS COMPENSATION
LOSS COST FILING DOCUMENT COVER FORM**

**INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION
PROSPECTIVE LOSS COSTS**

1. INSURER NAME Ohio Security Insurance Company
ADDRESS 9450 Seward Road
Fairfield, Ohio 45014

2. PERSON RESPONSIBLE FOR FILING : Jennifer Swift
TITLE Product Staff Underwriter TELEPHONE # 1-800-843-6446 Ext. 2766

3. INSURER NAIC NO. 24082 GROUP NO. 148

4. ADVISORY ORGANIZATION National Council on Compensation Insurance, Inc.
ADVISORY ORGANIZATION REFERENCE FILING NO.: AR-2007-01 & 04

5A. PROPOSED RATE LEVEL CHANGE: -6.6 % EFFECTIVE DATE September 15, 2007
5B. PROPOSED PREMIUM LEVEL CHANGE -6.6 % EFFECTIVE DATE September 15, 2007
. . .
6A. PRIOR RATE LEVEL CHANGE: -0.5 % EFFECTIVE DATE September 15, 2006
6B. PRIOR PREMIUM LEVEL CHANGE 0* % EFFECTIVE DATE September 15, 2006

7. ATTACH "NAIC LOSS COST FILING DOCUMENT—WORKERS' COMPENSATION"
(Attach this document separately for each insurer-selected loss cost multiplier.)

* The premium level change is the change in the insurer's annual collectible premium.

**NAIC Loss Cost Filing Document--Workers' Compensation
Calculation of Company Loss Cost Multiplier
(Effective Aug. 16, 2004)**

This filing transmittal is part of Company Tracking #	CL20070056
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	NA

- Loss Cost Reference Filing** ___ AR-2007-01 & AR-2007-04 **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, the 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.) -8.8% modification of loss costs allows us to continue a tiered rating structure while achieving our selected overall Group change of -3.9%.

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.088

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .9 (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 permium discount plans, and/or other supporting information.).
PROJECTED EXPENSES: Compared to standard permium at company rates.

		Selected Provisions	
	A.	Total Production Expense	%
	B.	General Expense	%
	C.	Taxes, Licenses & Fee	%
	D.	Underwriting profit & contingencies*	%

	E.	Other (explain)		%
	F.	Total		%
		* Explain how investment income is taken into account		

5.	A.	Expected Loss Ratio: $ELR = 100\% - 4F =$		
	B.	ELR in Decimal Form =		

6.		Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)		
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)		
8.		Company Formula Loss Cost Multiplier [$3B / ((7-4F) \times 6)$]		
9.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)		

- | | | 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. | Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level changes. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

NACI Expense Constant Supplement

Calculation of Company Loss Cost Multiplier With Expense Constants

(Effective Aug. 16, 2004)

(This form must be provided ONLY when making a filing that includes an expense constant)

This filing transmittal is part of Company Tracking #	CL20070056
This filing corresponds to form filing number <small>(Company tracking number of form filing, if applicable)</small>	

Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

4.			Overall	Variable	Fixed	
	A.	Total Production Expense	14.96	9.09	5.87	%
	B.	General Expense	5.91	1.18	4.73	%
	C.	Taxes, License & Fees	5.85	5.85	0.00	%
	D.	Underwriting Profit & Contingencies*	1.07	1.07	0.00	%
	E.	Other (explain)	4.55	4.55	0.00	%
	F.	TOTAL	32.33	21.74	10.60	%
		*Explain how investment income is taken into account				

5.	A.	Expected Loss Ratio: ELR = 100% - Overall 4F				67.67%
	B.	ELR in decimal form =				0.677
	C.	Variable Expected Loss Ratio: VELR=100% - Variable 4F				78.26%
	D.	VELR in Decimal Form = B. ELR in Decimal Forc =				0.783

