

State: Michigan
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Rate Revision/24-MI-NI-WC-R-L-ASR

First Filing Company: Employers Insurance Company of Wausau, ...

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State: Michigan **First Filing Company:** Employers Insurance Company of Wausau, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
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Supporting Document Attachments (ex. Supporting Document Name Attachment Name)

Actuarial or Explanatory Memorandum CAOM/MWCPF/NCCI [2024 09 04 - MI WC L - Actuarial Memo \(Memo & 1b\).pdf](#)

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State: Michigan **First Filing Company:** Employers Insurance Company of Wausau, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Rate Revision/24-MI-NI-WC-R-L-ASR

Filing at a Glance

Companies: Employers Insurance Company of Wausau
Liberty Mutual Insurance Company
Liberty Mutual Fire Insurance Company
LM Insurance Corporation
The First Liberty Insurance Corporation
Liberty Insurance Corporation

Product Name: Workers Compensation

State: Michigan

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: CAOM Loss Costs/MWCPF Rates

Date Submitted: 11/22/2024

SERFF Tr Num: LWCM-134330566

SERFF Status: Closed-Filed

State Tr Num:

State Status: FILED

Co Tr Num: 24-MI-NI-WC-R-L-ASR

Effective Date 01/01/2025

Requested (New):

Effective Date 01/01/2025

Requested (Renewal):

Author(s): Samantha Audate, Robert Lively

Reviewer(s): Paige Dickerson (primary)

Disposition Date: 12/09/2024

Disposition Status: Filed

Effective Date (New): 01/01/2025

Effective Date (Renewal): 01/01/2025

State: Michigan **First Filing Company:** Employers Insurance Company of Wausau, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Rate Revision/24-MI-NI-WC-R-L-ASR

General Information

Project Name: Rate Revision Status of Filing in Domicile:
Project Number: 24-MI-NI-WC-R-L-ASR Domicile Status Comments:
Reference Organization: CAOM Reference Number:
Reference Title: Data collection agency WC insurance Advisory Org. Circular: CIRCULAR LETTER #348
statewide average advisory pure premium MI effective Jan1,
2025 –New And Renewal Business Only
Filing Status Changed: 12/09/2024
State Status Changed: 12/09/2024 Deemer Date:
Created By: Robert Lively Submitted By: Robert Lively
Corresponding Filing Tracking Number:

Filing Description:

We submit this filing to adopt the above referenced bureau change.

We are requesting this filing to be effective on or after 1/1/2025 for new and renewal business.

Please feel free to contact me with any questions or concerns.

Your review and acknowledgement/approval of this submission is appreciated.

Company and Contact

Filing Contact Information

Samantha Hebb, Associate Specialist samantha.audate@libertymutual.com
175 Berkeley Street 813-903-7775 [Phone]
Boston, MA 02116

State: Michigan **First Filing Company:** Employers Insurance Company of Wausau, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Rate Revision/24-MI-NI-WC-R-L-ASR

Filing Company Information

Employers Insurance Company of Wausau 175 Berkeley St Boston, MA 02116 (617) 357-9500 ext. [Phone]	CoCode: 21458 Group Code: 111 Group Name: Liberty Mutual Insurance FEIN Number: 39-0264050	State of Domicile: Wisconsin Company Type: Property and Casualty State ID Number:
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Liberty Mutual Insurance Company 175 Berkeley St Boston, MA 02116 (617) 357-9500 ext. [Phone]	CoCode: 23043 Group Code: 111 Group Name: Liberty Mutual Insurance FEIN Number: 04-1543470	State of Domicile: Massachusetts Company Type: Property and Casualty State ID Number:
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Liberty Mutual Fire Insurance Company 175 Berkeley St Boston, MA 02116 (617) 357-9500 ext. [Phone]	CoCode: 23035 Group Code: 111 Group Name: Liberty Mutual Insurance FEIN Number: 04-1924000	State of Domicile: Wisconsin Company Type: Property and Casualty State ID Number:
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LM Insurance Corporation 175 Berkeley St Boston, MA 02116 (617) 357-9500 ext. [Phone]	CoCode: 33600 Group Code: 111 Group Name: Liberty Mutual Insurance FEIN Number: 04-3058504	State of Domicile: Illinois Company Type: Property and Casualty State ID Number:
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The First Liberty Insurance Corporation 175 Berkeley St Boston, MA 02116 (617) 357-9500 ext. [Phone]	CoCode: 33588 Group Code: 111 Group Name: Liberty Mutual Insurance FEIN Number: 04-3058503	State of Domicile: Illinois Company Type: Property and Casualty State ID Number:
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Liberty Insurance Corporation 175 Berkeley St Boston, MA 02116 (617) 357-9500 ext. [Phone]	CoCode: 42404 Group Code: 111 Group Name: Liberty Mutual Insurance FEIN Number: 03-0316876	State of Domicile: Illinois Company Type: Property and Casualty State ID Number:
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State: Michigan **First Filing Company:** Employers Insurance Company of Wausau, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Rate Revision/24-MI-NI-WC-R-L-ASR

Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State Specific

Is the filing for a home or personal auto program that includes a group program as defined in MCL 500.2105(3)? Please respond with: Yes, No or Not a Home or Personal Auto Filing: Not a Home or Personal Auto Filing

Have you saved a copy of the MARKED (Except for New Forms) AND FINAL version of all forms, endorsements, notices, declaration pages, applications, etc. on the Form Schedule tab? Please respond with: Yes, No or Not a Form Filing: Not a Form Filing

If this is a form filing that relates to insurance for personal, family or household purposes, did you provide a readability score of 45 or greater for each form that contains policy provisions, exclusions, and/or amendments as required by MCL 500.2236(3)?

Please respond with: Yes, No, Not a Form Filing or Not for Personal, Family or Household Purposes: Not a Form Filing

If this is a form filing and the company is adding or revising an endorsement that revises the base policy, has the company provided a copy of the base policy on the Supporting Documentation tab? Please respond with: Yes, No, Not a Form Filing, or Not a Form that Revises the base policy: Not a Form Filing

Have you saved a copy of the MARKED (Except for New Manuals) AND FINAL version of rate/rule manual pages on the Rate/Rule Schedule tab? NOTE: MARKED VERSIONS OF THE MANUAL SHOULD ONLY INCLUDE THE PAGES WITH CHANGES. Please respond with: Yes, No or Not a Rate/Rule Filing: Yes

Is a FULL unmarked version of your rate AND rule manual saved on the Supporting Documents Schedule tab? Please respond with: Yes, No, Not a Rate/Rule Filing: Yes

State:Michigan

TOI/Sub-TOI:16.0 Workers Compensation/16.0004 Standard WC

Product Name:Workers Compensation

Project Name/Number:Rate Revision/24-MI-NI-WC-R-L-ASR

First Filing Company:

Employers Insurance Company of Wausau, ...

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Paige Dickerson	12/09/2024	12/09/2024

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
PENDING INSURER RESPONSE	Paige Dickerson	12/06/2024	12/06/2024
PENDING INSURER RESPONSE	Paige Dickerson	12/03/2024	12/03/2024

Response Letters

Responded By	Created On	Date Submitted
Sarah Costello	12/09/2024	12/09/2024
Sarah Costello	12/04/2024	12/04/2024

State:	Michigan	First Filing Company:	Employers Insurance Company of Wausau, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	Workers Compensation		
Project Name/Number:	Rate Revision/24-MI-NI-WC-R-L-ASR		

