

State: Missouri **Filing Company:** NCCI
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: U-1399(A) Revisions to Statistical Plan for Workers Compensation and Employers Liability Insurance
Project Name/Number: /

Filing at a Glance

Company: NCCI
 Product Name: U-1399(A) Revisions to Statistical Plan for Workers Compensation and Employers Liability Insurance
 State: Missouri
 TOI: 16.0 Workers Compensation
 Sub-TOI: 16.0004 Standard WC
 Filing Type: Rule
 Date Submitted: 12/03/2013
 SERFF Tr Num: NCCI-129320710
 SERFF Status: Closed-APPROVED
 State Tr Num: 37
 State Status: APPROVED
 Co Tr Num: U-1399 (LW)

Effective Date: 10/01/2014
 Requested (New):
 Effective Date: 10/01/2014
 Requested (Renewal):

Author(s): Lesley O'Brien, Alison Herwig, Frank Gnolfo, Dennis Kokulak, Robert Dalton, Michelle Baker
 Reviewer(s): Jon Meyer (PC) (primary)
 Disposition Date: 12/11/2013
 Disposition Status: APPROVED
 Effective Date (New): 10/01/2014
 Effective Date (Renewal): 10/01/2014

State Filing Description:

State: Missouri **Filing Company:** NCCI
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: U-1399(A) Revisions to Statistical Plan for Workers Compensation and Employers Liability Insurance
Project Name/Number: /

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number: NCCI-129233158 and NCCI-129099041
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 12/11/2013	
State Status Changed: 12/11/2013	Deemer Date:
Created By: Frank Gnolfo	Submitted By: Frank Gnolfo
Corresponding Filing Tracking Number:	
State TOI: 16.0 Workers Compensation	State Sub-TOI: 16.0004 Standard WC

Filing Description:

The purpose of this item is to update the Pension Tables in NCCI's Statistical Plan for Workers Compensation and Employers Liability Insurance (Statistical Plan) using updated data for life expectancies and remarriage rates. Additionally, this item includes several reporting clarifications and maintenance updates to enhance the rules of NCCI's Statistical Plan.

Refer to: NCCI-129233158 and NCCI-129099041

Company and Contact

Filing Contact Information

Roy Wood, State Relations Executive	roy_wood@ncci.com
11430 Gravois Road	314-843-4001 [Phone]
Suite 310	314-842-3188 [FAX]
St. Louis, MO 63126	

Filing Company Information

NCCI	CoCode:	State of Domicile: Florida
901 Peninsula Corporate Circle	Group Code:	Company Type:
Boca Raton, FL 33487	Group Name:	State ID Number:
(561) 893-3186 ext. [Phone]	FEIN Number: 65-0439698	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

State Specific

NAIC Number: RO99985
 Have you reviewed the General Instructions document? (yes/no)(General Instructions updated 9/14/07): Yes
 If this is a rate filing, was rate data added on the rate/rule schedule? (yes/no): No

SERFF Tracking #:

NCCI-129320710

State Tracking #:

37

Company Tracking #:

U-1399 (LW)

State: Missouri **Filing Company:** NCCI
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: U-1399(A) Revisions to Statistical Plan for Workers Compensation and Employers Liability Insurance
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Jon Meyer (PC)	12/11/2013	12/11/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
PENDING INDUSTRY RESPONSE	Jon Meyer (PC)	12/05/2013	12/05/2013

Response Letters

Responded By	Created On	Date Submitted
Frank Gnolfo	12/11/2013	12/11/2013

State: Missouri Filing Company: NCCI
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: U-1399(A) Revisions to Statistical Plan for Workers Compensation and Employers Liability Insurance
Project Name/Number: /

Disposition

Disposition Date: 12/11/2013
Effective Date (New): 10/01/2014
Effective Date (Renewal): 10/01/2014
Status: APPROVED

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Filing Memorandum	APPROVED	Yes
Rate (revised)	Exhibit 1	APPROVED	Yes
Rate	Exhibit 1	SUPERSEDED	Yes

State: Missouri **Filing Company:** NCCI
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: U-1399(A) Revisions to Statistical Plan for Workers Compensation and Employers Liability Insurance
Project Name/Number: /

Objection Letter

Objection Letter Status	PENDING INDUSTRY RESPONSE
Objection Letter Date	12/05/2013
Submitted Date	12/05/2013
Respond By Date	12/19/2013

Dear Roy Wood,

Introduction:

Thank you for the filing recently submitted to this Department. Please be advised that although we have begun the review process, the company remains responsible for assuring that coverage provided to Missouri citizens fully complies with all applicable statutes and regulations. Upon preliminary review, the following issues raised concerns and need clarification:

Objection 1

Comments: Why is the Colorado State Exception page being filed in Missouri?

Conclusion:

Please respond to this letter by the above date. This submission will be held in suspense pending your response. Feel free to contact me at 573/751-1926 should you have any questions or concerns.

Sincerely,

Jon Meyer (PC)

State: Missouri Filing Company: NCCI
 TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
 Product Name: U-1399(A) Revisions to Statistical Plan for Workers Compensation and Employers Liability Insurance
 Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 12/11/2013
 Submitted Date 12/11/2013

Dear Jon Meyer (PC),

Introduction:

Thank you for your correspondence of 12/3/13.

Response 1

Comments:

The 'revised' exhibit of page 1 has now been placed in the Rate/Rule Schedule tab.
 The Colorado State Exception (page 2) has been removed as it was sent in error and does not apply.

Additionally, all remaining pages 3-26 from the initial submission have been removed as they were submitted and approved in Missouri previously.

