

State: Michigan
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers' Comp & Employers' Liab 2025 Rate Change
Project Name/Number: Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01

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User Usage Agreement

Attachments

Usage Agreement [Usage Agreement.pdf](#)

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(ex. Document Name Attachment Name)

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Twin City Fire Rate Pages	TCFIC Rate Pages.pdf
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Experience Rating Plan Manual	Experience Rating Manual Complete.pdf
Retrospective Rating Plan Manual	Retrospective Rating Plan Manual Complete.pdf

Supporting Document Attachments

(ex. Supporting Document Name Attachment Name)

State: Michigan **First Filing Company:** Hartford Casualty Insurance Company, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers' Comp & Employers' Liab 2025 Rate Change
Project Name/Number: Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01

Actuarial or Explanatory [Explanatory Memorandum.pdf](#)
Memorandum CAOM/MWCPF/NCCI

Actuarial or Explanatory [Explanatory Memorandum \(1\).pdf](#)
Memorandum CAOM/MWCPF/NCCI

Full Unmarked Rate/Rule Manual- [Basic Manual Complete.pdf](#)
CAOM/MWCPF/NCCI

Full Unmarked Rate/Rule Manual- [Retrospective Rating Plan Manual Complete.pdf](#)
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Full Unmarked Rate/Rule Manual- [Experience Rating Manual User's Guide.pdf](#)
CAOM/MWCPF/NCCI

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Loss Cost Multiplier- [Loss Cost Multipliers.pdf](#)
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Side by Side Comparisons [Side by Side Comparisons.pdf](#)

Response to 11-21-24 objection [Response to 11-21-24 objection.pdf](#)

State: Michigan **First Filing Company:** Hartford Casualty Insurance Company, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
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Filing at a Glance

Companies: Hartford Casualty Insurance Company
Hartford Insurance Company of Illinois
Hartford Insurance Company of the Midwest
Hartford Insurance Company of the Southeast
Hartford Underwriters Insurance Company
Property and Casualty Insurance Company of Hartford
Sentinel Insurance Company, Ltd.
Trumbull Insurance Company
Twin City Fire Insurance Company
Hartford Accident and Indemnity Company
Hartford Fire Insurance Company
Nutmeg Insurance Company

Product Name: Workers' Comp & Employers' Liab 2025 Rate Change
State: Michigan
TOI: 16.0 Workers Compensation
Sub-TOI: 16.0004 Standard WC
Filing Type: CAOM Loss Costs/MWCPF Rates
Date Submitted: 11/19/2024
SERFF Tr Num: HART-134323234
SERFF Status: Closed-Filed
State Tr Num:
State Status: FILED
Co Tr Num: BR.20.696000.2025.01

Effective Date 04/01/2025
Requested (New):
Effective Date 04/01/2025
Requested (Renewal):
Author(s): Jennifer Vaughan, Omayra Vega-Bruno, Gail Delbuono, Sheri Gousse, Amanda Bullis
Reviewer(s): Sydney Fenska (primary)
Disposition Date: 12/10/2024
Disposition Status: Filed
Effective Date (New): 04/01/2025
Effective Date (Renewal): 04/01/2025

State: Michigan **First Filing Company:** Hartford Casualty Insurance Company, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers' Comp & Employers' Liab 2025 Rate Change
Project Name/Number: Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01

General Information

Project Name: Workers' Compensation and Employers' Liability Insurance Status of Filing in Domicile: Not Filed
Project Number: BR.20.696000.2025.01 Domicile Status Comments:
Reference Organization: Compensation Advisory Organization of Michigan Reference Number: 348
Reference Title: #348 - CAOM - DCA PURE PREMIUM EFF 20250101 Advisory Org. Circular: 348
Filing Status Changed: 12/10/2024
State Status Changed: 12/10/2024 Deemer Date:
Created By: Omayra Vega-Bruno Submitted By: Omayra Vega-Bruno
Corresponding Filing Tracking Number:

Filing Description:

The rates proposed by the member companies of The Hartford to be effective April 1, 2025 for Michigan Workers' Compensation and Employers Liability insurance policies are based on the advisory pure premiums published by the Michigan Data Collection Agency circular CAOM #348 with an effective date of January 1, 2025. The D-Ratios, Loss Elimination Ratios, Weighting Values and Ballast Values are based on the Facility 2025 publication effective January 1, 2025. We herewith file the revised loss cost multipliers, miscellaneous values, and retrospective rating plan values contained here.