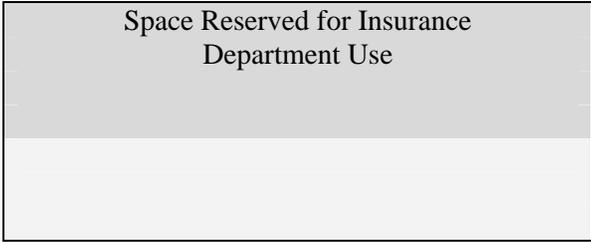
6.	A.	Formula Expense Constant: [(1.00 divided by 5B) - (1.00 divided by 5D)]				0.20
	B.	Formula Variable Loss Cost Multiplier (3B divided by 5D)				1.39

7.	A.	Selected Expense Constant =				0.04
	B.	Selected Variable Loss Cost Multiplier =				1.725

8. Explain any differences between 6 and 7:

We select the assigned risk expense constant of \$180 as our starting point. Additional rate need is obtained through our LCM

9.	Rate level change for the coverage(s) to which this page applies					-6.6%
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**WORKERS COMPENSATION
LOSS COST FILING DOCUMENT COVER FORM**

**INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION
PROSPECTIVE LOSS COSTS**

1. INSURER NAME West American Insurance Company
ADDRESS 9450 Seward Road
Fairfield, Ohio 45014

2. PERSON RESPONSIBLE FOR FILING : Jennifer Swift
TITLE Product Staff Underwriter TELEPHONE # 1-800-843-6446 Ext. 2766
INSURER NAIC NO. 44393 GROUP NO. 148

3. ADVISORY ORGANIZATION National Council on Compensation Insurance, Inc.

4. ADVISORY ORGANIZATION REFERENCE FILING NO.: AR-2007-01 & 04

5A. PROPOSED RATE LEVEL CHANGE:	<u>-2.6</u>	% EFFECTIVE DATE	<u>September 15, 2007</u>
5B. PROPOSED PREMIUM LEVEL CHANGE	<u>-2.6</u>	% EFFECTIVE DATE	<u>September 15, 2007</u>
6A. PRIOR RATE LEVEL CHANGE:	<u>-2.0</u>	% EFFECTIVE DATE	<u>September 15, 2006</u>
6B. PRIOR PREMIUM LEVEL CHANGE	<u>-2.0</u>	% EFFECTIVE DATE	<u>September 15, 2006</u>

7. ATTACH "NAIC LOSS COST FILING DOCUMENT—WORKERS' COMPENSATION"
(Attach this document separately for each insurer-selected loss cost multiplier.)

* The premium level change is the change in the insurer's annual collectible premium.

**NAIC Loss Cost Filing Document--Workers' Compensation
Calculation of Company Loss Cost Multiplier
(Effective Aug. 16, 2004)**

This filing transmittal is part of Company Tracking #	CL20070056
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	NA

- Loss Cost Reference Filing** ___ AR-2007-01 & AR-2007-04 **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, the 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.) -13.3% modification of loss costs allows us to continue a tiered rating structure while achieving our selected overall Group change of -3.9%.

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 0.867

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .9 (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 permium discount plans, and/or other supporting information.).
PROJECTED EXPENSES: Compared to standard permium at company rates.

		Selected Provisions	
A.	Total Production Expense		%
B.	General Expense		%
C.	Taxes, Licenses & Fee		%
D.	Underwriting profit & contingencies*		%

	E.	Other (explain)		%
	F.	Total		%
		* Explain how investment income is taken into account		

5.	A.	Expected Loss Ratio: $ELR = 100\% - 4F =$		
	B.	ELR in Decimal Form =		

6.		Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)		
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)		
8.		Company Formula Loss Cost Multiplier [$3B / ((7-4F) \times 6)$]		
9.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)		

- | | | 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. | Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level changes. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

NACI Expense Constant Supplement

Calculation of Company Loss Cost Multiplier With Expense Constants

(Effective Aug. 16, 2004)

(This form must be provided ONLY when making a filing that includes an expense constant)

This filing transmittal is part of Company Tracking #	CL20070056
This filing corresponds to form filing number <small>(Company tracking number of form filing, if applicable)</small>	

Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

4.			Overall	Variable	Fixed	
	A.	Total Production Expense	14.96	9.09	5.87	%
	B.	General Expense	5.91	1.18	4.73	%
	C.	Taxes, License & Fees	5.85	5.85	0.00	%
	D.	Underwriting Profit & Contingencies*	1.07	1.07	0.00	%
	E.	Other (explain)	4.55	4.55	0.00	%
	F.	TOTAL	32.33	21.74	10.60	%
		*Explain how investment income is taken into account				