Related Objection 1

Comments: Why is the Colorado State Exception page being filed in Missouri?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate Schedule Item Changes					
Item No.	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Date Submitted
1	Exhibit 1	3-Y	Replacement	02-MO-2013	12/11/2013 By: Frank Gnoflo
<i>Previous Version</i>					
1	Exhibit 1	3-Y	Replacement	02-MO-2013	12/03/2013 By: Frank Gnoflo

Conclusion:

Sincerely,

SERFF Tracking #:

NCCI-129320710

State Tracking #:

37

Company Tracking #:

U-1399 (LW)

State: Missouri **Filing Company:** NCCI
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: U-1399(A) Revisions to Statistical Plan for Workers Compensation and Employers Liability Insurance
Project Name/Number: /

Frank Gnolfo

State: Missouri **Filing Company:** NCCI
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
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Project Name/Number: /

Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1	APPROVED 12/11/2013	Exhibit 1	3-Y	Replacement	02-MO-2013	Replacement Exhibit 1 - Part 3-Y_U-1399A (121113).pdf

**U-1399 A--REVISIONS TO STATISTICAL PLAN FOR WORKERS COMPENSATION AND
EMPLOYERS LIABILITY INSURANCE**

**EXHIBIT 1
STATISTICAL PLAN—2008 EDITION
MISSOURI STATE EXCEPTIONS**

PART 3—EXPOSURE INFORMATION

Add the following to Part 3:

YX. AUDIT NONCOMPLIANCE CHARGE

In accordance with NCCI's *Basic Manual* Missouri State Rule Exception to Rule 3-A-13, report any Audit Noncompliance Charge to Statistical Code 9757.

State: Missouri Filing Company: NCCI
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: U-1399(A) Revisions to Statistical Plan for Workers Compensation and Employers Liability Insurance
Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Filing Memorandum
Comments:	
Attachment(s):	U-1399A Cover Letter Amended Rule 120313.pdf
Item Status:	APPROVED
Status Date:	12/11/2013



**National Council on
Compensation Insurance**

Roy O Wood
State Relations Executive
Regulatory Services Division
(P) 314-843-4001 (F) 561-893-5550
Email: Roy_Wood@ncci.com

December 3, 2013

John M. Huff, Director
Missouri Department of Insurance
Financial Institutions and Professional Registration (DIFP)
PO Box 690
Jefferson City, MO 65102-0690

RE: Item U-1399A—Revisions to Statistical Plan for Workers Compensation and Employers Liability Insurance

Dear Director Huff:

I am submitting an amended page for **Statistical Plan** Part 3, Item X—Audit Noncompliance Charge for your consideration and approval. This change will become effective October 1, 2014, applicable to new and renewal voluntary and assigned risk policies.

To provide some background, in Item 02-MO-2013, we created a new **Statistical Plan** Missouri state exception for Audit Noncompliance Charge, which was labeled Part 3-X. Subsequently, we filed Item U-1399 which created a new national rule for Increased Limits, and that was also labeled as Part 3-X. Both of these filings have been approved for use in Missouri.

The enclosed amended Statistical Plan page revises this labeling issue with the proper display of the MO State Exception for Audit Noncompliance Charge as rule 3-Y.

This item will be updated in the **Statistical Plan** in two phases, as follows:

- Later in December 2013, to reflect the approval of Item 02-MO-2013, this Missouri state exception rule will be published as Item 3-X—Audit Noncompliance Charge.
- In June 2014, the revisions contained in Item U-1399 will be published along with this Item U-1399A. At that time this rule will be updated to reflect the proper display of the MO state exception for Audit Noncompliance Charge as Item 3-Y—Audit Noncompliance Charge.

Respectfully submitted,

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.

A handwritten signature in black ink, appearing to read "Roy O. Wood", written over a horizontal line.

Roy O. Wood
State Relations Executive

State: Missouri **Filing Company:** NCCI
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: U-1399(A) Revisions to Statistical Plan for Workers Compensation and Employers Liability Insurance
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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
12/03/2013	SUPERSEDED 12/11/2013	Rate	Exhibit 1	12/11/2013	Exhibit 1 - Part 3-Y.pdf (Superseded)

**U-1399 A--REVISIONS TO STATISTICAL PLAN FOR WORKERS COMPENSATION AND
EMPLOYERS LIABILITY INSURANCE**

**EXHIBIT 1
STATISTICAL PLAN—2008 EDITION
MISSOURI STATE EXCEPTIONS**

PART 3—EXPOSURE INFORMATION

Add the following to Part 3:

YX. AUDIT NONCOMPLIANCE CHARGE

In accordance with NCCI's *Basic Manual* Missouri State Rule Exception to Rule 3-A-13, report any Audit Noncompliance Charge to Statistical Code 9757.

MANUAL PUBLISHING PROJECT—MANUAL PUBLISHING PROJECT

EXHIBIT 3
STATISTICAL PLAN—2008 EDITION
COLORADO STATE EXCEPTIONS
PART 4—LOSS AND EXPENSE INFORMATION
A. GENERAL INCURRED LOSS INFORMATION
3. Deductible Reimbursement Amount

b. Net Deductible Programs

Change Part 4, Item A-3-b as follows:

For Policies Effective July 1, 2013, and Subsequent:

The Deductible Reimbursement, for both small and large deductible programs, is subject to a maximum limit. The maximum limit is equal to the largest NCCI deductible program amount per claim, based on the policy effective date. Report the Deductible Reimbursement amount, based on the claim amount and policy deductible amount, not to exceed the maximum limit per Policy Effective Date.

Refer to NCCI's *Unit Statistical Reporting Guidebook* for the maximum limit that corresponds to the Policy Effective Date.

For Policies Effective Prior to July 1, 2013:

Colorado Statute 8-44-111, effective July 1, 1991, states that the experience rating losses must be net up to the first \$5,000 per claim in deductible reimbursement for both large and small deductible programs; therefore, report the Deductible Reimbursement amount, based on the claim amount and policy deductible amount, not to exceed the maximum [] limit [] of \$5,000 per claim in the Deductible Reimbursement field.