Company and Contact

Filing Contact Information

Omayra Vega-Bruno, Product Consultant Omayra.Vega-Bruno@thehartford.com
One Hartford Plaza 860-547-5774 [Phone]
T-8 860-547-5941 [FAX]
Hartford, CT 06155

State: Michigan
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers' Comp & Employers' Liab 2025 Rate Change
Project Name/Number: Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01

Filing Company Information

Hartford Casualty Insurance Company	CoCode: 29424	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06155	Group Name: The Hartford Ins. Group	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0294398	

Hartford Insurance Company of Illinois	CoCode: 38288	State of Domicile: Illinois
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06155	Group Name: The Hartford Ins. Group	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1010609	

Hartford Insurance Company of the Midwest	CoCode: 37478	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06155	Group Name: The Hartford Ins. Group	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1008026	

Hartford Insurance Company of the Southeast	CoCode: 38261	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06155	Group Name: The Hartford Ins. Group	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1013048	

Hartford Underwriters Insurance Company	CoCode: 30104	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06155	Group Name: The Hartford Ins. Group	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1222527	

Property and Casualty Insurance Company of Hartford	CoCode: 34690	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06155	Group Name: The Hartford Ins. Group	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1276326	

Sentinel Insurance Company, Ltd.	CoCode: 11000	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06155	Group Name: The Hartford Ins. Group	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1552103	

Trumbull Insurance Company	CoCode: 27120	State of Domicile: Connecticut
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State: Michigan **First Filing Company:** Hartford Casualty Insurance Company, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers' Comp & Employers' Liab 2025 Rate Change
Project Name/Number: Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01

Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06155	Group Name: The Hartford Ins.	State ID Number:
(860) 547-5000 ext. [Phone]	Group	
	FEIN Number: 06-1184984	

Twin City Fire Insurance Company	CoCode: 29459	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06155	Group Name: The Hartford Ins.	State ID Number:
(860) 547-5000 ext. [Phone]	Group	
	FEIN Number: 06-0732738	

Hartford Accident and Indemnity Company	CoCode: 22357	State of Domicile: Connecticut
690 Asylum Ave	Group Code: 91	Company Type: Property
Hartford, CT 06155	Group Name: The Hartford Ins.	State ID Number:
(860) 547-5000 ext. [Phone]	Group	
	FEIN Number: 06-0383030	

Hartford Fire Insurance Company	CoCode: 19682	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type:
690 Asylum Avenue	Group Name: The Hartford Ins.	State ID Number:
Hartford, CT 06155	Group	
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0383750	

Nutmeg Insurance Company	CoCode: 39608	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type:
Hartford, CT 06155	Group Name: The Hartford Ins.	State ID Number:
(860) 547-5000 ext. [Phone]	Group	
	FEIN Number: 06-1032405	

State: Michigan **First Filing Company:** Hartford Casualty Insurance Company, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers' Comp & Employers' Liab 2025 Rate Change
Project Name/Number: Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01

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' Comp & Employers' Liab 2025 Rate Change

Project Name/Number:Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01

First Filing Company:Hartford Casualty Insurance Company, ...