5.	A.	Expected Loss Ratio: ELR = 100% - Overall 4F				67.67%
	B.	ELR in decimal form =				0.677
	C.	Variable Expected Loss Ratio: VELR=100% - Variable 4F				78.26%
	D.	VELR in Decimal Form = B. ELR in Decimal Forc =				0.783

6.	A.	Formula Expense Constant: [(1.00 divided by 5B) - (1.00 divided by 5D)]				0.20
	B.	Formula Variable Loss Cost Multiplier (3B divided by 5D)				1.11

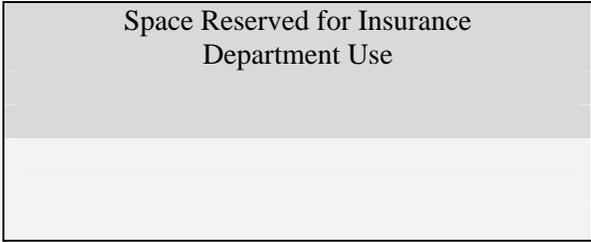
7.	A.	Selected Expense Constant =				0.04
	B.	Selected Variable Loss Cost Multiplier =				1.375

8. Explain any differences between 6 and 7:

We select the assigned risk expense constant of \$180 as our starting point. Additional rate need is obtained through our LCM

9.	Rate level change for the coverage(s) to which this page applies					-2.6%
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Date; 6/28/2007



**WORKERS COMPENSATION
LOSS COST FILING DOCUMENT COVER FORM**

**INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION
PROSPECTIVE LOSS COSTS**

1. INSURER NAME American Fire & Casualty Company
ADDRESS 9450 Seward Road
Fairfield, Ohio 45014

PERSON RESPONSIBLE FOR FILING : Jennifer Swift
TITLE Product Staff Underwriter TELEPHONE # 1-800-843-6446 Ext. 2766

2. INSURER NAIC NO. 24066 GROUP NO. 148
3. ADVISORY ORGANIZATION National Council on Compensation Insurance, Inc.
4. ADVISORY ORGANIZATION REFERENCE FILING NO.: AR-2007-01 & 04

5A. PROPOSED RATE LEVEL CHANGE: -6.2 % EFFECTIVE DATE September 15, 2007
5B. PROPOSED PREMIUM LEVEL CHANGE -6.2 % EFFECTIVE DATE September 15, 2007
6A. PRIOR RATE LEVEL CHANGE: +4.1 % EFFECTIVE DATE September 15, 2006
6B. PRIOR PREMIUM LEVEL CHANGE +4.1 % EFFECTIVE DATE September 15, 2006

7. ATTACH "NAIC LOSS COST FILING DOCUMENT—WORKERS' COMPENSATION"
(Attach this document separately for each insurer-selected loss cost multiplier.)

* The premium level change is the change in the insurer's annual collectible premium.

**NAIC Loss Cost Filing Document--Workers' Compensation
Calculation of Company Loss Cost Multiplier
(Effective Aug. 16, 2004)**

This filing transmittal is part of Company Tracking #	CL20070056
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	NA

- Loss Cost Reference Filing** ___ AR-2007-01 & AR-2007-04 **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, the 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.) -30.6% modification of loss costs allows us to continue a tiered rating structure while achieving our selected overall Group change of -3.9%.

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 0.694

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .9 (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 permium discount plans, and/or other supporting information.).
PROJECTED EXPENSES: Compared to standard permium at company rates.