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STATISTICAL PLAN—2008 EDITION

H. STATISTICAL CODES

Statistical codes are grouped in three separate tables, based on how the amount associated with the statistical code applies to the premium.

- Premium Amount Subject to Experience Modification Factor
- Premium Amount Not Subject to Experience Modification Factor
- Premium Amount Not Part of Standard Premium

1. Premium Amount *Subject to Experience Modification Factor*

Premium Amount *Subject to Experience Modification Factor*

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Additional Medical Coverage Flat Charge	0068	+	All States Except VA	12/43	01/90
Aircraft Operation—Passenger Seat Surcharge ⁽²⁾	0088	+	VA	06/01/47	
Claims Deductible Coverage—\$500 Deductible	9758	-	RI	05/94	12/31/95
Claims Deductible Coverage—\$15,000 Deductible	9770	-	MO	01/93	12/31/95
Claims Deductible Coverage—\$20,000 Deductible	9771	-	MO	01/93	12/31/95
Claims Deductible Coverage (Net Loss Reported)—\$2,000 Deductible	9796	-	MO	10/95	12/31/95
Claims Deductible Coverage (Net Loss Reported)—\$2,500 Deductible	9797	-	MO	10/95	12/31/95
Claims Deductible Coverage (Net Loss Reported)—\$5,000 Deductible	9798	-	MO	10/95	12/31/95
Claims Deductible Coverage (Net Loss Reported)—\$10,000 Deductible	9799	-	MO	10/95	12/31/95
Claims Deductible Coverage (Net Loss Reported)—\$15,000 Deductible	9772	-	MO	10/95	12/31/95
Claims Deductible Coverage (Net Loss Reported)—\$20,000 Deductible	9773	-	MO	10/95	12/31/95

MANUAL PUBLISHING PROJECT—MANUAL PUBLISHING PROJECT

EXHIBIT 3 (CONT'D)
STATISTICAL PLAN—2008 EDITION
Premium Amount *Subject* to Experience Modification Factor (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Claims Deductible Coverage—\$15,000	9780	-	FL	07/95	12/31/95
			MO	10/95	12/31/95
Claims Deductible Coverage—\$20,000	9781	-	FL	07/95	12/31/95
			MO	10/95	12/31/95
Coinsurance Coverage—\$4,200 Limit	9948	-	IN	01/92	12/31/95
Deductible Coverage (per Accident)—\$2,000 Deductible	9981	-	NH	03/92	12/31/95
Deductible Reporting—Subject to Experience Modification Factor	9664 ⁽³⁾	-	All States Except NV, VA, WV	01/96	
			NV	07/01/00	
			VA	01/01/99	
			WV	07/08	
Disease Experience: Abrasive/Sandblasting	0059	+	All States Except OR and VA	01/78	
			OR	01/78	12/31/13
			VA	10/1/84	
Disease Experience of Incidental Foundries—Iron	0067	+	All States	06/44	
Disease Experience of Incidental Foundries—Nonferrous Metals	0066	+	All States	06/44	
Disease Experience of Incidental Foundries—Steel	0065	+	All States	06/44	
Drug-Free Workplace	9841	-	AL, FL	07/96	
			AR	01/01/00	
			MS	08/97	
			SC	10/97	
			TN	04/01/98 Voluntary	
				01/01/09 Assigned Risk	

MANUAL PUBLISHING PROJECT—MANUAL PUBLISHING PROJECT

EXHIBIT 3 (CONT'D)
STATISTICAL PLAN—2008 EDITION
Premium Amount *Subject* to Experience Modification Factor (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
			VA	07/01/97 Voluntary	
				07/01/01 Assigned Risk	
Flat Charge for Employers Liability/Voluntary Compensation	9139	+	Monopolistic Fund Jurisdictions Only and VA	01/84	
			WV	07/01/08	
Increased Limits for Admiralty or FELA Risks (in 000s)— \$50,000	9817	+	All States Except Those Listed Below	04/84	
			AK	04/84 Voluntary	
				04/84 Assigned Risk	02/29/12 <u>Assigned Risk Only</u>
			AL, AR, AZ, CT, DC, GA, IA, ID, IL, IN, KS, MS, NH, NM, NV, OR, SC, SD, VT, WV, VA	04/84 Voluntary	
				04/84 Assigned Risk	12/31/11 Assigned Risk Only
Increased Limits for Admiralty or FELA Risks (in 000s)— \$100,000	9818	+	All States	04/84	

MANUAL PUBLISHING PROJECT—MANUAL PUBLISHING PROJECT

EXHIBIT 3 (CONT'D)
STATISTICAL PLAN—2008 EDITION
Premium Amount *Subject* to Experience Modification Factor (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Increased Limits for Admiralty or FELA Risks (in 000s)— \$200,000 \$300,000 \$400,000 \$500,000 Over \$500,000	9819 9820 9821 9822 9840	+	All States Except Those Listed Below	04/84	
			AK	04/84 Voluntary	
				04/84 Assigned Risk	02/29/12 <u>Assigned Risk Only</u>
			AL, AR, AZ, CT, DC, GA, IA, ID, IL, IN, KS, MS, NH, NM, NV, OR, SC, SD, VT, WV, VA	04/84 Voluntary	
				04/84 Assigned Risk	12/31/11 Assigned Risk Only
Increased Limits With Workers Compensation Coverage (in 000s)— \$100/100/1,000 \$100/100/2,500 \$100/100/5,000 \$100/100/10,000 \$500/500/500 \$500/500/1,000 \$500/500/2,500 \$500/500/5,000 \$500/500/10,000 \$1,000/1,000/1,000	9803 9804 9805 9806 9807 9808 9809 9810 9811 9812	+	All States	04/84	
Increased Limits With Workers Compensation Coverage (in 000s)— \$1,000/1,000/2,500 \$1,000/1,000/5,000 \$1,000/1,000/10,000 Over \$1,000/1,000/10,000	9813 9814 9815 9816	+	All States Except Those Listed Below	04/84	
			AK	04/84 Voluntary	
				04/84 Assigned Risk	02/29/12 <u>Assigned Risk Only</u>
			AL, AR, AZ, CT, DC, GA, IA, ID, IL, IN, KS, MS	04/84 Voluntary	