Disposition

Disposition Date: 12/09/2024

Effective Date (New): 01/01/2025

Effective Date (Renewal): 01/01/2025

Status: Filed

Comment: All rates, rules and forms in use in Michigan must comply with all applicable Michigan laws and regulations. In accordance with MCL 500.2236(5), upon written notice to the insurer, the Director may, on a case-by-case review, disapprove, withdraw approval, or prohibit the issuance, advertising, or delivery of a form to any person in this state if the form violates the Insurance Code, MCL 500.100, et seq. (Code), contains inconsistent, ambiguous, or misleading clauses, or contains exceptions and conditions that unreasonably or deceptively affect the risk purported to be assumed in the general coverage of the policy. If, upon subsequent review of any form given a disposition in this filing, the Director finds that the form violates the Code, the Director will withdraw approval in accordance with MCL 500.2236(6). The Director may withdraw approval of rates and rules in accordance with MCL 500.2114, MCL 500.2418, and/or MCL 500.2618. Nothing in the Director’s review or disposition of this filing should be interpreted as precluding the company’s compliance with applicable state or federal laws.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Employers Insurance Company of Wausau	-15.600%	2.400%	\$85,362	191	\$3,556,770	15.300%	-10.500%
Liberty Mutual Insurance Company	-15.600%	0.000%	\$0	0	\$0	0.000%	0.000%
Liberty Mutual Fire Insurance Company	-15.600%	1.900%	\$138,086	187	\$7,267,664	18.900%	-13.900%
LM Insurance Corporation	-15.600%	2.000%	\$52,320	184	\$2,616,004	15.300%	-11.400%
The First Liberty Insurance Corporation	-15.600%	1.000%	\$8,699	97	\$869,857	12.500%	-10.500%
Liberty Insurance Corporation	-15.600%	1.100%	\$57,403	232	\$5,218,427	12.500%	-10.900%

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	-15.600%
Overall Percentage Rate Impact For This Filing	1.800%
Effect of Rate Filing-Written Premium Change For This Program	\$341,870
Effect of Rate Filing - Number of Policyholders Affected	891

State:	Michigan	First Filing Company:	Employers Insurance Company of Wausau, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	Workers Compensation		
Project Name/Number:	Rate Revision/24-MI-NI-WC-R-L-ASR		

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	FOOTNOTES	Review Completed	Yes
Rate	MISCELLANEOUS VALUES	Review Completed	Yes
Rate	RATE PAGES - EICOW	Review Completed	Yes
Rate	RATE PAGES - LIC	Review Completed	Yes
Rate	RATE PAGES - LM-IC	Review Completed	Yes
Rate	RATE PAGES - LMFIC	Review Completed	Yes
Rate	RATE PAGES - LMIC	Review Completed	Yes
Rate	RATE PAGES - TFLIC	Review Completed	Yes
Rate	RETROSPECTIVE RATING VALUES	Review Completed	Yes
Rate	Experience Rating – Table of Ballast Values	Review Completed	Yes
Rate	Experience Rating – Table of Expected Loss Rates and Discount Ratios	Review Completed	Yes
Rate	Experience Rating – Table of Weighting Values	Review Completed	Yes
Supporting Document	Actuarial or Explanatory Memorandum – CAOM/MWCPF/NCCI	Review Completed	Yes
Supporting Document	Actuarial Support – CAOM/MWCPF/NCCI	Review Completed	Yes
Supporting Document (revised)	Full Unmarked Rate/Rule Manual- CAOM/MWCPF/NCCI	Review Completed	Yes
Supporting Document	Full Unmarked Rate/Rule Manual- CAOM/MWCPF/NCCI	Review Completed	Yes
Supporting Document	Loss Cost Multiplier- CAOM/MWCPF/NCCI	Review Completed	Yes
Supporting Document	Experience Rating Modifications- CAOM/MWCPF/NCCI	Review Completed	Yes
Supporting Document	Checklist – CAOM/MWCPF/NCCI	Review Completed	Yes
Supporting Document	Policyholder Impact- CAOM/MWCPF/NCCI	Review Completed	Yes
Supporting Document	Impacts to Policyholders +/- 10%	Review Completed	Yes
Supporting Document	12.3.2024 Objection Support	Review Completed	Yes

State: Michigan **First Filing Company:** Employers Insurance Company of Wausau, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Rate Revision/24-MI-NI-WC-R-L-ASR

Objection Letter

Objection Letter Status	PENDING INSURER RESPONSE
Objection Letter Date	12/06/2024
Submitted Date	12/06/2024
Respond By Date	12/13/2024

Dear Samantha Hebb,

Introduction:

The filing has been reviewed and the following objection(s) require response:

Objection 1

- Actuarial Support – CAOM/MWCPF/NCCI (Supporting Document)

Comments: Per the filing instructions, the CAOM actuarial support (DCA Publication - Advisory Pure Premiums) must be submitted as confidential. Please correct the filing.