		Selected Provisions	
A.	Total Production Expense		%
B.	General Expense		%
C.	Taxes, Licenses & Fee		%
D.	Underwriting profit & contingencies*		%

	E.	Other (explain)		%
	F.	Total		%
		* Explain how investment income is taken into account		

5.	A.	Expected Loss Ratio: $ELR = 100\% - 4F =$		
	B.	ELR in Decimal Form =		

6.		Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)		
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)		
8.		Company Formula Loss Cost Multiplier [$3B / ((7-4F) \times 6)$]		
9.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)		

- | | | 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. | Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level changes. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

NACI Expense Constant Supplement

Calculation of Company Loss Cost Multiplier With Expense Constants

(Effective Aug. 16, 2004)

(This form must be provided ONLY when making a filing that includes an expense constant)

This filing transmittal is part of Company Tracking #	CL20070056
This filing corresponds to form filing number <small>(Company tracking number of form filing, if applicable)</small>	

Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

4.			Overall	Variable	Fixed	
	A.	Total Production Expense	14.96	9.09	5.87	%
	B.	General Expense	5.91	1.18	4.73	%
	C.	Taxes, License & Fees	5.85	5.85	0.00	%
	D.	Underwriting Profit & Contingencies*	1.07	1.07	0.00	%
	E.	Other (explain)	4.55	4.55	0.00	%
	F.	TOTAL	32.33	21.74	10.60	%
		*Explain how investment income is taken into account				

5.	A.	Expected Loss Ratio: ELR = 100% - Overall 4F				67.67%
	B.	ELR in decimal form =				0.677
	C.	Variable Expected Loss Ratio: VELR=100% - Variable 4F				78.26%
	D.	VELR in Decimal Form = B. ELR in Decimal Forc =				0.783

6.	A.	Formula Expense Constant: [(1.00 divided by 5B) - (1.00 divided by 5D)]				0.20
	B.	Formula Variable Loss Cost Multiplier (3B divided by 5D)				0.89

7.	A.	Selected Expense Constant =				0.04
	B.	Selected Variable Loss Cost Multiplier =				1.1

8. Explain any differences between 6 and 7:

We select the assigned risk expense constant of \$180 as our starting point. Additional rate need is obtained through our LCM.

9.	Rate level change for the coverage(s) to which this page applies				-6.2%
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NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

1	This filing transmittal is part of Company Tracking #	CL20070056
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2	If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number	NCCI (AR-2007-01 & 04)
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		Company Name			Company NAIC Number
3	A.	Ohio Casualty Insurance Company	B.	24074	

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

5			FOR LOSS COSTS ONLY				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
COVERAGE (See Instructions)	Indicated % Rate Level Change	Requested % Rate Level Change	Expected Loss Ratio	Loss Cost Modification Factor	Selected Loss Cost Multiplier	Expense Constant (If Applicable)	Co. Current Loss Cost Multiplier
Workers' Compensation	15.1%	-3.2%	67.7	1.360	2.15	180	2.15
TOTAL OVERALL EFFECT	15.1%	-3.2%					

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
2002	136	5.0	8/15/2002	478	594	124.3%	105.0%
2003	136	0.0	9/15/2003	628	(25)	-4.0%	75.8%
2004	120	-0.6	9/15/2004	817	600	73.3%	52.8%
2005	127	-6.1	9/15/2005	1,011	1565	154.8%	113.3%
2006	201	-2.2	9/15/2006	1,233	(61)	-5.0%	89.0%

7	
Expense Constants	Selected Provisions
A. Total Production Expense	15.0%
B. General Expense	5.9%
C. Taxes, License & Fees	5.8%
D. Underwriting Profit & Contingencies	1.1%
E. Other (explain)	4.6%
F. TOTAL	32.3%

8. Y Apply Lost Cost Factors to Future filings? (Y or N)
9. 20% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____ --
10. -20% 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 #	CL20070056
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2	If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number	NCCI (AR-2007-01 & 04)
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		Company Name			Company NAIC Number
3	A.	Ohio Security Insurance Company	B.	24082	

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

5			FOR LOSS COSTS ONLY				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
COVERAGE (See Instructions)	Indicated % Rate Level Change	Requested % Rate Level Change	Expected Loss Ratio	Loss Cost Modification Factor	Selected Loss Cost Multiplier	Expense Constant (If Applicable)	Co. Current Loss Cost Multiplier
Workers' Compensation	15.1%	-6.6%	67.7	1.088	1.725	180	1.725
TOTAL OVERALL EFFECT	15.1%	-6.6%					