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Sydney Fenska	12/10/2024	12/10/2024

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
PENDING INSURER RESPONSE	Sydney Fenska	11/21/2024	11/21/2024

Response Letters

Responded By	Created On	Date Submitted
Omayra Vega-Bruno	12/06/2024	12/06/2024

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
RE: Objection dated 11/21/24	Note To Filer	Sydney Fenska	11/26/2024	11/26/2024
Objection dated 11/21/24	Note To Reviewer	Omayra Vega-Bruno	11/26/2024	11/26/2024

State:	Michigan	First Filing Company:	Hartford Casualty Insurance Company, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	Workers' Comp & Employers' Liab 2025 Rate Change		
Project Name/Number:	Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01		

Disposition

Disposition Date: 12/10/2024
Effective Date (New): 04/01/2025
Effective Date (Renewal): 04/01/2025
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):
Hartford Casualty Insurance Company	-12.400%	-6.200%	\$-185,965	1,124	\$2,997,576	49.000%	-43.700%
Hartford Insurance Company of Illinois	-12.400%	-6.200%	\$-214,578	2,659	\$3,458,794	49.000%	-43.700%
Hartford Insurance Company of the Midwest	-12.400%	-6.200%	\$-279,240	1,805	\$4,501,092	49.000%	-43.700%
Hartford Insurance Company of the Southeast	-12.400%	-6.200%	\$-226,286	1,928	\$3,647,526	49.000%	-43.700%
Hartford Underwriters Insurance Company	-12.400%	-6.200%	\$-185,602	846	\$2,991,737	49.000%	-43.700%
Property and Casualty Insurance Company of Hartford	-12.400%	-6.200%	\$-212,840	729	\$3,430,783	49.000%	-43.700%
Sentinel Insurance Company, Ltd.	-12.400%	-6.200%	\$-95,163	567	\$1,533,934	49.000%	-43.700%
Trumbull Insurance Company	-12.400%	-6.200%	\$-362,346	2,951	\$5,840,674	49.000%	-43.700%
Twin City Fire Insurance	-12.400%	-6.200%	\$-589,504	3,007	\$9,502,256	49.000%	-43.700%

State:	Michigan	First Filing Company:	Hartford Casualty Insurance Company, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	Workers' Comp & Employers' Liab 2025 Rate Change		
Project Name/Number:	Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01		

Company							
Hartford Accident and Indemnity Company	-12.400%	-6.200%	\$-261,735	2,339	\$4,218,930	49.000%	-43.700%
Hartford Fire Insurance Company	-12.400%	-6.200%	\$-203,870	1,862	\$3,286,195	49.000%	-43.700%
Nutmeg Insurance Company	-12.400%	-6.200%	\$-178,761	2,857	\$2,881,455	49.000%	-43.700%

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	-12.400%
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Overall Percentage Rate Impact For This Filing	-6.200%
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Effect of Rate Filing-Written Premium Change For This Program	\$-2,995,890
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Effect of Rate Filing - Number of Policyholders Affected	22,674
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Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	Hartford Fire Rate Pages	Review Completed	Yes
Rate	Hartford A&I Rate Pages	Review Completed	Yes
Rate	Hartford Casualty Rate Pages	Review Completed	Yes
Rate	Hartford Underwriters Rate Pages	Review Completed	Yes
Rate	Twin City Fire Rate Pages	Review Completed	Yes
Rate	Hartford Midwest Rate Pages	Review Completed	Yes
Rate	Sentinel Rate Pages	Review Completed	Yes
Rate	P&C of Hartford Rate Pages	Review Completed	Yes
Rate	Trumbull Rate Pages	Review Completed	Yes
Rate	Hartford Insurance Company of Illinois	Review Completed	Yes
Rate	Hartford Insurance Company of the Southeast	Review Completed	Yes
Rate	Nutmeg Insurance Company	Review Completed	Yes
Rate	Miscellaneous Values Page	Review Completed	Yes
Rate	Retrospective Rating Plan	Review Completed	Yes
Rate	TABLE HIG-I-B (Type A)	Review Completed	Yes
Rate	TABLE HIG-I-B (Type B)	Review Completed	Yes
Rate	TABLE HIG-I-D (Type A)	Review Completed	Yes
Rate	TABLE HIG-I-D (Type B)	Review Completed	Yes
Rate	Basic Manual	Review Completed	Yes
Rate	Experience Rating Plan Manual	Review Completed	Yes

