

September 17, 2008 Amendment State of Delaware

Personal & Commercial Filing Fee Form

edite of V	Polarica	<i>G</i>	- 1		Dep	artment Use O	nly
Company Name o	DELAWARE on Check RATING O	Sureau, :	Inc. Grou	p Name	ŊA		
Check/EFT Amour				# of Forms (F	/ Please itemize for	ms below)	
Check #	# 6685 (Previo	usly Pm.	Comp	oany Filing N	umber	808	
Date of Check or I	FT Transaction August	7,2008 (PAG	SERFI Numl	Tracking	NA)	
Date Check Maile	d August 8, 2008	Submit	5/4/		Personal	Commercia	
Effective Date of I	iling Decemb	er 1,20	• •	J			
Che	ck Appropriate Block(s)	Rates 💢	Forms	Rating Plan	s Rules	· 🗀	
Filing Fees are	:: \$50 per Form, per Rate,	, per Company	, per Line of In	surance. Ru	les are \$50 per	<u>Filing</u> per Co	empany.
NAIC#	Company Name	P or C**	Form Number	# Lines of Business	Descri	ption	Fee Total
	Company Name ORE CompenSATTON BUREAU, In-		Form Number	200	Descri Bi-ANNUM WORKELS CONFUNS, RATE & LA COST FILI UF"CIASS BUSINES	ntlow oss ng fox effication	Fee Total
	Re Compensation Buneau, Inc.	C	Form Number	Business	Bi-ANNUM WORKERS COMPUNS RATE & CO COST FILI UF"CIASS	NTON DESS NG FOR OFFICATION	_

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

Department of Insurance* 841 Silver Lake Blvd. * Dover * DE * Phone: 302-674-7370 Fax: 302-739-5280 * www.delawareinsurance.gov

September 17,2008 Amendment

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

		Company NA	AIC #:	NA
		Company Refere	ence #:	0808
1. 1	Does this filing result in any rest	riction of coverage? Yes	No No	
2. 1	f yes, where is such restriction e	xplained in the filing?		
3. \	Where is any broadening of cove	rage explained?	N/A	
	State the estimated effect of #1 as ded).			eet if more space is
	State the classes or types of risk value if such changes are substantial		ted in #4.	rules, forms or rating
6. 5	Statewide Percent Change			
	Earned Exposures	Earned Premiums	Perc	cent Change
			+5.76	7. Residual
				MARKET
		esternature e commence de la commenc	+8,120	TO VOLUNTARY
				MARKET
	ndicate the classes and/or territore above the average effect stated		would produc	ce increases 15% or
duri	Show dates and the statewide avenue and the 60-month period prior to lies.	<u> </u>	e categories to	
		Statement of Compliance	2	
Sect	uant to the requirements of 18 <u>Del.</u> ion 106, I certify that the information and complete to my best knowle	on stated above and in the attac	hments consist	ing of pages is

Revised: 06/12/06

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%

		Histor	y of DCRB "F	" Class Volu	of DCRB "F" Class Voluntary Market Loss Costs and Percentage Changes	Loss Costs	and Percentag	re Changes	
Code	12/1/2008 % Chg 12/1/	% Chg	12/1/2006	% Chg	12/1/2004	% Chg	12/1/2002	% Chg	12/1/2000
6824F	5.65	2.4%		-8.3%	6.02	-2.1%	6.15	11.4%	5.52
6826F	5.72			-8.3%	6.11	-2.1%	6.24	12.0%	5.57
6843F	6.43			-8.3%	6.85	-2.1%	7.00	11.5%	6.28
6872F	8.09		7.9	-8.4%	8.62	-2.2%	8.81	11.9%	7.87
7309F	22.5			-8.3%	23.95	-2.0%	24.43	12.5%	21.71
7313F	8.19			-8.2%	8.73	-2.2%	8.93	11.5%	8.01
7317F	17.4			-8.3%	18.55	-2.2%	18.96	11.9%	16.94
7327F	9.28			-9.5%	10.02	-2.5%	10.28	10.8%	9.28
7366F	4.35			-8.0%	4.63	-2.5%	4.75	10.7%	4.29
8709F	1.74			%9 ' <i>L</i> -	1.85	-2.1%	1.89	11.8%	1.69
8726F	2.37			-8.3%	2.53	-1.9%	2.58	11.7%	2.31

		HIS	story of DCKB "F" Class Residual Market Rates and Percentage Changes	"F" Class F	esidual Mark	et 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