MANUAL PUBLISHING PROJECT—MANUAL PUBLISHING PROJECT

EXHIBIT 3 (CONT'D)
STATISTICAL PLAN—2008 EDITION
Premium Amount *Subject* to Experience Modification Factor (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
			NH, NM, NV, OR, SC, SD, VT, WV, VA	04/84 Assigned Risk	12/31/11 Assigned Risk Only
Increased Limits Without Workers Compensation Coverage (in 000s)—		+	All States Except Those Listed Below	04/84	
\$100/100/1,000	9823		AK	04/84 Voluntary	
\$100/100/2,500	9824			04/84 Assigned Risk	02/29/12 <u>Assigned Risk Only</u>
\$100/100/5,000	9825		FL	04/84 Voluntary	06/30/13
\$100/100/10,000	9826			04/84 Voluntary	
\$500/500/500	9827			04/84 Assigned Risk	
\$500/500/1,000	9828			04/84 Assigned Risk	
\$500/500/2,500	9829		AL, AR, AZ, CT, DC, GA, IA, ID, IL, IN, KS, MS, NH, NM, NV, OR, SC, SD, VT, WV, VA	04/84 Voluntary	
\$500/500/5,000	9830			04/84 Assigned Risk	12/31/11 Assigned Risk Only
\$500/500/10,000	9831			04/84 Assigned Risk	
\$1,000/1,000/1,000	9832			04/84 Assigned Risk	
\$1,000/1,000/2,500	9833			04/84 Assigned Risk	
\$1,000/1,000/5,000	9834			04/84 Assigned Risk	
\$1,000/1,000/10,000	9835		04/84 Assigned Risk		
Over \$1,000/1,000/10,000	9836		04/84 Assigned Risk		
Increased Limits—All Other Limits of Liability	9837	+	All States Except Those Listed Below	04/79	
			AK	04/84 Voluntary	
				04/79 Assigned Risk	02/29/12 <u>Assigned Risk Only</u>
			AL, AR, AZ, CT, DC, GA, IA, ID, IL, IN, KS, MS, NH, NM, NV, OR, SC, SD, VT, WV, VA	04/84 Voluntary	
				04/79 Assigned Risk	12/31/11 Assigned Risk Only
	9838	+	FL	04/79	
Independent Carrier Filing—Premium Credit Applied Before Experience Modification	9721	-	All States Except VA	01/96	
			VA	01/01/11	

MANUAL PUBLISHING PROJECT—MANUAL PUBLISHING PROJECT

EXHIBIT 3 (CONT'D)
STATISTICAL PLAN—2008 EDITION
Premium Amount *Subject* to Experience Modification Factor (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Independent Carrier Filing—Premium Debit Applied Before Experience Modification	9723	+	All States Except VA	01/96	
			VA	01/01/11	
Large Deductible Coverage (Gross Loss Reported)—\$25,000	9956	-	All States Except VA	01/90	12/31/95
Large Deductible Coverage (Gross Loss Reported)—\$50,000	9957	-	FL	01/90	12/31/95
Large Deductible Coverage (Gross Loss Reported)—\$75,000	9958	-	FL	01/90	12/31/95
Managed Care	9843	-	AR	10/97 Voluntary	
				10/97 Assigned Risk	07/01/09 Assigned Risk Only
			FL	07/96	01/97
			OK	09/96	01/31/14
Minimum Premium for Employers Liability (Balance to)	9848	+	All States Except Those Listed Below	07/85	
			RI	12/97	
			VA	01/01/11	
No Exposure Developed	1111		All States Except VA	01/91	
			VA		
Rate Decreases (Flat)	0994	-	All States	10/84	
Rate Increases (Flat)	0998	+	All States	10/84	
Rate Deviation Premium Adjustment	9037	-	All States Except VA	10/56	
	9039	+	All States Except VA	04/79	
Retro Surcharge	0048	+	All States	10/84	

MANUAL PUBLISHING PROJECT—MANUAL PUBLISHING PROJECT

EXHIBIT 3 (CONT'D)
STATISTICAL PLAN—2008 EDITION
Premium Amount *Subject* to Experience Modification Factor (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Safety Certification Premium Credit	9891	-	HI	11/96	
	9842	-	HI	11/96	
Second Injury Fund Premium (Return of Excess)	9119	-	MO	01/89	
Short Rate Penalty Premium	0931	+	All States Except Those Listed Below	10/56	
			AK	10/56	08/31/10
			GA	10/56	06/30/10
			LA	10/56	08/14/10
			LA ⁽⁴⁾	11/01/11	
Strike Duty	0111	+	All States Except Those Listed Below	10/84	09/92
			CO	10/84	
			IN	10/84	
			NH	10/84	
	0112	+	All States Except Those Listed Below	10/84	01/92
			HI		04/92
			MO		04/92
			MT		12/95
			NH		
			VT		01/93

MANUAL PUBLISHING PROJECT—MANUAL PUBLISHING PROJECT

**EXHIBIT 3 (CONT'D)
STATISTICAL PLAN—2008 EDITION
Premium Amount *Subject* to Experience Modification Factor (Cont'd)**

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Waiver of Subrogation	0930	+	All States Except Those Listed Below		
			AK	(5)	
			KY		11/99
			LA		12/31/09
			NH		03/04
			NM		08/31/04 Assigned Risk Only
Workplace Safety	9765	-	FL	07/96	

(1) Premium programs apply to all states listed unless otherwise noted.

