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

	Company NAIC	C#:N/A
	Company Reference	e#:2405
1. Does this filing result in any restr	riction of coverage? Yes	✓ No
2. If yes, where is such restriction e	xplained in the filing?	
3. Where is any broadening of cove	rage explained? N/A	
4. State the estimated effect of #1 as needed). N/A	s percent of premiums (attach so	eparate sheet if more space is
5. State the classes or types of risk values of such changes are substantial N/A		
6. Statewide Percent Change		
Earned Exposures	Earned Premiums	Percent Change
		-4.97% Residual Market
		-0.48% Voluntary Market
7. Indicate the classes and/or territomore above the average effect stated		ould produce increases 15% or
See classes boxed on Schedule II attac		
8. Show dates and the statewide ave during the 60-month period prior to applies.		
	Statement of Compliance	
Pursuant to the requirements of 18 <u>Del.</u> Section 106, I certify that the information correct and complete to my best knowledge.	on stated above and in the attachmedge and belief and fully conforms	ents consisting of pages is
and requirements of the State of Delaw	William \	/. Taylor
	Print Name	Digitally signed by William V. Taylor
8/31/2022	William V. Taylor	Date: 2024.08.16 14:42:06 -04'00'
Date	Signature	
	Presi	dent
	Title (Must be a Compan	y Officer)

Revised: 06/12/06

	Prop	erty & Ca	sua	alty Tra	nsr	nittal	Doc	ument		Reset Form	
1.	Reserved for Insurance	2. Ins	surai	nce De _l	part	ment	Use	only			
1.	Dept. Use Only		e the filing is received:								
		b. Ana									
		c. Dis	posit	position:							
		d. Dat	e of	disposit	ion	of the	filing	:			
		e. Effe	ective date of filing:								
				New Business							
		f. Sta		enewal ling #:	Bus	iness					
	g. SERFF Filing #:										
	h. Subject Codes										
3.	Group Name									Group NAIC #	
	Delaware Compensation Rating E	Bureau, Inc.								N/A	
4.	Company Name(s)	Don	nicile	NA	IC#		FEIN#		State #		
	Delaware Compensation	Delav	ware	N/A							
	Rating Bureau, Inc.										
5.	Company Tracking Number	,		2405							
Cor	ntact Info of Filer(s) or Corporate	e Officer(s)	[inc	clude toll	-free	numb	er]				
6.	Name and address	Title		Telephone #s		FAX#		e-mail			
	William V. Taylor DCRB, Inc.	Presiden	t	(215) 320-4413 (21			(215	215) 320-4557 wta		aylor@dcrb.com	
	30 South 17th Street - Suite 1500 Philadelphia PA 19103										
7.	Signature of authorized filer			Willia	ım	V. T	aylo			d by William V. Taylor .16 14:41:14 -04'00'	
8.	Please print name of authoriz	ed filer		William	V. T	aylor		,			
	ng information (see General	Instruction									
9.	Type of Insurance (TOI)	+	16.0 Workers Compensation								
11.	 10. Sub-Type of Insurance (Sub-TOI) 11. State Specific Product code(s)(if 										
	applicable)[See State Specific Re	icable)[See State Specific Requirements]									
12.	Company Program Title (Ma	rketing title)	N/A			Cost	_	Dulas 🗔 D	oto = /F	Dulas	
13.	Filing Type	☐ Rate/Loss Cost ☐ Rules ☑ Rates/Rules ☐ Forms ☐ Combination Rates/Rules/Forms									
			☐ Withdrawal☐ Other Provide Description								

New: December 1, 2024

V No

☐ Yes

August 16, 2024

N/A

N/A

Renewal:

□ Not Filed □ Pending □ Authorized □ Disapproved

December 1, 2024

PC TD-1 pg 1 of 2

14.

15.

16.

17.

18.

19.

Reference Filing?

Effective Date(s) Requested

Company's Date of Filing

Status of filing in domicile

Reference Organization (if applicable)

Reference Organization # & Title

Property & Casualty Transmittal Document

20. This filing transmittal is part of Company Tracking # 2405

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
- 1	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] Residual Market and Voluntary Loss Cost 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]
	neck #: EFT via SERFF nount: \$250.00
Rofo	r to each state's checklist for additional state specific requirements or instructions on
calcu	r to each state's checklist for additional state specific requirements or instructions on ulating fees.
	efer to the each state's checklist for additional state specific requirements (i.e. # of additional copies uired, other state specific forms, etc.)
PC T	D-1 pg 2 of 2

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.)