Instructions on how to submit as confidential can be located in the below link on page 145

<https://login.serff.com/Complete Industry Manual.pdf>

You may also contact the SERFF help desk for assistance if needed:

Phone: 816-783-8500

Email: serffhelp@naic.org

Objection 2

- Full Unmarked Rate/Rule Manual- CAOM/MWCPF/NCCI (Supporting Document)

Comments: No rules related to servicing carriers should appear in voluntary carrier manuals.

Please resubmit manual pages as required. Please refer to PDF pages 159 & 188.

Conclusion:

As a result of the noted Objection(s), this filing is incomplete. Upon DIFS' receipt of a full and complete response to the Objection(s), the applicable review period will restart and DIFS will re-evaluate the filing. If the information is not provided within the required time frame, the filing will be disapproved.

PLEASE NOTE: For any modifications made to the rate/rule manual or forms in your objection response, please be sure to include updated marked rate/rule manual pages and/or forms as applicable.

Sincerely,

Paige Dickerson

State: Michigan **First Filing Company:** Employers Insurance Company of Wausau, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Rate Revision/24-MI-NI-WC-R-L-ASR

Objection Letter

Objection Letter Status	PENDING INSURER RESPONSE
Objection Letter Date	12/03/2024
Submitted Date	12/03/2024
Respond By Date	12/10/2024

Dear Samantha Hebb,

Introduction:

The filing has been reviewed and the following objection(s) require response:

Objection 1

Comments: Please explain why the company has selected a change that is moving in the opposite direction of the indicated change. Provide quantitative support where available.

Objection 2

Comments: Please describe the risk characteristics for those risks that will receive more than a 10% increase in overall rates.

Objection 3

Comments: Please describe the risk characteristics for those risks that will receive more than a 10% decrease in overall rates.

Objection 4

- Actuarial or Explanatory Memorandum – CAOM/MWCPF/NCCI (Supporting Document)

Comments: Please provide the company's current trend analysis and why a change is not warranted to the Loss Cost Multiplier at this time.

For companies using pure premium data as published by CAOM: Please note that the pure premium data published by CAOM does not include trend information and the rates filed by CAOM on behalf of the MWCPF follow a prescribed methodology that may not align with a companys loss experience. Similarly, your companys expense structure may differ from that underlying the Facility rates.

Conclusion:

As a result of the noted Objection(s), this filing is incomplete. Upon DIFS' receipt of a full and complete response to the Objection(s), the applicable review period will restart and DIFS will re-evaluate the filing. If the information is not provided within the required time frame, the filing will be disapproved.

PLEASE NOTE: For any modifications made to the rate/rule manual or forms in your objection response, please be sure to include updated marked rate/rule manual pages and/or forms as applicable.

Sincerely,

Paige Dickerson

State:	Michigan	First Filing Company:	Employers Insurance Company of Wausau, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	Workers Compensation		
Project Name/Number:	Rate Revision/24-MI-NI-WC-R-L-ASR		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/09/2024
Submitted Date	12/09/2024

Dear Paige Dickerson,

Introduction:

Response 1

Comments:

Actuarial Support-CAOM/MWCPF/NCCI has been marked confidential.

Related Objection 1

Applies To:

- Actuarial Support CAOM/MWCPF/NCCI (Supporting Document)

Comments: Per the filing instructions, the CAOM actuarial support (DCA Publication - Advisory Pure Premiums) must be submitted as confidential. Please correct the filing.

Instructions on how to submit as confidential can be located in the below link on page 145

<https://login.serff.com/Complete Industry Manual.pdf>

You may also contact the SERFF help desk for assistance if needed:

Phone: 816-783-8500

Email: serffhelp@naic.org

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

Please see the revised manual.