State:	Michigan	First Filing Company:	Hartford Casualty Insurance Company, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	Workers' Comp & Employers' Liab 2025 Rate Change		
Project Name/Number:	Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01		

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	Retrospective Rating Plan Manual	Review Completed	Yes
Supporting Document (revised)	Actuarial or Explanatory Memorandum – CAOM/MWCPF/NCCI	Review Completed	Yes
Supporting Document	Actuarial or Explanatory Memorandum – 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	Side by Side Comparisons	Review Completed	Yes
Supporting Document	Response to 11-21-24 objection	Review Completed	Yes

State: Michigan **First Filing Company:** Hartford Casualty Insurance Company, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers' Comp & Employers' Liab 2025 Rate Change
Project Name/Number: Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01

Objection Letter

Objection Letter Status	PENDING INSURER RESPONSE
Objection Letter Date	11/21/2024
Submitted Date	11/21/2024
Respond By Date	12/09/2024

Dear Omayra Vega-Bruno,

Introduction:

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

Objection 1

- Impacts to Policyholders +/- 10% (Supporting Document)

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

Objection 2

- Impacts to Policyholders +/- 10% (Supporting Document)

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

Objection 3

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

Comments: Please update your filing memo to provide a description of the methodology used in developing the companys loss cost multiplier, which is applied to the loss costs to determine the companys class rates.

Objection 4

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

Comments: Please update your filing memo to provide a description of any company adjustments to the MWCPF (facilitys) rates to produce rates consistent with the companys loss experience and expense structure.

Objection 5

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,
Sydney Fenska

State:Michigan

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

Product Name:Workers' Comp & Employers' Liab 2025 Rate Change

Project Name/Number:Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01

First Filing Company:

Hartford Casualty Insurance Company, ...

Response Letter

Response Letter Status

Submitted to State

Response Letter Date

12/06/2024

Submitted Date

12/06/2024

Dear Sydney Fenska,

Introduction:

Response 1

Comments:

Attached please find our response to your 11-21-24 objection.

Related Objection 1

Applies To:

- Impacts to Policyholders +/- 10% (Supporting Document)

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.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to 11-21-24 objection
Comments:	
Attachment(s):	Response to 11-21-24 objection.pdf

Response 2

Comments:

Attached please find our response to your 11-21-24 objection.

Related Objection 2

Applies To:

- Impacts to Policyholders +/- 10% (Supporting Document)

State:	Michigan	First Filing Company:	Hartford Casualty Insurance Company, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	Workers' Comp & Employers' Liab 2025 Rate Change		
Project Name/Number:	Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01		

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:	Response to 11-21-24 objection
Comments:	
Attachment(s):	Response to 11-21-24 objection.pdf

Response 3

Comments:

Attached is the revised explanatory memorandum.

Related Objection 3

Applies To:

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

Comments: Please update your filing memo to provide a description of the methodology used in developing the companys loss cost multiplier, which is applied to the loss costs to determine the companys class rates.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Michigan	First Filing Company:	Hartford Casualty Insurance Company, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	Workers' Comp & Employers' Liab 2025 Rate Change		
Project Name/Number:	Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial or Explanatory Memorandum CAOM/MWCPF/NCCI
Comments:	Attached is the Explanatory Memorandum.
Attachment(s):	Explanatory Memorandum.pdf
Previous Version	
Satisfied - Item:	Actuarial or Explanatory Memorandum CAOM/MWCPF/NCCI
Comments:	Attached is the Explanatory Memorandum.
Attachment(s):	Explanatory Memorandum.pdf

Response 4

Comments:

Attached is the revised explanatory memorandum.

