



September 17, 2008 Amendment  
 State of Delaware  
 Personal & Commercial Filing Fee Form

Department Use Only  
 Tracking #: \_\_\_\_\_

Company Name on Check DELAWARE COMPENSATION RATING BUREAU, INC. Group Name N/A  
 Check/EFT Amount \$50.00 (PREVIOUSLY PAID) Total # of Forms (Please itemize forms below) —  
 Check # #6685 (PREVIOUSLY PAID) Company Filing Number 0808  
 Date of Check or EFT Transaction AUGUST 7, 2008 (PREVIOUSLY SUBMITTED) SERFF Tracking Number N/A  
 Date Check Mailed AUGUST 8, 2008 (PREVIOUSLY SUBMITTED) Type of Filing Personal  Commercial   
 Effective Date of Filing DECEMBER 1, 2008

Check Appropriate Block(s) Rates  Forms  Rating Plans  Rules

Filing Fees are: \$50 per Form, per Rate, per Company, per Line of Insurance. Rules are \$50 per Filing per Company.

NAIC #	Company Name	P or C**	Form Number	# Lines of Business	Description	Fee Total
—	DELAWARE COMPENSATION RATING BUREAU, INC.	C	N/A	1	Bi-ANNUAL WORKERS COMPENSATION RATE & LOSS COST Filing for "F" CLASSIFICATION BUSINESS	\$50.00

\*\* P = Personal Lines \*\* C = Commercial Lines

Grand Total \$50.00

Print Form

Reset Form

Mail to:  
 Delaware Insurance Department  
 Rates and Forms  
 841 Silver Lake Blvd.  
 Dover, DE 19904

You may attach additional filing fee forms as needed

September 17, 2008 Amendment

STATE OF DELAWARE - DEPARTMENT OF INSURANCE  
PERSONAL & COMMERCIAL FILING STATE SPECIFICS

Company NAIC #: N/A

Company Reference #: 0808

1. Does this filing result in any restriction of coverage?  Yes  No  
2. If yes, where is such restriction explained in the filing? —

3. Where is any broadening of coverage explained? N/A

4. State the estimated effect of #1 as percent of premiums (attach separate sheet if more space is needed). N/A

5. State the classes or types of risk which will be affected by filed changes in rules, forms or rating plans if such changes are substantially greater than the effect stated in #4. N/A

6. Statewide Percent Change

Earned Exposures	Earned Premiums	Percent Change
		+5.76% Residual MARKET
		+8.12% Voluntary MARKET

7. Indicate the classes and/or territories for which the filed rates would produce increases 15% or more above the average effect stated under #6 above. NONE

8. Show dates and the statewide average rate level changes that resulted from rate revisions effective during the 60-month period prior to the date of this filing, for the categories to which this filing applies. See Schedules I & II ATTACHED.

**Statement of Compliance**

Pursuant to the requirements of 18 Del. C., Section 2528, and subject to the penalties found in 18 Del. C., Section 106, I certify that the information stated above and in the attachments consisting of \_\_\_\_\_ pages is correct and complete to my best knowledge and belief and fully conforms to all applicable laws, regulations, and requirements of the State of Delaware.

TIMOTHY L. WISECARNER  
Print Name

Timothy L. Wisecarn  
Signature

President  
Title (Must be a Company Officer)

SEPTEMBER 17, 2008  
Date

# September 17, 2008 Amendment

## Schedule I

### History of Changes in DCRB "F" Class Overall Residual Market Rate and Voluntary Market Loss Cost Levels

Effective Date	Average Residual Market Rate Level Change	Average Voluntary Market Loss Cost Change
December 1, 2008	5.76%	8.12%
December 1, 2006	-2.81%	-6.91%
December 1, 2004	-5.08%	-3.94%
December 1, 2002	13.33%	4.42%
December 1, 2000	9.59%	2.92%

September 17, 2008 Amendment

History of DCRB "F" Class Voluntary Market Loss Costs and Percentage Changes									
Code	12/1/2008	% Chg	12/1/2006	% Chg	12/1/2004	% Chg	12/1/2002	% Chg	12/1/2000
6824F	5.65	2.4%	5.52	-8.3%	6.02	-2.1%	6.15	11.4%	5.52
6826F	5.72	2.1%	5.6	-8.3%	6.11	-2.1%	6.24	12.0%	5.57
6843F	6.43	2.4%	6.28	-8.3%	6.85	-2.1%	7.00	11.5%	6.28
6872F	8.09	2.4%	7.9	-8.4%	8.62	-2.2%	8.81	11.9%	7.87
7309F	22.5	2.4%	21.97	-8.3%	23.95	-2.0%	24.43	12.5%	21.71
7313F	8.19	2.2%	8.01	-8.2%	8.73	-2.2%	8.93	11.5%	8.01
7317F	17.4	2.3%	17.01	-8.3%	18.55	-2.2%	18.96	11.9%	16.94
7327F	9.28	2.3%	9.07	-9.5%	10.02	-2.5%	10.28	10.8%	9.28
7366F	4.35	2.1%	4.26	-8.0%	4.63	-2.5%	4.75	10.7%	4.29
8709F	1.74	1.8%	1.71	-7.6%	1.85	-2.1%	1.89	11.8%	1.69
8726F	2.37	2.2%	2.32	-8.3%	2.53	-1.9%	2.58	11.7%	2.31

