

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

Company NAIC #: N/A

Company Reference #: 0808

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

2. If yes, where is such restriction explained in the filing? —

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
		+16.49% Residual
		MARKET
		+19.09% 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 & 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.

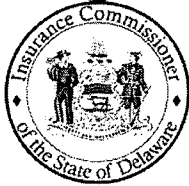
August 8, 2008
Date

Timothy L. Wisecarver
Print Name

Timothy L. Wisecarver
Signature

President

Title (Must be a Company Officer)



State of Delaware

Personal & Commercial Filing Fee Form

Department Use Only

Tracking #: _____

Company Name on Check Delaware Compensation Rating Bureau, Inc. Group Name N/A
Check/EFT Amount \$50.00 Total # of Forms (Please itemize forms below) —
Check # #6685 Company Filing Number 0808
Date of Check or EFT Transaction August 7, 2008 SERFF Tracking Number N/A
Date Check Mailed August 8, 2008 Type of Filing Personal ☐ Commercial ☒
Effective Date of Filing _____

Check Appropriate Block(s) Rates ☒ Forms ☐ Rating Plans ☐ Rules ☐

Filing Fees are: \$50 per Form, per Rate, per Company, per Line of Insurance. Rules are \$50 per Filing per Company.

NAIC #	Company Name	P or C**	Form Number	# Lines of Business	Description	Fee Total
	Delaware Compensation Rating Bureau, Inc.	C	N/A	1	Bi-Annual Workers Compensation Rate & Loss Cost Filing for "F" Classification Business	\$50.00

** P = Personal Lines ** C = Commercial Lines

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

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	0808
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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
	TIMOTHY L. WISECARVER DCRB, Inc.	President	215-320-4413	215-320-4557	TWISecARVER@ DCRB.COM
	UNITED PLAZA Bldg-Suite 1500 30 S. 17th ST Philadelphia, PA 19103				
7.	Signature of authorized filer				
8.	Please print name of authorized filer				
	TIMOTHY L. WISECARVER				

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	Please select from the drop down list. 16.0 WORKERS COMPENSATION	
10.	Sub-Type of Insurance (Sub-TOI)	16.0004 STANDARD W.C.	
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: December 1, 2008	Renewal: December 1, 2008
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	August 8, 2008	
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 # 0808

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
Filing for WORKERS COMPENSATION Insurance on policies providing
Federal benefits, filed by the Authorized 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.)

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 filing transmittal is part of Company Tracking #	0808
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A

☒ 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*	+16.49%	+10.27%	Residual Mkt	3 (2006)		+10.31%	+9.70%
	+19.09%	+12.73%	Voluntary Mkt	Approx 25		+12.79%	+12.28%

4b.	Rate Change by Company (As Accepted) For State Use Only						
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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)	+16.49% Residual Mkt +19.09% Voluntary Mkt	
5b	Overall percentage rate impact for this filing	+16.49 (R.M.) + 19.09 (V.M.)	
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected	Approx 28	

6.	Overall percentage of last rate revision	-2.81% Residual Mkt, -6.91% Voluntary Mkt
7.	Effective Date of last rate revision	December 1, 2006
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval

9.	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	

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

Code	12/1/2008	% Chg	12/1/2006	% Chg	12/1/2004	% Chg	12/1/2002	% Chg	12/1/2000
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