(2) Reported with the number of seats in the Exposure field.

(3) Statistical Code 9664 is applicable to NCCI-filed and insurer-filed programs. Insurer-independent deductible programs must be filed with the state insurance department and approved as required on or before the date that the insurer uses it.

(4) LA—Available for use in Louisiana when the short-rate provision contained in the policy has been filed by the carrier and approved by the commissioner of the Louisiana Department of Insurance.

(5) AK—Available for the specific waiver of subrogation premium charge on voluntary or assigned risk market policies.

2. Premium Amount *Not Subject* to Experience Modification Factor

Premium Amount *Not Subject* to Experience Modification Factor

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Aircraft Operation—Passenger Seat Surcharge ⁽²⁾	9108	+	All States Except AZ, VA	07/86	
Alternate Preferred Plan	9852	-	AR	09/90	

MANUAL PUBLISHING PROJECT—MANUAL PUBLISHING PROJECT

EXHIBIT 3 (CONT'D)
STATISTICAL PLAN—2008 EDITION
Premium Amount *Not Subject* to Experience Modification Factor (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date			
Assigned Risk Adjustment Program (ARAP)	0277	+	All States Except Those Listed Below	01/90				
			AL	01/96				
			AR	09/90				
			AZ	01/01/13				
			CT	01/92				
			DC	11/02				
			FL	01/92	01/94			
			HI	06/92	07/97			
			IA	07/92				
			ID	01/03				
			IL	01/04				
			KS	09/93				
			MD	08/90	01/95			
			MO	09/90				
			NE	12/90	01/96			
			NM	03/91				
			NH	01/03				
			NV	01/04				
			OR	01/93			01/93	07/97 (see 0278)
							01/01/11	
			RI	07/92				
			SC	01/91				
			SD	10/02				
VA	5/91							
VT	07/92							
WV	01/09							
Assigned Risk Flat Charge	9038	+	FL	01/90	01/94			

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EXHIBIT 3 (CONT'D)
STATISTICAL PLAN—2008 EDITION
Premium Amount *Not Subject* to Experience Modification Factor (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Assigned Risk Surcharge	0077	+	AK	07/88	
			AL	04/91	10/91
			CT	01/01	
			FL	01/90	
			ID	09/91	
			IN	01/90	
			KS	07/93	12/31/11
			LA	02/89	
			ME	01/87	01/93
			MO	09/91	
			MS	11/90	08/92
			NM	01/91	
			SD	02/89	10/02
TN	01/90	06/91			
Assigned Risk Tabular Surcharge	0277	+	TN	07/91	
	9665	-	AR	03/94	
	9666	+	AR	03/94	
	9666	+	GA	03/95	
Atomic Energy	9985	+	All States	06/53	
Certified Workplace Medical Plan	9756 ⁽³⁾	-	OK	02/01/14	
Claims Deductible Coverage (Net Loss Reported)—\$100 Deductible	9789	-	MO	10/95	12/31/95
Claims Deductible Coverage (Net Loss Reported)—\$200 Deductible	9790	-	MO	10/95	12/31/95
Claims Deductible Coverage (Net Loss Reported)—\$300 Deductible	9791	-	MO	10/95	12/31/95
Claims Deductible Coverage (Net Loss Reported)—\$400 Deductible	9792	-	MO	10/95	12/31/95

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EXHIBIT 3 (CONT'D)
STATISTICAL PLAN—2008 EDITION
Premium Amount *Not Subject* to Experience Modification Factor (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Claims Deductible Coverage (Net Loss Reported)—\$500 Deductible	9793	-	MO	10/95	12/31/95
Claims Deductible Coverage (Net Loss Reported)—\$1,000 Deductible	9794	-	MO	10/95	12/31/95
Claims Deductible Coverage (Net Loss Reported)—\$1,500 Deductible	9795	-	MO	10/95	12/31/95
Contracting/Construction Class Code Program—Premium Debit Offset to Experience Rating	9990	+	NM	07/93	
Contracting/Construction Premium Adjustment Program	9046	-	AK	01/96	
			CT	07/96	
			FL	04/79	
			HI	01/96	
			IL	09/92	
			MD	07/93	
			MO	01/90	
			MT	07/92	
			NE	01/95	
			NM	07/92	
			OK	07/96	
Deductible Reporting—Not Subject to Experience Modification Factor	9663 ⁽⁴⁾	-	All States Except NV and, WV	01/96	
			NV	07/01/00	
			WV	07/08	
Disease Experience—Supplemental	0179	+	All States	01/94	
			OR	01/94	01/03

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EXHIBIT 3 (CONT'D)
STATISTICAL PLAN—2008 EDITION
Premium Amount *Not Subject* to Experience Modification Factor (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Drug-Free Workplace	9846	-	AZ	01/01	01/01/06
			AZ	07/17/07	
			FL	01/94	07/96
			GA	07/01/93	
			ID	07/99	
			KY	10/01/08	
			VA	07/01/97	
Employee Leasing Rating Adjustment	9775	+	IL	06/99	
Expense Modification Deviation Premium Credit	9839	-	CT	10/84	10/01
Flexible Rating Adjustment—Premium Credit	9658	-	NE	09/04/05	
Flexible Rating Adjustment—Premium Debit	9659	+	NE	09/04/05	
Group Supplemental Rating Plan	9995	-	OR	10/93	
	9996	+	OR	10/93	
Increased Limits for Admiralty and/or FELA Coverage—Balance to Minimum Premium	9849	+	All States	07/87	
Independent Carrier Filing—Premium Credit Applied After Experience Modification	9722	-	All States Except VA	01/96	
			VA	01/01/11	
Independent Carrier Filing—Premium Debit Applied After Experience Modification	9724	+	All States Except VA	01/96	
			VA	01/01/11	
Injury Management Program	9744	-	MO	07/95	
Injury Management Program (Failure to Enroll)	9745	+	MO	07/95	
Large Deductible Coverage (Gross Loss Reported)—\$25,000	9856	-	All States Except VA	01/90	12/31/95