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
2002	136	5.0	8/15/2002	478	594	124.3%	105.0%
2003	136	0.0	9/15/2003	628	(25)	-4.0%	75.8%
2004	120	-0.6	9/15/2004	817	600	73.3%	52.8%
2005	127	-6.1	9/15/2005	1,011	1565	154.8%	113.3%
2006	201	-2.2	9/15/2006	1,233	(61)	-5.0%	89.0%

7	
Expense Constants	Selected Provisions
A. Total Production Expense	15.0%
B. General Expense	5.9%
C. Taxes, License & Fees	5.8%
D. Underwriting Profit & Contingencies	1.1%
E. Other (explain)	4.6%
F. TOTAL	32.3%

8. Y Apply Lost Cost Factors to Future filings? (Y or N)
9. 17% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____ --
10. -29% 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 #	CL20070056
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2	If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number	NCCI (AR-2007-01 & 04)
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		Company Name			Company NAIC Number
3	A.	West American Insurance Company	B.	44393	

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

5			FOR LOSS COSTS ONLY				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
COVERAGE (See Instructions)	Indicated % Rate Level Change	Requested % Rate Level Change	Expected Loss Ratio	Loss Cost Modification Factor	Selected Loss Cost Multiplier	Expense Constant (If Applicable)	Co. Current Loss Cost Multiplier
Workers' Compensation	15.1%	-2.6%	67.7	0.867	1.375	180	1.375
TOTAL OVERALL EFFECT	15.1%	-2.6%					

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
2002	136	5.0	8/15/2002	478	594	124.3%	105.0%
2003	136	0.0	9/15/2003	628	(25)	-4.0%	75.8%
2004	120	-0.6	9/15/2004	817	600	73.3%	52.8%
2005	127	-6.1	9/15/2005	1,011	1565	154.8%	113.3%
2006	201	-2.2	9/15/2006	1,233	(61)	-5.0%	89.0%

7	
Expense Constants	Selected Provisions
A. Total Production Expense	15.0%
B. General Expense	5.9%
C. Taxes, License & Fees	5.8%
D. Underwriting Profit & Contingencies	1.1%
E. Other (explain)	4.6%
F. TOTAL	32.3%

8. Y Apply Lost Cost Factors to Future filings? (Y or N)
9. 18% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____ --
10. -18% 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 #	CL20070056
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2	If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number	NCCI (AR-2007-01 & 04)
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		Company Name			Company NAIC Number
3	A.	American Fire & Casualty Company	B.	24066	

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

5			FOR LOSS COSTS ONLY				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
COVERAGE (See Instructions)	Indicated % Rate Level Change	Requested % Rate Level Change	Expected Loss Ratio	Loss Cost Modification Factor	Selected Loss Cost Multiplier	Expense Constant (If Applicable)	Co. Current Loss Cost Multiplier
Workers' Compensation	15.1%	-6.2%	67.7	0.694	1.1	180	1.1
TOTAL OVERALL EFFECT	15.1%	-6.2%					

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
2002	136	5.0	8/15/2002	478	594	124.3%	105.0%
2003	136	0.0	9/15/2003	628	(25)	-4.0%	75.8%
2004	120	-0.6	9/15/2004	817	600	73.3%	52.8%
2005	127	-6.1	9/15/2005	1,011	1565	154.8%	113.3%
2006	201	-2.2	9/15/2006	1,233	(61)	-5.0%	89.0%

7	
Expense Constants	Selected Provisions
A. Total Production Expense	15.0%
B. General Expense	5.9%
C. Taxes, License & Fees	5.8%
D. Underwriting Profit & Contingencies	1.1%
E. Other (explain)	4.6%
F. TOTAL	32.3%

8. Y Apply Lost Cost Factors to Future filings? (Y or N)
9. 11% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____ --
10. -19% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____



