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

		Company NA	AIC #:/V/A
		Company Refere	nce #:0808
1. Does	this filing result in any rest	riction of coverage? Yes	⊠ No
2. If yes	s, where is such restriction e	explained in the filing?	
3. Wher	re is any broadening of cover	erage explained?	N/A
		s percent of premiums (attacl	separate sheet if more space is $\frac{N/A}{}$
	such changes are substantia	which will be affected by file ly greater than the effect stat	/
6. States	wide Percent Change		
	Earned Exposures	Earned Premiums	Percent Change
			+16.49 % Residual
			MARKET
			+19.09 % Voluntary
			MAKKET
8. Show during th	ove the average effect stated	erage rate level changes that the date of this filing, for the	resulted from rate revisions effective categories to which this filing
••		•	
		Statement of Compliance	
Section 1 correct ar and requi	06, I certify that the informati	on stated above and in the attacledge and belief and fully confor	the penalties found in 18 <u>Del. C.</u> , nments consisting of pages is ms to all applicable laws, regulations, L. Wisecarver L. Wisecarver
Date		Signature	
		Pacsident	
		Title (Must be a Comp	oany Officer)

Revised: 06/12/06



State of Delaware Personal & Commercial Filing Fee Form

state of Ve	Department Use Only
	Department osc omy
	Tracking #:
Company Name on Check RATING BUREAU INC	Court Name
Company Name on Check RATING BUREAUS IMC	Group Name ///A
Check/EFT Amount #56.00	Total # of Forms (Please itemize forms below)
Check# # 6685	Company Filing Number 6808
Date of Check or EFT Transaction Avgust 7, 2008 Date Check Mailed Avgust 8, 2008	SERFF Tracking Number
Date Check Mailed August 8, 2008	- Type of Filing Personal Commercial X
Effective Date of Filing	
Check Appropriate Block(s) Rates 💆 Forms	s Rating Plans Rules Rules
Filing Fees are: \$50 per Form, per Rate, per Company, per Lin	ne of Insurance. Rules are \$50 per <u>Filing</u> per Company.

NAIC#	Company Name	P or C**	Form Number	# Lines of Business	De	scription	Fee Total
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	** P = Persor	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

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

Property & Casualty Transmittal Document

Reset Form

1	1. Reserved for Insurance		2. Insurance Department Use only						
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	DELAWARE COMPENSATION	KATING B	URCAU, -	IMC.		N/A			
4.	Company Name(s)		Domicile	NAIC#	FEIN#	State #			
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Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # Of OF
21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
Bi-ANNUAL RESIDUAL MARKET RATE & VOLUNTARY MARKET LOSS COST FILMS FOR WORKERS COMPENSATION IMSURANCE ON POLICIES PROVIDING FERMAL BENEFITS, HILED by the ANTHORIZED Advisory ORGANIZATION (DLRB)
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 Amount: #50,00
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.)

PC TD-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.)										
1.	This fil	ing transmitt	al is part of	Company 7	Tracking #		0808			
2.		ling correspo any tracking n					NIA			
	又	Rate Increa	ase C	J Rate	Decrease			Rate Neut	ral (0%)	
3.	3. Filing Method (Prior Approval, File & Use, Flex Band, etc.) PRIOR APPROVAL									
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A DCRB 15 the Delawase Compensation Rating Bureau, Imc.

Schedule I

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

	Average Residual Market	Average Voluntary Market
Effective Date	Rate Level Change	Loss Cost Change
December 1, 2008	16.49%	19.09%
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%

History (of DCRR	"F"	Class	Voluntary	v Market 1	Loss (Costs and	Percentage (Changes
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Code	12/1/2008	% Chg	12/1/2006	% Chg	12/1/2004	% Chg	12/1/2002	% Chg	12/1/2000
		8		8		8		8	
6824F	6.22	12.7%	5.52	-8.3%	6.02	-2.1%	6.15	11.4%	5.52
6826F	6.3	12.5%	5.6	-8.3%	6.11	-2.1%	6.24	12.0%	5.57
6843F	7.08	12.7%	6.28	-8.3%	6.85	-2.1%	7.00	11.5%	6.28
6872F	8.91	12.8%	7.9	-8.4%	8.62	-2.2%	8.81	11.9%	7.87
7309F	24.78	12.8%	21.97	-8.3%	23.95	-2.0%	24.43	12.5%	21.71
7313F	9.02	12.6%	8.01	-8.2%	8.73	-2.2%	8.93	11.5%	8.01
7317F	19.17	12.7%	17.01	-8.3%	18.55	-2.2%	18.96	11.9%	16.94
7327F	10.23	12.8%	9.07	-9.5%	10.02	-2.5%	10.28	10.8%	9.28
7366F	4.79	12.4%	4.26	-8.0%	4.63	-2.5%	4.75	10.7%	4.29
8709F	1.92	12.3%	1.71	-7.6%	1.85	-2.1%	1.89	11.8%	1.69
8726F	2.61	12.5%	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	8.43	10.2%	7.65	-4.3%	7.99	-3.4%	8.27	20.9%	6.84
6826F	8.55	10.2%	7.76	-4.3%	8.11	-3.2%	8.38	21.4%	6.9
6843F	9.6	10.2%	8.71	-4.3%	9.1	-3.3%	9.41	21.0%	7.78
6872F	12.08	10.2%	10.96	-4.3%	11.45	-3.3%	11.84	21.6%	9.74
7309F	33.61	10.3%	30.47	-4.2%	31.81	-3.1%	32.83	22.1%	26.88
7313F	12.24	10.3%	11.1	-4.3%	11.6	-3.3%	12.00	21.0%	9.92
7317F	26	10.3%	23.58	-4.3%	24.64	-3.3%	25.48	21.4%	20.98
7327F	13.87	10.3%	12.58	-5.5%	13.31	-3.7%	13.82	20.3%	11.49
7366F	6.5	10.2%	5.9	-4.1%	6.15	-3.8%	6.39	20.3%	5.31
8709F	2.6	9.7%	2.37	-3.7%	2.46	-3.1%	2.54	21.5%	2.09
8726F	3.54	10.3%	3.21	-4.5%	3.36	-3.2%	3.47	21.3%	2.86