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EXHIBIT 3 (CONT'D)
STATISTICAL PLAN—2008 EDITION
Premium Amount *Not Subject* to Experience Modification Factor (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Large Deductible Coverage (Gross Loss Reported)—\$50,000	9857	-	All States Except VA	01/90	12/31/95
Large Deductible Coverage (Gross Loss Reported)—\$75,000	9858	-	All States Except VA	01/90	12/31/95
Loss Constant	0032	+	All States	04/59	
Managed Care	9874	-	CO	03/93	
			FL	06/94	07/96
			MO	01/93	
			NH	01/94	
Merit Rating Debits	9896	+	SD	07/92	
Merit Rating Program	9884	-	AL	01/93	
			SD	01/96	
	9885	-	AL	11/92	
			AR	03/94	
			CO	10/90	01/93
			HI	03/87	
			ME	01/87	
			OK	10/93	
			OR	01/88	
			SD	07/92	
	9886	+	AL	11/92	
			AR	03/94	
			CO	10/90	01/93
			ME	01/87	
			OK	10/93	
			OR	01/88	
SD			07/92		
VT			04/03		

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EXHIBIT 3 (CONT'D)
STATISTICAL PLAN—2008 EDITION
Premium Amount *Not Subject* to Experience Modification Factor (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Minimum Premium (Balance to)	0990	+	All States	04/59	
Non-Ratable Portion of Class Code Rate	0758	+	UT	01/87	
	0759		UT	01/87	
	0761		CO, OK, TN	01/87	
	0763		All States	01/87	
	0766		AL, AZ, ID, IN	01/87	
	0767		CT	01/87	
	0771		All States Except NV	07/98	
	0779		All States Except LA, RI	01/87	
	0790		AZ, MO	01/86	
	0799		All States Except LA, NV, RI	01/87	
	7445		All States	01/87	
	7453		All States Except LA	01/87	
	Non-Rated Premium Credit		9041	-	OR
Premium Transition Program—Credit	9778	-	NV	07/99	07/02
Premium Transition Program—Debit	9779	+	NV	07/99	07/02
Pulpwood Transition Program—Credit	0147	-	All States	11/77	
Pulpwood Transition Program—Debit	0148	+	All States	11/77	
Rate Deviation Premium Adjustment	9034	-	All States Except VA	04/79	
	9036	+	All States Except VA	04/79	
Rehiring Employees With Permanent Partial Disabilities	9899	-	CO	03/93	
Risk Management Premium Credit Program	9883	-	CO	01/92	
	9893	-	CO	01/92	

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EXHIBIT 3 (CONT'D)
STATISTICAL PLAN—2008 EDITION
Premium Amount *Not Subject* to Experience Modification Factor (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Risk Modeling Plan—Premium Credit	9147 ⁽⁵⁾	-	MO	01/01/14	
Risk Modeling Plan—Premium Debit	9148 ⁽⁵⁾	+	MO	01/01/14	
Safety Certification Premium Credit	9875	-	LA	01/93	
			MO	09/93	01/95
	9876	-	LA	01/93	
			MO	09/93	01/95
Schedule Rating Program ⁽⁶⁾	9887	-	All States Except FL, NV and WV	03/82	
			FL	(7)	
			NV	07/00	
			WV	01/08	
	9889	+	All States Except Those Listed Below	03/82	
			FL	(7)	
NV			07/00		
Simplified Assigned Risk Adjustment Program (SARAP)—Premium Credit/Debit	0278	-	NV	07/99	12/31/03
		-/+	OR	07/97	12/31/10
Small Employer Loss-Free Credit Program	9851	-	AL	09/97	
Small Employer Plan	9767	-	Assigned Risk TN	01/01/07	
Small New Employer Credit	9851	-	OR	01/94	

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EXHIBIT 3 (CONT'D)
STATISTICAL PLAN—2008 EDITION
Premium Amount *Not Subject* to Experience Modification Factor (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Special Risk Plan	9768	-	Assigned Risk TN	01/01/07	
Subplan D (Depopulation of the FWCJUA) 10% Surcharge	9607	+	FL	Voluntary 04/01/04	06/30/04 ⁽⁸⁾
Subplan D (Depopulation of the FWCJUA) 25% Surcharge	9608	+	FL	Voluntary 04/01/04	06/30/04 ⁽⁸⁾
Supplemental Disease Experience—in Connection With Asbestos Exposure	0133	+	All States	No Date Available	
Supplemental Experience Rating Plan Credit Premium Adjustments	9124	-	All States Except VA		
Transition Program	0076	-	All States Except NV	09/57	
Waiver of Subrogation	9115	+	LA	01/90	12/31/09
			NM	09/01/04 Assigned Risk Only	
Workplace Safety—Credit	9880	-	AL	09/97	
			AK	01/98	
			FL	01/94	07/96
			NH	01/95	
			OK	11/88	
Workplace Safety—Debit	9879	+	UT	01/93	

- (1) Premium programs apply to all states listed unless otherwise noted.
- (2) Reported with the number of seats in the exposure field.
- (3) OK—Available for use when an insurer has independently filed and received approval from the Oklahoma Insurance Department for a Certified Workplace Medical Plan Premium Credit.
- (4) Statistical Code 9663 is applicable to NCCI-filed and insurer-filed programs. Insurer-independent deductible programs must be filed with the state insurance department and approved as required on or before the date that the insurer uses it.
- (5) MO—Available for use when an insurer has independently filed for a risk modeling plan in accordance with Missouri Revised Statutes Section 287.955.6 and received approval from the Missouri Department of Insurance.
- (6) Schedule rating programs are for voluntary policies only. Statistical Codes 9887 and 9889 are applicable to NCCI-filed and insurer-filed programs. Insurer-independent schedule rating plans must be filed with the state

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**EXHIBIT 3 (CONT'D)
STATISTICAL PLAN—2008 EDITION
Premium Amount *Not Subject* to Experience Modification Factor (Cont'd)**

insurance department and approved as required on or before the date that the insurer uses it. If an insurer adopts NCCI's schedule rating plan without modification, a separate filing is not required.