History of DCRB "F" Class Residual Market Rates and Percentage Changes									
Code	12/1/2008	% Chg	12/1/2006	% Chg	12/1/2004	% Chg	12/1/2002	% Chg	12/1/2000
6824F	7.66	0.1%	7.65	-4.3%	7.99	-3.4%	8.27	20.9%	6.84
6826F	7.76	0.0%	7.76	-4.3%	8.11	-3.2%	8.38	21.4%	6.9
6843F	8.72	0.1%	8.71	-4.3%	9.1	-3.3%	9.41	21.0%	7.78
6872F	10.97	0.1%	10.96	-4.3%	11.45	-3.3%	11.84	21.6%	9.74
7309F	30.51	0.1%	30.47	-4.2%	31.81	-3.1%	32.83	22.1%	26.88
7313F	11.11	0.1%	11.1	-4.3%	11.6	-3.3%	12.00	21.0%	9.92
7317F	23.6	0.1%	23.58	-4.3%	24.64	-3.3%	25.48	21.4%	20.98
7327F	12.59	0.1%	12.58	-5.5%	13.31	-3.7%	13.82	20.3%	11.49
7366F	5.9	0.0%	5.9	-4.1%	6.15	-3.8%	6.39	20.3%	5.31
8709F	2.36	-0.4%	2.37	-3.7%	2.46	-3.1%	2.54	21.5%	2.09
8726F	3.21	0.0%	3.21	-4.5%	3.36	-3.2%	3.47	21.3%	2.86

September 17, 2008 Amendment

Property & Casualty Transmittal Document

Reset Form

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>
	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

<b>3. Group Name</b>				<b>Group NAIC #</b>
	DELAWARE COMPENSATION RATING BUREAU, Inc.			N/A
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
DELAWARE COMPENSATION RATING BUREAU, Inc.	DELAWARE	N/A		

<b>5. Company Tracking Number</b>	0808
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
TIMOTHY L. WISECARVER DCRB, Inc.	President	215-320-4413	215-320-4557	TWISECARVER@DCRB.COM
UNITED PLAZA Bldg - SUITE 1500 30 S 17TH ST. PHILADELPHIA, PA 19103				
<b>7. Signature of authorized filer</b>	<i>Timothy L. Wisecarver</i>			
<b>8. Please print name of authorized filer</b>	TIMOTHY L. WISECARVER			

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

<b>9. Type of Insurance (TOI)</b>	Please select from the drop down list. 16.0 WORKERS COMPENSATION			
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0004 STANDARD W.C.			
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	N/A			
<b>12. Company Program Title (Marketing title)</b>	N/A			
<b>13. Filing Type</b>	<input checked="" type="checkbox"/> Rate/Loss Cost <input 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)			
<b>14. Effective Date(s) Requested</b>	New: December 1, 2008	Renewal:	December 1, 2008	
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>16. Reference Organization (if applicable)</b>	N/A			
<b>17. Reference Organization # &amp; Title</b>	N/A			
<b>18. Company's Date of Filing</b>	AUGUST 8, 2008 (PREVIOUSLY SUBMITTED)			
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

September 17, 2008 Amendment  
Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # 0808

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

*Residual MARKET RATE & Voluntary MARKET LOSS COST Filing  
for "F" CLASSIFICATION WORKERS COMPENSATION BUSINESS,  
filed by the AUTHORIZED ADVISORY ORGANIZATION (DCRB)*

**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 #: 6685 (Previously Submitted)  
Amount: \$50.00 (Previously Paid)

[Empty box for filing fee calculation]

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.)

September 17, 2008 Amendment

**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 #	0808
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A

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)
DCRB #	+5.76%	+0.11%	RESIDUAL MKT	3 (2006)		+0.1%	-0.4%
	+8.12%	+2.34%	VOLUNTARY MKT	APPROX 25		+2.4%	+1.8%

**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)	+5.76% RESIDUAL MARKET +8.12% VOLUNTARY MARKET	
5b	Overall percentage rate impact for this filing	+5.76% (R.A) +8.12% (V.A)	
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected	APPROX 28	

6.	Overall percentage of last rate revision	-2.81% RESIDUAL MKT, -6.91% VOLUNTARY MKT
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7.	Effective Date of last rate revision	December 1, 2006
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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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	