June 28, 2007

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

RE: THE OHIO CASUALTY INSURANCE COMPANY - NAIC #148-24074
OHIO SECURITY INSURANCE COMPANY - NAIC #148-24082
WEST AMERICAN INSURANCE COMPANY - NAIC #148-44393
AMERICAN FIRE & CASUALTY COMPANY - NAIC #148-24066
WORKERS' COMPENSATION: ADOPTION OF NCCI JULY 1, 2007 LOSS COSTS AND RATING
VALUES/RETROSPECTIVE RATING VALUES AR-2007-01 AND APPROVED IN AR-2007-04
ITEM B-1397 REVISION TO BASIC MANUAL CLASSIFICATION AND RULES CIF-2006-08
ITEM B-1403 REVISION TO BASIC MANUAL AND RETROSPECTIVE RATING PLAN
MANUAL/2006 UPDATE TO HAZARD GROUP AND RETROSPECTIVE RATING PLAN
PARAMETERS
OUR FILE NO.: CL20070056

In accordance with the laws of the state of Arkansas, we are filing to adopt the July 1, 2007 NCCI loss costs and rating values as released in AR-2007-01. We are also adopting Item B-1397 and Item B-1403. We hereby place on file our revised Workers' Compensation Program as outlined in the attached Filing Memorandum.

We are filing this to apply to new and renewal policies effective on and after September 15, 2007.

To the best of my knowledge, information and belief, this filing is in compliance in all respects with the provisions of the insurance statutes, laws and regulations of your state.

Jennifer Swift, AU, Product Staff Underwriter
Commercial Operations
1-800-843-6446 Ext. 2766
Fax # (513) 603-3121
E-mail address: jennifer.swift@ocas.com

Enc.

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THE OHIO CASUALTY INSURANCE COMPANY
 OHIO SECURITY INSURANCE COMPANY
 WEST AMERICAN INSURANCE COMPANY
 AMERICAN FIRE AND CASUALTY COMPANY

WORKERS' COMPENSATION

FILING MEMORANDUM

ARKANSAS

We are filing to adopt the NCCI's July 1, 2007 Advisory Loss Costs and rating values as released in AR-2007-01 and to amend our company program as outlined below. The overall impact of this filing is -3.9%.

1. Loss Cost Multiplier:

To develop Company rates, multiply the NCCI July 1, 2007 Advisory Loss Costs by the applicable Company Loss Cost Multiplier shown below:

Companies in Group	Proposed	Prior
The Ohio Casualty Insurance Company	2.150	2.150
Ohio Security Insurance Company	1.725	1.725
West American Insurance Company	1.375	1.375
American Fire and Casualty Company	1.100	1.100

2. Continue Expense Constant of **\$180**.

3. Change Minimum Premium Formula:

- a. Standard Industrial/F Classes: **(185 X final OC rate) + Expense Constant**, subject to a Maximum Minimum premium of \$900 and a Minimum Minimum of \$500 rounded to the nearest dollar. We continue to use our company exception for a \$500 policy writing minimum premium (10-01) CW Rule 3 Rating Definitions and Application of Premium Elements.
- b. Per Capita Classes: **(1 X final OC rate) + Expense Constant**, subject to a Minimum Minimum of \$500 rounded to the nearest dollar.
- c. Maritime: **\$115 - Program I; \$230 - Program II**. Maritime uses state minimum premium formula based on NCCI rules.
- d. Aircraft Per Passenger Seat Surcharge Code 9108 - In accordance with the footnote instructions for classification code 7421, the surcharge is\$100 per passenger seat

\$1,000 maximum surcharge
per aircraft

4. Premium Discount Percentages -- The following premium discount percentages based on NCCI Carrier Type A Table 7 values are applicable to Standard Premiums:

Total Workers' Compensation Standard Premium	Discounts Applicable to ARKANSAS Portion
First \$5,000	0.00%
Next 95,000	10.9%
Next 400,000	12.6%
Over 500,000	14.4%

5. Please see the attached manual pages showing our company loss costs multiplier, premium discount table, expense constant, small deductible premium reductions, and disease loadings.
6. We propose to provide Retrospective Rating Values as shown in enclosed State Special Rating Values, Page(s) RR 1 effective September 15, 2007 that are based on the values in NCCI circular AR-2007-01. We previously filed the complete NCCI Retrospective Rating Manual including the endorsements.
7. We propose to adopt NCCI Countrywide Item B-1397 Revision to Basic Manual Classifications and Rules and Item B-1403 Revision to Basic Manual and Retrospective Rating Plan Manual/2006 Update to Hazard Group and Retrospective Rating Plan Parameters.