- (7) FL—Scheduled rating would be available for use in Florida only if prior approval is obtained for a schedule rating plan from the Florida Office of Insurance Regulation.
- (8) Refers to policy effective date; the last effective date that the Subplan D statistical codes would be used is 6/30/04.

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EXHIBIT 3 (CONT'D)
STATISTICAL PLAN—2008 EDITION

3. Premium Amount *Not Part* of Standard Premium

Premium Amount *Not Part* of Standard Premium

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Audit Noncompliance Charge	9757	+	CO	01/01/12 ⁽²⁾	
			FL	07/01/10 ⁽³⁾ (FWCJUA)	
			MO	09/01/13	
			MT	10/01/12 ⁽⁴⁾	
Cancellation Fee/Surcharge	9776	+	AK ⁽⁵⁾	09/01/10	
			GA ⁽⁶⁾	01/12 ⁽⁷⁾	
Catastrophe Provisions for Domestic Terrorism, Earthquakes, and Industrial Accidents	9741	+	All States Except AK, AR, FL, HI, MO, NM, TN, VA WV	01/05	08/31/08
			AR	07/05	08/31/08
			TN	07/05	08/31/08
			WV	07/06	08/31/08
Catastrophe Provisions for Catastrophe (other than Certified Acts of Terrorism)	9741	+	All States Except AK, FL, MO, NM, VA	09/01/08	
Catastrophe Provisions for Foreign Terrorism—Not Subject to Experience Rating	9740	+	All States Except VA, WV	01/06	08/31/08
			AK	01/06	01/06/08
			FL	01/06	12/31/07
			HI	01/06	12/31/07
			MO	01/06	12/31/07
			NM	01/06	12/31/07
WV	07/06	08/31/08			
Catastrophe Provisions for Terrorism—Not Part of Standard Premium	9740	+	All States	09/01/08	
Cost Reduction Seminar Incentive Plan	9769	-	TN	Assigned Risk 01/01/07	

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EXHIBIT 3 (CONT'D)
STATISTICAL PLAN—2008 EDITION
Premium Amount *Not Part* of Standard Premium (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Deductible Reporting—Not Part of Standard Premium	9657 ⁽⁸⁾	-	All States Except OR, SC, VA, WV	09/01/08	
			OR	01/01/09	
			SC	07/01/08	
			VA	01/01/11	
			WV	07/08	
Deliberate Intent (Mandolidis) Coverage	9614	+	WV	07/01/08 ⁽⁹⁾	
Disease Experience—Coal Mining Risks	0156	+	VA	10/01/84	
	0157		VA	10/01/84	
	0158		VA	10/01/84	
	0161		VA	10/01/84	
	0162		VA	10/01/84	
Disease Experience in Connection With Code 1005—Coal Mining Risks—State and Federal Benefits	0156	+	All States Except VA, WV	10/84	
Disease Experience in Connection With Code 1005—Surface Coal Mining Risks—State and/or Federal Benefits	0156	+	WV	07/01/08	
Disease Experience in Connection With Code 1009—Coal Mining Risks—State and Federal Benefits	0157	+	All States Except VA, WV	10/84	
			WV	07/06	06/30/08
Disease Experience in Connection With Code 1016—Coal Mining Risks—State and Federal Benefits	0158	+	All States Except VA, WV	10/84	
Disease Experience in Connection With Code 1016—Underground Coal Mining Risks—State and/or Federal Benefits	0158	+	WV	07/01/08	

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EXHIBIT 3 (CONT'D)
STATISTICAL PLAN—2008 EDITION
Premium Amount *Not Part* of Standard Premium (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Disease Experience in Connection With Any Classification Other Than Coal Mine Code—Coal Mining Risks—State and Federal Benefits	0164	+	All States Except VA, WV	10/84	
Disease Experience in Connection With Non-Coal Mine Code—or Disease Experience for Federal Benefits Only	0164	+	WV	07/01/08	
Disease Experience—Underground Coal Mining Risks—State Benefits Only	0150	+	WV	07/06	06/30/08
Disease Experience—Surface Coal Mining Risks—State Benefits Only	0151	+	WV	07/06	06/30/08
Disease Experience—Non-Coal Mining Risks—State Benefits Only	0163	+	WV	07/06	06/30/08
Disease Experience—Underground Coal Mining Risks—Federal Benefits Only	0185	+	WV	07/06	06/30/08
Disease Experience—Surface Coal Mining Risks—Federal Benefits Only	0186	+	WV	07/06	06/30/08
Disease Experience—Non-Coal Mining Risks—Federal Benefits Only	0187	+	WV	07/06	06/30/08
Employee Leasing Client Fee	9725	+	OR	07/94	
Expense Constant	0900	+	All States Except VA	04/80	
	0900		VA		
Federal Coal Mine Coverage—Balance to Minimum Premium	9615	+	WV	07/01/08	

