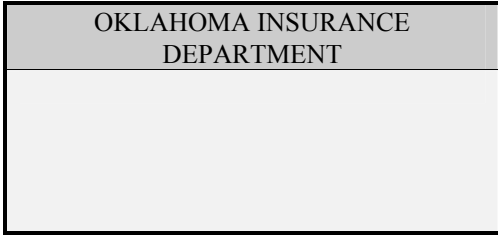


Date: _____



WORKERS' COMPENSATION
INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION
PROSPECTIVE LOSS COSTS
REFERENCE FILING ADOPTION FORM

1. INSURER NAME _____
ADDRESS _____

PERSON RESPONSIBLE FOR FILING _____

TITLE _____ TELEPHONE # _____

2. INSURER NAIC # _____

3. ADVISORY ORGANIZATION _____

4. ADVISORY ORGANIZATION REFERENCE FILING # _____

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, the expense constants specified in the attachments.

6A. PROPOSED RATE LEVEL CHANGE _____ % EFFECTIVE DATE _____

6B. PROPOSED PREMIUM LEVEL CHANGE _____ % EFFECTIVE DATE _____

7A. PRIOR RATE LEVEL CHANGE _____ % EFFECTIVE DATE _____

7B. PRIOR PREMIUM LEVEL CHANGE _____ % EFFECTIVE DATE _____

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

9. 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 This authorization is effective until disapproved by the Commissioner, or amended or withdrawn by the insurer.

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

SUMMARY OF SUPPORTING INFORMATION FORM		Date:
WORKERS' COMPENSATION - INSURER RATE FILING	Insurer Name:	
ADOPTION OF ADVISORY ORGANIZATION		
PROSPECTIVE LOSS COSTS (Including LAE)	NAIC #:	

CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Does this filing apply to all classes contained in item 4 of the Reference Filing Adoption Form? Yes No
If no, attach a list of affected classes.

2. 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) ENTER IN 2B.
 With the following modification(s). (Cite the nature and percent modification to the advisory organization's loss experience. Attach supporting data and/or rationale.) ENTER IN 2B.

B. Loss Cost Modification Expressed as a Factor: (See examples below.)	
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3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio.
 (Attach exhibit detailing insurer expense data, impact of premium discount plans, and other supporting information.)
PROJECTED EXPENSES: compared to standard premium at company rates.

A. Total Production Expense	%
B. General Expense	%
C. Taxes, Licenses & Fees	%
D. Profit & Contingencies including offset for Investment Income	%
E. Other (Explain)	%
F. TOTAL	%

4. Expected Loss & Loss Adjustment Expense (Target Cost) Ratio: <i>ELR = 1.000 - 3F (expressed in decimal form)</i>	
5. Overall impact of expense constant & minimum premiums: <i>(A 2.3% impact would be expressed as 1.023)</i>	
6. Overall impact of size-of-risk discounts plus expense gradation recognition in retrospective rating: <i>(A 8.6% avg. discount would be expressed as 0.914)</i>	
7. Company Formula Loss Cost Multiplier: $2B / [(6-3F) \times 5] =$	
8. Company Selected Loss Cost Multiplier: <i>Attach exhibit explaining any differences between 7 & 8.</i>	

9. Are you amending your minimum premium formula? Yes No
If yes, attach documentation including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc.

10. Are you changing your premium discount schedules? Yes No
If yes, attach schedules and support detailing premium or rate level change.

Insurer Name: _____
 NAIC Number: _____

Date: _____

EXPENSE CONSTANT SUPPLEMENT

CALCULATION OF COMPANY LOSS COST MULTIPLIER WITH EXPENSE CONSTANTS

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

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

4. A. Expected Loss Ratio: ELR=100% - Overall 3F =						
B. ELR expressed in decimal form =						
C. Variable Expected Loss Ratio: VELR=100% - Variable 3F			=			
D. VELR in decimal form			=			
5. Formula Expense Constant: [(1.00 ÷ 4B) - (1.00 ÷ 4D)] x Average Underlying Loss Cost =						
Formula Variable Loss Cost Multiplier: (2B ÷ 4D) =						
6. Selected Expense Constant =						
Selected Variable Loss Cost Multiplier =						

7. Explain any differences between 5 and 6:

8. Rate level change for the coverages to which this page applies						%
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