State:	Michigan	First Filing Company:	Employers Insurance Company of Wausau, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	Workers Compensation		
Project Name/Number:	Rate Revision/24-MI-NI-WC-R-L-ASR		

Related Objection 2

Applies To:

- Full Unmarked Rate/Rule Manual- CAOM/MWCPF/NCCI (Supporting Document)

Comments: No rules related to servicing carriers should appear in voluntary carrier manuals.

Please resubmit manual pages as required. Please refer to PDF pages 159 & 188.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Full Unmarked Rate/Rule Manual- CAOM/MWCPF/NCCI
Comments:	
Attachment(s):	MI WC Rate Rule Manual 01-01-2025L.pdf
Previous Version	
Satisfied - Item:	Full Unmarked Rate/Rule Manual- CAOM/MWCPF/NCCI
Comments:	
Attachment(s):	MI WC Rate Rule Manual 01-01-2025L.pdf

Conclusion:

Sincerely,

Sarah Costello

SERFF Tracking #:	LWCM-134330566	State Tracking #:		Company Tracking #:	24-MI-NI-WC-R-L-ASR
State:	Michigan	First Filing Company:	Employers Insurance Company of Wausau, ...		
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC				
Product Name:	Workers Compensation				
Project Name/Number:	Rate Revision/24-MI-NI-WC-R-L-ASR				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/04/2024
Submitted Date	12/04/2024

Dear Paige Dickerson,

Introduction:

Response 1

Comments:

The filed impact is the result of adopting the loss costs. We will continue to monitor our book for LCM decreases in the future. At this time, we do not wish to lower our LCMs.

Related Objection 1

Comments: Please explain why the company has selected a change that is moving in the opposite direction of the indicated change. Provide quantitative support where available.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

Please see the attached Liberator Risk Characteristics exhibit.

Related Objection 2

Comments: Please describe the risk characteristics for those risks that will receive more than a 10% increase in overall rates.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:Michigan

TOI/Sub-TOI:16.0 Workers Compensation/16.0004 Standard WC

Product Name:Workers Compensation

Project Name/Number:Rate Revision/24-MI-NI-WC-R-L-ASR

First Filing Company:

Employers Insurance Company of Wausau, ...

Supporting Document Schedule Item Changes	
Satisfied - Item:	12.3.2024 Objection Support
Comments:	
Attachment(s):	Liberator Risk Characteristics.pdf

Response 3

Comments:

Please see the attached Liberator Risk Characteristics exhibit.

Related Objection 3

Comments: Please describe the risk characteristics for those risks that will receive more than a 10% decrease in overall rates.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	12.3.2024 Objection Support
Comments:	
Attachment(s):	Liberator Risk Characteristics.pdf

Response 4

Comments:

The trend analysis is shown in Exhibit 6 of 2024 09 04 - MI WC L - Exh 1-6 Indications Support.pdf. It is based on industry experience from the CAOM 2025 Pure Premium Publication, Supplement A - Sections A & C. The resulting annual trends are -7.3% for indemnity and -6.3% for medical.

Related Objection 4

Applies To:

- Actuarial or Explanatory Memorandum CAOM/MWCPF/NCCI (Supporting Document)

SERFF Tracking #:	LWCM-134330566	State Tracking #:		Company Tracking #:	24-MI-NI-WC-R-L-ASR
<hr/>					
State:	Michigan	First Filing Company:	Employers Insurance Company of Wausau, ...		
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC				
Product Name:	Workers Compensation				
Project Name/Number:	Rate Revision/24-MI-NI-WC-R-L-ASR				

Comments: Please provide the company's current trend analysis and why a change is not warranted to the Loss Cost Multiplier at this time.

For companies using pure premium data as published by CAOM: Please note that the pure premium data published by CAOM does not include trend information and the rates filed by CAOM on behalf of the MWCPF follow a prescribed methodology that may not align with a companys loss experience. Similarly, your companys expense structure may differ from that underlying the Facility rates.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

*Sincerely,
Sarah Costello*

State:	Michigan	First Filing Company:	Employers Insurance Company of Wausau, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	Workers Compensation		
Project Name/Number:	Rate Revision/24-MI-NI-WC-R-L-ASR		

Rate Information

Rate data applies to filing.