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This	filing tra	ansmittal is pa	art of Comp	any Trackir	2405						
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)											
Overa	all Perce	entage Last R	ate Revisio	n				-2.96% l	RM;	+1.70% VM	9/
Effec	tive Dat	e of Last Rate	Revision			Decemb	ber 1, 2022				
Filing	Metho	d of Last Filin	g			Prior Ap	proval				
SERF	F Track	king Number o	of Last Filin	ıg		DCRB-	133383902				
☐ Rate Increase ☑ Rate Decrease ☐ Rate Neutral (0%) 3. Filing Method (Prior Approval, File & Use, Flex Band, etc.)											
4a.				te Change b							괵
	npany ame	Overall % Indicated	Overall % Rate	Written premium		of holders	Written premium	Maximi %	um	Minimum % Change	
ING	aiiie	Change	/ Nate Impact	change		cted	for this	Chang	ae l	(where	
		(when	mpaot	for this		this	program (where		_	required)	
		applicable)		program	prog	gram		required)		. ,	
DCRB,	Inc.	-4.97%	-2.46%	Res. Market				+13.51%		-6.05%	_
41-		-0.48%	+2.15%	1	(A - A	\ 4 - ·	-I\ F O 4 - 4 -	+19.07		-1.64%	\sqcup
4b.	npany	Overall %	ate Change Overall	by Compai Written		of	Written	Maxim		Minimum	
	ame	Indicated	% Rate	premium		holders	premium	%		% Change	
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		applicable)		program	prog	gram					
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		5. Overall	Rate Inform	nation (Com	plete fo						
			4 1 11 4				COMPANY	USE	,	STATE USE	
5a Overall percentage rate indication (when applicable)							-4.97% RM; -0.48% VM				
5b Overall percentage rate impact for this filing							-2.46% RM; +2.15% VM				
5c	this pr		•		J	ır					
5d	Effect affecte	of Rate Filing	- Number	of policyho	Iders	0					
6.	Overal	I percentage	of last rate	revision		-20	96% RM· +1 7	′0% \/M			_
7.		ve Date of las				1	-2.96% RM; +1.70% VM December 1, 2022				
0		Method of Las			Drier Approval						

Prior Approval

(Prior Approval, File & Use, Flex Band, etc.)

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, 2024	-4.97%	-0.48%
December 1, 2022	-2.96%	1.70%
December 1, 2020	6.53%	1.49%
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%

	History of DCRB F-Class Voluntary Market Loss Costs and Percentage Changes									
Code	12/1/2024	% Chg	12/1/2022	% Chg	12/1/2020	% Chg	6/1/2018	% Chg	12/1/2017	
6824F	7.98	9.17%	7.31	9.10%	6.70	25.00%	5.36	0.00%	5.36	
6826F	6.01	3.26%	5.82	-0.51%	5.85	7.73%	5.43	0.00%	5.43	
6843F	8.90	9.61%	8.12	10.18%	7.37	20.82%	6.10	0.00%	6.10	
6872F	10.29	6.52%	9.66	5.81%	9.13	18.88%	7.68	0.00%	7.68	
7309F	19.23	-1.54%	19.53	-6.82%	20.96	-2.01%	21.39	0.00%	21.39	
7313F	7.15	-0.97%	7.22	-5.74%	7.66	-1.42%	7.77	0.00%	7.77	
7317F	14.95	-1.64%	15.20	-6.23%	16.21	-1.88%	16.52	0.00%	16.52	
7327F	14.99	12.79%	13.29	20.71%	11.01	24.83%	8.82	0.00%	8.82	
7366F	7.34	13.98%	6.44	24.81%	5.16	24.64%	4.14	0.00%	4.14	
8709F	3.06	19.07%	2.57	24.15%	2.07	25.45%	1.65	0.00%	1.65	
8726F	2.64	3.94%	2.54	2.01%	2.49	11.16%	2.24	0.00%	2.24	

	History of DCRB F-Class Residual Market Rates and Percentage Changes										
Code	12/1/2024	% Chg	12/1/2022	% Chg	12/1/2020	% Chg	6/1/2018	% Chg	12/1/2017		
6824F	9.86	4.34%	9.45	4.07%	9.08	31.02%	6.93	-3.35%	7.17		
6826F	7.42	-1.46%	7.53	-5.04%	7.93	13.12%	7.01	-3.44%	7.26		
6843F	10.99	4.67%	10.50	5.11%	9.99	26.78%	7.88	-3.43%	8.16		
6872F	12.71	1.76%	12.49	0.97%	12.37	24.70%	9.92	-3.41%	10.27		
7309F	23.75	-5.98%	25.26	-11.09%	28.41	2.86%	27.62	-3.39%	28.59		
7313F	8.83	-5.46%	9.34	-10.02%	10.38	3.39%	10.04	-3.37%	10.39		
7317F	18.47	-6.05%	19.66	-10.56%	21.98	3.00%	21.34	-3.40%	22.09		
7327F	18.51	7.68%	17.19	15.21%	14.92	30.99%	11.39	-3.39%	11.79		
7366F	9.07	8.88%	8.33	19.00%	7.00	31.09%	5.34	-3.44%	5.53		
8709F	3.78	13.51%	3.33	18.93%	2.80	30.84%	2.14	-3.17%	2.21		
8726F	3.26	-0.91%	3.29	-2.37%	3.37	16.21%	2.90	-3.33%	3.00		