10	. Reserved for Insurance	surance l	curance Department Use only					
Remarks.	Dept. Use Only	a. Da	te the filin	e the filing is received:				
	•	b. An	lyst:					
		c. Dis	position:					
		i	e of disposition of the filing:					
			ective date of filing:					
		C. L.II.		usiness				
				al Business				
		f. Sta	te Filing #	<u>:</u>				
		g. SE	RFF Filing	# :				
			oject Code	,				
		J [Ga.						
3.	Group Name	, 				Group NAIC #		
	Delawake Compensario Company Name(s)	W RATT	Ng BUR	eau, Im	c.	N/A		
4.	Company Name(s) ^ℓ		Domicile	NAIC #	State #			
				e N/A				
	BUREAU, I'me.							
5 Company Tracking Number								
5. Company Tracking Number				0808				
	Contact Info of Filer(s) or Corporate Officer(s)							
Cor	ntact Info of Filer(s) or Corporate	Officer(s)	[include	<u></u>				
Cor 6.	Name and address	Officer(s) Title		<u></u>	per]	e-mail		
	Name and address	Title	Tel	toll-free numb e phone #s	FAX#	TWISECARNER®		
	Name and address Timothy L. Wisecarver Der B. Imc.	Title <i>Pneside</i>	Tel	toll-free numb e phone #s				
	Name and address Timothy L. Wisecarver DCRO, IMC. UNITED PLAZA BIDG - SUITE I	Title Pneside 1500	Tel	toll-free numb e phone #s	FAX#	TWISECARNER®		
6.	Name and address Timothy L. Wisecarver Derb, Imc. UNITED Plaza Bldg - SUITED 30 5 17 th ST., PA 19103	Title Pneside 1500	Tel	toll-free numb ephone #s	FAX # 215-320-4557	TWISECARVER @ DERB. COM		
7.	Name and address Timothy L. Wisecarver Der B, Imc. UNITED Plaza Bldz - Suite I 30 S 1 1 th St., Pa 19103 Signature of authorized filer	Title Ineside 1500	Tel	toll-free numb e phone #s	FAX# 215-320-4557	TWISECARVER Q DCRB. COM		
7. 8.	Name and address Timothy L. Wisecarver Der B, Time. UNITED Place Bldg - Suite Bo S I The STATE Phila delphia, Pa 19103 Signature of authorized filer Please print name of authorize	Title Ineside 1500	Tel	toll-free number toll-free number toll-free number toll-grant toll	FAX # 215-320-4557 200-4557 200-4557 200-4557	TWISECARVER Q DCRB. COM		
7. 8. Fili	Name and address Timothy L. Wisecarver Der B, Time. UNITED Plaza Bldg - Suite Bo S I To ST. Phila delphia, Pa 1910 & Signature of authorized filer Please print name of authorize ng information (see General In	Title Ineside 1500	Tel	toll-free number toll-f	FAX # 215-320-4557 20000000000000000000000000000000000	TWISECARVER Q DERB. COM M		
7. 8.	Name and address Timothy L. Wisecarver Der B, Imc. UNITED Plaza Bldg - Suite Bhila delphia, Pa 19108 Signature of authorized filer Please print name of authorize ng information (see General In Type of Insurance (TOI)	Title Preside ISO d filer instruction	Tel nt 2/5 s for desc	ioll-free number the sephone #s - 320-44/3 - 320-44/3 - 320-44/3 - 320-44/3 - 320-44/3 - 320-44/3 - 320-44/3 - 320-44/3 - 320-44/3 - 320-44/3 - 320-44/3 - 320-44/3 - 320-44/3 - 320-44/3 - 320-44/3 - 320-44/3	FAX # 215-320-4557 2UNSICAN LI WISECA dese fields) drop down list. /6,0	TWISECARVER & DERB. COM MORNES GORDENSATION		
7. 8. Filli	Name and address Timothy L. Wisecarver Der B, Time. United Place Bids - Suite 30 5 1 7 4 55. Phila delphia, Pa 19/03 Signature of authorized filer Please print name of authorize ng information (see General In Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code(Title Preside 1500 ed filer estruction -TOI)	s for descriptions of the second seco	mothy Timoth riptions of the	FAX # 215-320-4557 20000000000000000000000000000000000	TWISECARVER & DERB. COM MORNES GORDENSATION		
7. 8. Filli 9. 10.	Name and address Timothy L. Wisecarver Der B, Timothy L. Wisecarver Jene B, Timothy L. Wisecar	Title President Soo ed filer enstruction -TOI) s)(if uirements)	s for descriptions of the second seco	toll-free number toll-free number toll-free number to the section of the section	FAX # 215-320-4557 2UNSICAN LI WISECA dese fields) drop down list. /6,0	TWISECARVER & DERB. COM MORNES GORDENSATION		
7. 8. Filii 9. 10. 11.	Name and address Timothy L. Wisecarver Der B., Time. United Place Bldg - Suite Bond Signature of authorized filer Please print name of authorized In the sum of sum	Title President Soo ed filer enstruction -TOI) s)(if uirements)	s for descriptions of the second seco	toll-free number toll-free number toll-free number to the second	FAX # 215-320-4557 2 Wisecan L. Wisecan dese fields) drop down list. 16,000 STANDARD W.	TWISECARVER & DERB. COM WER WORKUS (ORPENSATION C.		
7. 8. Filli 9. 10.	Name and address Timothy L. Wisecarver Der B, Timothy L. Wisecarver Jene B, Timothy L. Wisecar	Title President Soo ed filer enstruction -TOI) s)(if uirements)	s for descriptions of Please s	mothy Timeth riptions of the elect from the coord N/A N/A Loss Cost	FAX # 215-320-4557 2UNSICAN LI WISECA dese fields) drop down list. /6,0	TWISECARVER & DERB. COM WORKUS (OMPENSATION C.		