Filing Method:	File and Use
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	-5.200%
Effective Date of Last Rate Revision:	01/01/2024
Filing Method of Last Filing:	File and Use
SERFF Tracking Number of Last Filing:	LBRC-133877684

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Employers Insurance Company of Wausau	-15.600%	2.400%	\$85,362	191	\$3,556,770	15.300%	-10.500%
Liberty Mutual Insurance Company	-15.600%	0.000%	\$0	0	\$0	0.000%	0.000%
Liberty Mutual Fire Insurance Company	-15.600%	1.900%	\$138,086	187	\$7,267,664	18.900%	-13.900%
LM Insurance Corporation	-15.600%	2.000%	\$52,320	184	\$2,616,004	15.300%	-11.400%
The First Liberty Insurance Corporation	-15.600%	1.000%	\$8,699	97	\$869,857	12.500%	-10.500%
Liberty Insurance Corporation	-15.600%	1.100%	\$57,403	232	\$5,218,427	12.500%	-10.900%

SERFF Tracking #:	LWCM-134330566	State Tracking #:		Company Tracking #:	24-MI-NI-WC-R-L-ASR
State:	Michigan	First Filing Company:	Employers Insurance Company of Wausau, ...		
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC				
Product Name:	Workers Compensation				
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Rate/Rule Schedule

SERFF Tracking #:

LWCM-134330566

State Tracking #:

Company Tracking #:

24-MI-NI-WC-R-L-ASR

State: Michigan

First Filing Company:

Employers Insurance Company of Wausau, ...

TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Rate Revision/24-MI-NI-WC-R-L-ASR

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1	Review Completed 12/09/2024	FOOTNOTES		Replacement		Footnotes WC MI 0125L.pdf SBS Footnotes WC MI 0125L.pdf
2	Review Completed 12/09/2024	MISCELLANEOUS VALUES		Replacement		Misc Values WC MI 0125L.pdf SBS Misc Values WC MI 0125L.pdf
3	Review Completed 12/09/2024	RATE PAGES - EICOW		Replacement		Rate Page WC MI EICOW 0125L.pdf SBS Rate Page WC MI EICOW 0125L.pdf
4	Review Completed 12/09/2024	RATE PAGES - LIC		Replacement		Rate Page WC MI LIC 0125L.pdf SBS Rate Page WC MI LIC 0125L.pdf
5	Review Completed 12/09/2024	RATE PAGES - LM-IC		Replacement		Rate Page WC MI LM 0125L.pdf SBS Rate Page WC MI LM 0125L.pdf
6	Review Completed 12/09/2024	RATE PAGES - LMFIC		Replacement		Rate Page WC MI LMFIC 0125L.pdf SBS Rate Page WC MI LMFIC 0125L.pdf
7	Review Completed 12/09/2024	RATE PAGES - LMIC		Replacement		Rate Page WC MI LMIC 0125L.pdf SBS Rate Page WC MI LMIC 0125L.pdf
8	Review Completed 12/09/2024	RATE PAGES - TFLIC		Replacement		Rate Page WC MI TFLIC 0125L.pdf SBS Rate Page WC MI TFLIC 0125L.pdf
9	Review Completed 12/09/2024	RETROSPECTIVE RATING VALUES		Replacement		Retrospective Rating Values WC MI 0125L.pdf SBS Retrospective Rating Values WC MI 0125L.pdf
10	Review Completed 12/09/2024	Experience Rating Table of Ballast Values	RULE 18.	Replacement		RU18 WC MI COEX 0125L Table of Ballast Values.pdf RU18 WC MI COEX 0125L Table of Ballast Values SBS.pdf

State:	Michigan	First Filing Company:	Employers Insurance Company of Wausau, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	Workers Compensation		
Project Name/Number:	Rate Revision/24-MI-NI-WC-R-L-ASR		