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EXHIBIT 3 (CONT'D)
STATISTICAL PLAN—2008 EDITION
Premium Amount *Not Part* of Standard Premium (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Independent Carrier Filing—Premium Credit Not Part of Standard Premium	9655	-	All States Except OR, SC, VA, WV	09/01/08	
			OR	01/01/09	
			SC	07/01/08	
			VA	01/01/11	
			WV	07/08	
Independent Carrier Filing—Premium Debit Not Part of Standard Premium	9656	+	All States Except OR, SC, VA, WV	09/01/08	
			OR	01/01/09	
			SC	07/01/08	
			VA	01/01/11	
			WV	07/08	
Premium Discount: Stock Company or Type A	0063	-	All States	10/43	
			AZ	10/43	12/31/12 Assigned Risk Only
			OR	10/43	12/31/10 Assigned Risk Only
Nonstock or Type B	0064	-	All States	10/43	
			AZ	10/43	12/31/12 Assigned Risk Only
			OR	10/43	12/31/10 Assigned Risk Only
Premium Transition Program Credit for Previously A-Rated Code 8837	0178	-	GA	11/99	
Second Injury Fund Surcharge	0935	+	IN	07/99	
			MT	07/00	
Schedule Rating Program—Premium Credit Not Part of Standard Premium	9750	-	WV ⁽¹⁰⁾	07/01/08	

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EXHIBIT 3 (CONT'D)
STATISTICAL PLAN—2008 EDITION
Premium Amount *Not Part* of Standard Premium (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Schedule Rating Program—Premium Debit Not Part of Standard Premium	9751	+	WV ⁽¹⁰⁾	07/01/08	
Special Cancellation Provision	9625	-	AZ	10/01/08 ⁽¹¹⁾	12/31/08 ⁽¹¹⁾
Stay-at-Work/Return-to-Work (SAWRTW) Surcharge	0934	+	MT	07/01/11	
Terrorism—Not Subject to Experience Rating	9752	+	AK	01/07/08	08/31/08
			FL	01/01/08	08/31/08
			HI	01/01/08	08/31/08
			MO	01/01/08	08/31/08
			NM	01/01/08	08/31/08
			VA	01/01/08	08/31/08
Terrorism Risk Insurance Act of 2002—Certified Losses	9740	+	All States Except VA and Those Listed Below	Voluntary 12/20/02 Assigned Risk 01/01/03	12/31/05
			AZ	Voluntary 02/24/03 Assigned Risk 01/01/03	12/31/05
			CO	Voluntary 01/20/03	12/31/05
			FL	04/01/03	12/31/05
			NV	Voluntary and Assigned Risk 03/01/03	12/31/05
Revised description for Statistical Code 9621—Tier One—Three-Tier Rating Structure (depopulation of the FWCJUA; refer to the JUA to determine the surcharge values)	9621	+	FL	Voluntary 01/01/07	

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EXHIBIT 3 (CONT'D)
STATISTICAL PLAN—2008 EDITION
Premium Amount *Not Part* of Standard Premium (Cont'd)

Description	Stat Code	Premium Credit (-) or Debit (+)	Applicable States ⁽¹⁾	Effective Date	Discontinuation Date
Revised description for Statistical Code 9622—Tier Two—Three-Tier Rating Structure (depopulation of the FWCJUA; refer to the JUA to determine the surcharge values)	9622	+	FL	Voluntary 01/01/07	
Revised description for Statistical Code 9623—Tier Three—Three-Tier Rating Structure (depopulation of the FWCJUA; refer to the JUA to determine the surcharge values)	9623	+	FL	Voluntary 01/01/07	
Virginia Terrorism Risk Insurance Extension Act of 2005	9740	+	VA	Voluntary 12/20/02 Assigned Risk 01/01/03	12/31/07
Volunteer Firefighters—Head Count	9219	+	All States Except AZ, FL, KS, MT, OR, VA, WV	09/01/08	08/31/11
			AZ	09/01/08	09/01/11
			KS	09/01/08	
			VA	01/01/11	08/31/11
			WV	07/08	08/31/11
Waiver of Subrogation	9118	+	AK ⁽¹²⁾	10/18/10	
			LA	01/01/10	
Workers Compensation Regulatory Assessment Surcharge	0939	+	MT	07/00	

- (1) Premium programs apply to all states listed unless otherwise noted.
- (2) CO—Available for use in Colorado when an insurer has independently filed and received approval from the Colorado Division of Insurance for a fee or surcharge due to audit noncompliance.
- (3) FWCJUA—Statistical Code 9757 is for the use of the FWCJUA only.
- (4) MT—Available for use in Montana when an insurer has independently filed and received approval from the Montana Department of Insurance for a surcharge due to audit noncompliance.
- (5) AK—This code is used to capture the cancellation fee as referenced under Alaska **Basic Manual** state rule exception for Rule 3-A-3-b—Reasons for Cancellation and Premium Determination.

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**EXHIBIT 3 (CONT'D)
STATISTICAL PLAN—2008 EDITION
Premium Amount *Not Part* of Standard Premium (Cont'd)**

- (6) GA—This code is used to capture the surcharge as referenced under Georgia ***Basic Manual*** state rule exception for Rule 3-A-3-b—Reasons for Cancellation and Premium Determination.
- (7) GA—This code is effective for 1st unit statistical reports valued as of January 2012 and thereafter.
- (8) Statistical Code 9657 is applicable to insurer-filed programs. Insurer-independent deductible programs must be filed with the state insurance department and approved as required on or before the date that the insurer uses it.
- (9) WV—For the private employers' mutual company only, Code 9614 is available for use effective 7/1/06.
- (10) WV—These codes are specifically for use with insurer independently filed schedule rating programs. If an insurer uses an independently filed schedule rating program, the program must be filed with the Offices of Insurance Commissioner (OIC) on or before the date that the insurer uses it.
- (11) The effective and discontinuation dates of this code are based on the anniversary rating date, not the policy effective date.
- (12) AK—Available for a blanket waiver of subrogation on voluntary market policies only.