Related Objection 4

Applies To:

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

Comments: Please update your filing memo to provide a description of any company adjustments to the MWCPF (facilitys) rates to produce rates consistent with the companys loss experience and expense structure.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial or Explanatory Memorandum CAOM/MWCPF/NCCI
Comments:	Attached is the Explanatory Memorandum.
Attachment(s):	Explanatory Memorandum.pdf
Previous Version	
Satisfied - Item:	Actuarial or Explanatory Memorandum CAOM/MWCPF/NCCI
Comments:	Attached is the Explanatory Memorandum.
Attachment(s):	Explanatory Memorandum.pdf

State:MichiganFirst Filing Company:Hartford Casualty Insurance Company, ...

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

Product Name:Workers' Comp & Employers' Liab 2025 Rate Change

Project Name/Number:Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01

Response 5

Comments:

Attached please find our response to your 11-21-24 objection.

Related Objection 5

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.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to 11-21-24 objection
Comments:	
Attachment(s):	Response to 11-21-24 objection.pdf

Conclusion:

Sincerely,
Omayra Vega-Bruno

State: Michigan **First Filing Company:** Hartford Casualty Insurance Company, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers' Comp & Employers' Liab 2025 Rate Change
Project Name/Number: Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01

Note To Filer

Created By:

Sydney Fenska on 11/26/2024 07:51 AM

Last Edited By:

Sydney Fenska

Submitted On:

11/26/2024 07:51 AM

Subject:

RE: Objection dated 11/21/24

Comments:

The response date for the objection has been extended. The new date to respond to the objection by is December 9, 2024.

State: Michigan

First Filing Company: Hartford Casualty Insurance Company, ...

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

Product Name: Workers' Comp & Employers' Liab 2025 Rate Change

Project Name/Number: *Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01*

Note To Reviewer

Created By:

Omayra Vega-Bruno on 11/26/2024 06:12 AM

Last Edited By:

Omayra Vega-Bruno

Submitted On:

11/26/2024 06:12 AM

Subject:

Objection dated 11/21/24

Comments:

Good morning,

We would like to request an extension to respond to the recent objection dated 11/21/24. We would like to submit a response by 12/9/24. Please advise if the additional time can be granted.

At this time, we are also requesting to delay the effective date to 4/1/25. Materials will be provided shortly.

Please let us know if you have any additional questions and/or concerns.

Thanks,

Omayra Vega-Bruno

State: Michigan **First Filing Company:** Hartford Casualty Insurance Company, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers' Comp & Employers' Liab 2025 Rate Change
Project Name/Number: Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01

Post Submission Update Request Processed On 11/26/2024

Status: Allowed
Created By: Omayra Vega-Bruno
Processed By: Sydney Fenska
Comments: Allowed

General Information:

Field Name	Requested Change	Prior Value
Effective Date Requested (New)	04/01/2025	02/01/2025
Effective Date Requested (Renew)	04/01/2025	02/01/2025

Filing Description:

Requested Value:

The rates proposed by the member companies of The Hartford to be effective April 1, 2025 for Michigan Workers' Compensation and Employers Liability insurance policies are based on the advisory pure premiums published by the Michigan Data Collection Agency circular CAOM #348 with an effective date of January 1, 2025. The D-Ratios, Loss Elimination Ratios, Weighting Values and Ballast Values are based on the Facility 2025 publication effective January 1, 2025. We herewith file the revised loss cost multipliers, miscellaneous values, and retrospective rating plan values contained here.

Prior Value:

The rates proposed by the member companies of The Hartford to be effective February 1, 2025 for Michigan Workers' Compensation and Employers Liability insurance policies are based on the advisory pure premiums published by the Michigan Data Collection Agency circular CAOM #348 with an effective date of January 1, 2025. The D-Ratios, Loss Elimination Ratios, Weighting Values and Ballast Values are based on the Facility 2025 publication effective January 1, 2025. We herewith file the revised loss cost multipliers, miscellaneous values, and retrospective rating plan values contained here.

