

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

Company NAIC #: _____ N/A

Company Reference #: _____ 1708

1. Does this filing result in any restriction of coverage? Yes No

2. If yes, where is such restriction explained in the filing? N/A

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
		-3.39% Residual Market
		0.00% 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 and 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.

William V. Taylor

Print Name

William V. Taylor

Digitally signed by William V. Taylor
DN: cn=William V. Taylor, o=SPCHB/OCRB, ou,
email=wtaylor@prfi.com, c=US
Date: 2018.03.15 13:59:28 -0400

Signature

3/15/2018
Date

President

Title (Must be a Company Officer)

Property & Casualty Transmittal Document

Reset Form

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:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3.	Group Name	Group NAIC #			
	Delaware Compensation Rating Bureau, Inc.	N/A			
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Delaware Compensation Rating Bureau, Inc.	Delaware	N/A		

5. Company Tracking Number	1708
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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
	William V. Taylor DCRB, Inc.	President	(215) 320-4413	(215) 320-4557	wtaylor@dcrb.com
7.	Signature of authorized filer		William V. Taylor		
8.	Please print name of authorized filer		William V. Taylor		

Digitally signed by William V. Taylor
DN: cn=William V. Taylor, o=PCRB/DCRB, ou, email=wtaylor@dcrb.com, c=US
Date: 2018.03.15 13:58:23 -0400

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]	N/A
12.	Company Program Title (Marketing title)	N/A
13.	Filing Type	<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)
14.	Effective Date(s) Requested	New: June 1, 2018 Renewal: June 1, 2018
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	March 15, 2018
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # 1708

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 filing for Workers Compensation Insurance on policies providing Federal benefits, 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 #: EFT via SERFF

Amount: \$100.00

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 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.)

This filing transmittal is part of Company Tracking #	1708
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
Overall Percentage Last Rate Revision	-0.43% R.M.; -3.66% V.M. %
Effective Date of Last Rate Revision	December 1, 2017
Filing Method of Last Filing	Prior Approval
SERFF Tracking Number of Last Filing	DCRB-131226593

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3. Filing Method (Prior Approval, File & Use, Flex Band, etc.)		Prior Approval					
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*	-3.39%	-3.39%	R.M. **	3		-3.17%	-3.44%
	0.00%	0.00%	V.M. **	16		0.00%	0.00%
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)	-3.39% R.M.; 0.00% V.M.	
5b	Overall percentage rate impact for this filing	-3.39% R.M.; 0.00% V.M.	
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected	19	

6.	Overall percentage of last rate revision	-0.43% R.M.; -3.66% V.M.
7.	Effective Date of last rate revision	December 1, 2017
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval

* Delaware Compensation Rating Bureau, Inc.

** R.M. denotes Residual Market, V.M. is Voluntary Market

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.)

g.	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	

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
June 1, 2018	-3.39%	0.00%
December 1, 2017	-0.43%	-3.66%
December 1, 2010	-1.79%	2.98%
December 1, 2008	5.76%	8.12%
December 1, 2006	-2.81%	-6.91%
December 1, 2004	-5.08%	-3.94%

History of DCRB "F" Class Voluntary Market Loss Costs and Percentage Changes

Code	6/1/2018	% Chg	12/1/2017	% Chg	12/1/2010	% Chg	12/1/2008	% Chg	12/1/2006
6824F	5.36	0.00%	5.36	-3.25%	5.54	-1.95%	5.65	2.36%	5.52
6826F	5.43	0.00%	5.43	-3.04%	5.60	-2.10%	5.72	2.14%	5.60
6843F	6.10	0.00%	6.10	-3.17%	6.30	-2.02%	6.43	2.39%	6.28
6872F	7.68	0.00%	7.68	-3.03%	7.92	-2.10%	8.09	2.41%	7.90
7309F	21.39	0.00%	21.39	-2.95%	22.04	-2.04%	22.50	2.41%	21.97
7313F	7.77	0.00%	7.77	-3.12%	8.02	-2.08%	8.19	2.25%	8.01
7317F	16.52	0.00%	16.52	-3.11%	17.05	-2.01%	17.40	2.29%	17.01
7327F	8.82	0.00%	8.82	-3.08%	9.10	-1.94%	9.28	2.32%	9.07
7366F	4.14	0.00%	4.14	-3.04%	4.27	-1.84%	4.35	2.11%	4.26
8709F	1.65	0.00%	1.65	-3.51%	1.71	-1.72%	1.74	1.75%	1.71
8726F	2.24	0.00%	2.24	-3.45%	2.32	-2.11%	2.37	2.16%	2.32

History of DCRB "F" Class Residual Market Rates and Percentage Changes

Code	6/1/2018	% Chg	12/1/2017	% Chg	12/1/2010	% Chg	12/1/2008	% Chg	12/1/2006
6824F	6.93	-3.35%	7.17	0.14%	7.16	-6.53%	7.66	0.13%	7.65
6826F	7.01	-3.44%	7.26	0.14%	7.25	-6.57%	7.76	0.00%	7.76
6843F	7.88	-3.43%	8.16	0.12%	8.15	-6.54%	8.72	0.11%	8.71
6872F	9.92	-3.41%	10.27	0.20%	10.25	-6.56%	10.97	0.09%	10.96
7309F	27.62	-3.39%	28.59	0.28%	28.51	-6.56%	30.51	0.13%	30.47
7313F	10.04	-3.37%	10.39	0.10%	10.38	-6.57%	11.11	0.09%	11.10
7317F	21.34	-3.40%	22.09	0.14%	22.06	-6.53%	23.60	0.08%	23.58
7327F	11.39	-3.39%	11.79	0.17%	11.77	-6.51%	12.59	0.08%	12.58
7366F	5.34	-3.44%	5.53	0.18%	5.52	-6.44%	5.90	0.00%	5.90
8709F	2.14	-3.17%	2.21	0.00%	2.21	-6.36%	2.36	-0.42%	2.37
8726F	2.90	-3.33%	3.00	0.00%	3.00	-6.54%	3.21	0.00%	3.21