11	Review Completed 12/09/2024	Experience Rating Table of Expected Loss Rates and Discount Ratios	RULE 18.	Replacement		RU18 WC MI COEX 0125L Table of Expected Loss Rates and D Ratios.pdf RU18 WC MI COEX 0125L Table of Expected Loss Rates and D Ratios SBS.pdf
12	Review Completed 12/09/2024	Experience Rating Table of Weighting Values	RULE 18.	Replacement		RU18 WC MI COEX 0125L Table of Weighting Values.pdf RU18 WC MI COEX 0125L Table of Weighting Values SBS.pdf

State:	Michigan	First Filing Company:	Employers Insurance Company of Wausau, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	Workers Compensation		
Project Name/Number:	Rate Revision/24-MI-NI-WC-R-L-ASR		

Supporting Document Schedules

Satisfied - Item:	Actuarial or Explanatory Memorandum CAOM/MWCPF/NCCI
Comments:	
Attachment(s):	2024 09 04 - MI WC L - Actuarial Memo (Memo & 1b).pdf
Item Status:	Review Completed
Status Date:	12/09/2024

Satisfied - Item:	Actuarial Support CAOM/MWCPF/NCCI
Comments:	
Attachment(s):	CAOM circular #348.pdf DCA Publication 20250101.pdf 2024 09 04 - MI WC L - Exh 1-6 Indications Support.pdf 2024 09 04 - MI WC L - Exh 8 Actuarial Certification.pdf 2024 11 21 - MI WC L - Exh 9 Rate Change History.pdf Liberator Risk Characteristics.pdf
Item Status:	Review Completed
Status Date:	12/09/2024

Satisfied - Item:	Full Unmarked Rate/Rule Manual- CAOM/MWCPF/NCCI
Comments:	
Attachment(s):	MI WC Rate Rule Manual 01-01-2025L.pdf
Item Status:	Review Completed
Status Date:	12/09/2024

Bypassed - Item:	Loss Cost Multiplier- CAOM/MWCPF/NCCI
Bypass Reason:	N/A
Attachment(s):	
Item Status:	Review Completed
Status Date:	12/09/2024

Bypassed - Item:	Experience Rating Modifications- CAOM/MWCPF/NCCI
Bypass Reason:	N/A
Attachment(s):	
Item Status:	Review Completed
Status Date:	12/09/2024

Satisfied - Item:	Checklist CAOM/MWCPF/NCCI
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State:	Michigan	First Filing Company:	Employers Insurance Company of Wausau, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	Workers Compensation		
Project Name/Number:	Rate Revision/24-MI-NI-WC-R-L-ASR		

Comments:	
Attachment(s):	2024 09 04 - MI WC L - P&C Filing Checklist v5.pdf 2024 09 04 - MI WC L - P&C Filing Checklist v5.xlsx
Item Status:	Review Completed
Status Date:	12/09/2024

Satisfied - Item:	Policyholder Impact- CAOM/MWCPF/NCCI
Comments:	
Attachment(s):	2024 11 19 - MI WC L - Policy Impact Histogram.pdf
Item Status:	Review Completed
Status Date:	12/09/2024

Satisfied - Item:	Impacts to Policyholders +/- 10%
Comments:	Please refer to the Policy Impact Histogram under the Policyholder Impact- CAOM/MWCPF/NCCI line item.
Attachment(s):	
Item Status:	Review Completed
Status Date:	12/09/2024

Satisfied - Item:	12.3.2024 Objection Support
Comments:	
Attachment(s):	Liberator Risk Characteristics.pdf
Item Status:	Review Completed
Status Date:	12/09/2024

State:Michigan

TOI/Sub-TOI:16.0 Workers Compensation/16.0004 Standard WC

Product Name:Workers Compensation

Project Name/Number:Rate Revision/24-MI-NI-WC-R-L-ASR

First Filing Company:

Employers Insurance Company of Wausau, ...

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)
11/22/2024	Review Completed 12/09/2024	Supporting Document	Full Unmarked Rate/Rule Manual-CAOM/MWCPF/NCCI	12/09/2024	MI WC Rate Rule Manual 01-01-2025L.pdf (Superceded)