

SERFF Tracking Number: LDRE-125294204 State: Arkansas
Filing Company: Great West Casualty Company State Tracking Number: AR-PC-07-026114
Company Tracking Number: G3507M
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensations
Project Name/Number: Item Filings/G3507M

Filing at a Glance

Company: Great West Casualty Company

Product Name: Workers Compensations

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rule

SERFF Tr Num: LDRE-125294204 State: Arkansas

SERFF Status: Closed

Co Tr Num: G3507M

Co Status:

Author: Anne Klappal

Date Submitted: 09/18/2007

State Tr Num: AR-PC-07-026114

State Status:

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

Disposition Date: 09/19/2007

Disposition Status: Approved

Effective Date (New): 09/19/2007

Effective Date (Renewal):

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

General Information

Project Name: Item Filings

Project Number: G3507M

Status of Filing in Domicile: Authorized

Domicile Status Comments: This filing is automatically approved in our home state of Nebraska.

Reference Organization:

Reference Title:

Filing Status Changed: 09/19/2007

State Status Changed: 09/18/2007

Corresponding Filing Tracking Number:

Filing Description:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We would like to file the following NCCI Item Filings to be effective with the following dates:

Item B-1387a - Revisions of Basic Manual Classifications - Amendment - effective October 1, 2007

Item B-1397a - Revisions to Basic Manual Classifications and Rules - Amendment - effective date of approval (NCCI's approval date was July 1, 2007)

Item U-1358 - Claim Grouping Options - effective date of approval (NCCI's approval date was July 1, 2007)

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Some of these items are older, we are just trying to bring our filings up-to-date.

Company and Contact

Filing Contact Information

Anne Klappal, Reaseach/Compliance a.klappal@gwccnet.com
 Coordinator II
 1100 W. 29th Street (402) 494-7345 [Phone]
 South Sioux City,, NE 68776 (402) 494-7480[FAX]

Filing Company Information

Great West Casualty Company CoCode: 11371 State of Domicile: Nebraska
 1100 W. 29th Street Group Code: 150 Company Type: P & C
 So. Sioux City, NE 68776 Group Name: State ID Number:
 (402) 494-2411 ext. [Phone] FEIN Number: 47-6024508

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per filing

 1 X \$50.00 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great West Casualty Company	\$50.00	09/18/2007	15670577

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State: Arkansas

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/19/2007	09/19/2007

SERFF Tracking Number: LDRE-125294204 *State:* Arkansas
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Disposition

Disposition Date: 09/19/2007

Effective Date (New): 09/19/2007

Effective Date (Renewal):

Status: Approved

Comment: The effective date for B-1387A is 10/1/07 concurrent with NCCI's effective date.

Items B-1397A and U-1358 become effective 9/19/07, the date of approval.

Rate data does NOT apply to filing.

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Product Name: Workers Compensations
Project Name/Number: Item Filings/G3507M

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

SERFF Tracking Number: LDRE-125294204

State: Arkansas

Filing Company: Great West Casualty Company

State Tracking Number: AR-PC-07-026114

Company Tracking Number: G3507M

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Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensations

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Rate Information

Rate data does NOT apply to filing.

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Filing Company: Great West Casualty Company State Tracking Number: AR-PC-07-026114
Company Tracking Number: G3507M
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensations
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Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document-Property & Casualty 09/17/2007

Comments:

Uniform Transmittal Document - Property & Casualty is attached.

Attachment:

NAIC Transmittal forms.pdf

Review Status:

Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation 09/17/2007

Bypass Reason: I am filing NCCI's Item Filings only, not changing rates or LCM.

Comments:

Review Status:

Satisfied -Name: NAIC loss cost data entry document 09/17/2007

Comments:

Attachment:

loss_cost_data_entry.pdf

Property & Casualty Transmittal Document

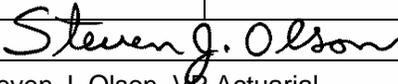
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only				
	a. Date the filing is received:				
	b. Analyst:				
	c. Disposition:				
	d. Date of disposition of the filing:				
	e. Effective date of filing:				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

3.	Group Name	Group NAIC#
	Old Republic Group	0150

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Great West Casualty Company	Nebraska	11371	47-6024508	

5.	Company Tracking Number	G3507M
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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
	Janice L. Hohenstein, CPCU Great West Casualty Co. P. O. Box 277 South Sioux City NE 68776	Actuarial Analyst	1-800-228-8602 Ext. 7372	1-402-494-7480	j.hohenstein@gwccnet.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Steven J. Olson, VP Actuarial		

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)	16.0004 Standard WC
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	Commercial
12.	Company Program Title (Marketing title)	Workers Compensation
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: upon approval Renewal: upon approval
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	September 18, 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

Effective January 1, 2007

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking # G3507M
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Filing of the following NCCI's Item Filings:

B-1387a - Revisions of Basic Manual Classifications - Amendment

B-1397a - Revisions to Basic Manual Classifications and Rules - Amendment

U-1358 - Claim Grouping Options

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 #: EFT Amount: \$50.00	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

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

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related filings 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 #	G3507M
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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)
Great West C	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
Great West C							

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

6.	Overall percentage of last rate revision	n/a
7.	Effective Date of last rate revision	n/a
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.	n/a

9.	Rule # or Page # Submitted for Review	Replacement Or Withdrawn?	Previous state filing number, if required by state
01		<input 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	

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

1.	This filing transmittal is part of Company Tracking #	G3507M
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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's Item Filings B-1387a, B-1397a & U-1358
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		Company Name			Company NAIC Number
3.	A.	Great West Casualty Company	B.	0150-11371	

		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 – Workers Compensation	B.	16.0004 – Standard Workers Compensation	

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
NO CHANGE							
TOTAL OVERALL EFFECT	N/A	N/A					

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

7.

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

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