7. 8. Fili 9. 10. 11.	Name and address Timothy L. Wisecarver Der B., Time. United Place Bldg - Suite Bond Signature of authorized filer Please print name of authorized In the sum of sum	Title President Soo ed filer enstruction -TOI) s)(if uirements)	s for descriptions of Please s	toll-free number toll-free number toll-free number to the second of the	FAX # 215-320-4557 2 WISECAN Description of the second	TWISECARVER & DERB. COM WORKES COMPENSATION C. ates/Rules ules/Forms		
7. 8. Filli 9. 10. 11.	Name and address Timothy L. Wisecarver Der G, Time. United Plaza Bidy - Suite I 30 Signature of authorized filer Please print name of authorized In Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code(applicable)[See State Specific Requested of Insurance (Mark Filing Type	Title President Soo ed filer enstruction -TOI) s)(if uirements)	s for descriptions of Please s Please s Vital	ioll-free number phone #s - 320-44/3 - 3	FAX # 215-320-4557 CUNSICAN LI WISECA Dese fields) drop down list. /6,6 FRANDARD W. Rules Replacement Replacement (give description)	TWISECARVER & DERB. COM MORNES COMPENSATION C. ates/Rules ules/Forms iption)		
7. 8. Fili 9. 10. 11.	Name and address Timothy L. Wisecarver Der B., Timothy L. Wisecarver United Place Bidg - Suite Bidg - Su	Title President Soo ed filer enstruction -TOI) s)(if uirements)	s for descriptions of the second seco	TIME THE PLANT COMMENT OF THE COMMENT OF THE PLANT COMMENT OF THE PLANT COMMENT OF THE PLANT OF	FAX # 215-320-4557 CUNSICAN LI WISECA Dese fields) drop down list. /6,6 FRANDARD W. Rules Replacement Replacement (give description)	TWISECARVER & DERB. COM WORKES COMPENSATION C. ates/Rules ules/Forms		
7. 8. Fili 9. 10. 11. 12. 13.	Name and address Timothy L. Wisecarver Der B., Time. United Place Bldg - Suite I 30 S I Jane. Signature of authorized filer Please print name of authorize In g information (see General In Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code(applicable)[See State Specific Requested Company Program Title (Mark Filing Type Effective Date(s) Requested Reference Filing?	Title Pheside Social Ed filer Instruction Instructio	s for desco	toll-free number toll-free number toll-free number to the phone #s - 320-44/3	FAX # 215-320-4557 CUNSICAN LI WISECA Dese fields) drop down list. /6,6 FRANDARD W. Rules Replacement Replacement (give description)	TWISECARVER & DERB. COM MORNES COMPENSATION C. ates/Rules ules/Forms iption)		
7. 8. Filii 9. 10. 11. 12. 13.	Name and address Timothy L. Wisecarver Der J. Time. United Place Bilds - Suite Bild	Title Pheside Solution ad filer astruction -TOI) s)(if uirements] ceting title)	s for descriptions of the second seco	toll-free number toll-free number toll-free number to the phone #s - 320-44/3	FAX # 215-320-4557 CUNSICAN LI WISECA Dese fields) drop down list. /6,6 FRANDARD W. Rules Replacement Replacement (give description)	TWISECARVER & DERB. COM MORNES COMPENSATION C. ates/Rules ules/Forms iption)		
7. 8. Fili 9. 10. 11. 12. 13.	Name and address Timothy L. Wisecarver Der B. Time. United Place Bids - Suite In 1910 & Signature of authorized filer Please print name of authorized filer Please print name of authorized filer Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code(applicable)[See State Specific Requested Company Program Title (Mark Filing Type Effective Date(s) Requested Reference Filing? Reference Organization (if application # & Telephore Insurance)	Title Pheside Solution ad filer astruction -TOI) s)(if uirements] ceting title)	s for descriptions of the second seco	itoll-free number phone #s - 320-44/3 -	FAX # 215-320-4557 AWINICAN L. WISECA dese fields) drop down list. 16,6 FRANDARD W. Rules \[R Ribination Rates/Ri Other (give descriptions) Renewal	TWISECARVER & DERB. COM MORNIAS COMPENSATION C. ates/Rules ules/Forms iption) December 1, 2008		
7. 8. Filii 9. 10. 11. 12. 13.	Name and address Timothy L. Wisecarver Der J. Time. United Place Bilds - Suite Bild	Title Pheside Solution ad filer astruction -TOI) s)(if uirements] ceting title)	s for descriptions of the second seco	itoll-free number phone #s - 320-44/3 -	FAX # 215-320-4557 AWINICAN L. WISECA dese fields) drop down list. 16,6 FRANDARD W. Rules \[R Ribination Rates/Ri Other (give descriptions) Renewal	TWISECARVER & DERB. COM MORNES COMPENSATION C. ates/Rules ules/Forms iption)		

September 17, 2008 Amendment Property & Casualty Transmittal Document—

	a cacaan,	

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 Marker RATE & Voluntary Marker Loss Cost Filing for "F" Classification workers Congressation business, filed by the Authorized Advisory Organization (DCRB)
View Complete Filing Description
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 (Paeviously Submitted) Amount: \$50.00 (Previously Para)
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

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

PC TD-1 pg 2 of 2

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.	1. This filing transmittal is part of Company Tracking # 0808								
2.	2. This filing corresponds to form filing number (Company tracking number of form filing, if applicable)								
	X	Rate Increa	ase C	☐ Rate	Decrease			Rate Neutr	ral (0%)
3.	Filina I	Method (Prior	Approval.	File & Use.	Flex Band, e	etc.)	Pain	K APPROVA	/
3. Filing Method (Prior Approval, File & Use, Flex Band, etc.) Rate Change by Company (As Proposed)									
	company Overall						Maximum	Minimum	
	ame	Indicated	% Rate	premium	policyholde	ers	premium	%	% Change
		Change	Impact	change	affected		for this	Change	(where
	(when for this for this						program	(where	required)
	applicable) program program						required)	, ,	
DU	CRB # +5.76 % +0.11% RESIDUM MKT 3(2006)							+0.170	-0.40%
	+8.12 70 +2.34 0% VOLUNTARY MKT APPROX 25							+2.40%	+1.8 %
4b.	4b. Rate Change by Company (As Accepted) For State Us						Use Only		
	npany	Overall %	Overall	Written	# of		Written	Maximum	Minimum
Na	ame	Indicated	% Rate	premium	policyhold	1	premium	%	% Change
	Change Impact change affecte					N 53	for this	Change	
	(when for this for this					Arriva North	program		
applicable) program program									
5. Overall Rate Information (Complete for Multiple Company Filings only)									
5. Overall Rate Information (Complete for Multiple Company Filings only) COMPANY USE STATE USE									
_	Overall percentage rate indication (when 45% of Residual MARKET								
5a	Overall percentage rate indication (when applicable) $+8.12 \% \text{ Ne Sit and MANGET}$ The object of this filing $+5.76\% \text{ Ne Sit and MANGET}$ The object of the object of this filing $+5.76\% \text{ Ne Sit and MANGET}$								
5b	Overal	percentage	rate impact	for this filin	ng 7	5.70	2 (R.A) +8	1270(V.A)	
5c	Effect of Rate Filing – Written premium change for								
5d	Effect of Pate Filing Number of policyholders								
ou	affected APPLOX 28								
6.									
7.								14 WOILWINKY MKT	
	Filing Method of Last filing								
8.	8. Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) Prior Approval								
	Rule # or Page # Submitted Replacement Previous state								
9.	for Rev	riew		or with	drawn?			filing nun	nber, d by state
	.,			□New					
01					acement drawn				
				☐ New	noomort		***************************************		
02					acement drawn				
03					acement drawn				

© 2007 National Association of Insurance Commissioners

* DCRB 15 the Delaware Compensation Rating Bureau, Inc.