State:	Michigan	First Filing Company:	Hartford Casualty Insurance Company, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	Workers' Comp & Employers' Liab 2025 Rate Change		
Project Name/Number:	Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01		

Rate Information

Rate data applies to filing.

Filing Method:	File and Use
Rate Change Type:	Decrease
Overall Percentage of Last Rate Revision:	-4.500%
Effective Date of Last Rate Revision:	02/01/2023
Filing Method of Last Filing:	File and Use
SERFF Tracking Number of Last Filing:	HART-133433093

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):
Hartford Casualty Insurance Company	-12.400%	-6.200%	\$-185,965	1,124	\$2,997,576	49.000%	-43.700%
Hartford Insurance Company of Illinois	-12.400%	-6.200%	\$-214,578	2,659	\$3,458,794	49.000%	-43.700%
Hartford Insurance Company of the Midwest	-12.400%	-6.200%	\$-279,240	1,805	\$4,501,092	49.000%	-43.700%
Hartford Insurance Company of the Southeast	-12.400%	-6.200%	\$-226,286	1,928	\$3,647,526	49.000%	-43.700%
Hartford Underwriters Insurance Company	-12.400%	-6.200%	\$-185,602	846	\$2,991,737	49.000%	-43.700%
Property and Casualty Insurance Company of Hartford	-12.400%	-6.200%	\$-212,840	729	\$3,430,783	49.000%	-43.700%
Sentinel Insurance Company, Ltd.	-12.400%	-6.200%	\$-95,163	567	\$1,533,934	49.000%	-43.700%
Trumbull Insurance Company	-12.400%	-6.200%	\$-362,346	2,951	\$5,840,674	49.000%	-43.700%
Twin City Fire Insurance Company	-12.400%	-6.200%	\$-589,504	3,007	\$9,502,256	49.000%	-43.700%
Hartford Accident and Indemnity Company	-12.400%	-6.200%	\$-261,735	2,339	\$4,218,930	49.000%	-43.700%

State:

Michigan

First Filing Company:

Hartford Casualty Insurance Company, ...

TOI/Sub-TOI:

16.0 Workers Compensation/16.0004 Standard WC

Product Name:

Workers' Comp & Employers' Liab 2025 Rate Change

Project Name/Number:

Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01

Hartford Fire Insurance Company	-12.400%	-6.200%	\$-203,870	1,862	\$3,286,195	49.000%	-43.700%
Nutmeg Insurance Company	-12.400%	-6.200%	\$-178,761	2,857	\$2,881,455	49.000%	-43.700%

SERFF Tracking #:	HART-134323234	State Tracking #:		Company Tracking #:	BR.20.696000.2025.01
State:	Michigan	First Filing Company:	Hartford Casualty Insurance Company, ...		
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC				
Product Name:	Workers' Comp & Employers' Liab 2025 Rate Change				
Project Name/Number:	Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01				

Rate/Rule Schedule

State: Michigan First Filing Company: Hartford Casualty Insurance Company, ...
 TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
 Product Name: Workers' Comp & Employers' Liab 2025 Rate Change
 Project Name/Number: Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1	Review Completed 12/10/2024	Hartford Fire Rate Pages	Pages 1 - 4	Replacement	HART-133433093	HFIC Rate Pages.pdf
2	Review Completed 12/10/2024	Hartford A&I Rate Pages	Pages 1 - 4	Replacement	HART-133433093	HAIC Rate Pages.pdf
3	Review Completed 12/10/2024	Hartford Casualty Rate Pages	Pages 1 - 4	Replacement	HART-133433093	HCIC Rate Pages.pdf
4	Review Completed 12/10/2024	Hartford Underwriters Rate Pages	Pages 1 - 4	Replacement	HART-133433093	HUIC Rate Pages.pdf
5	Review Completed 12/10/2024	Twin City Fire Rate Pages	Pages 1 - 4	Replacement	HART-133433093	TCFIC Rate Pages.pdf
6	Review Completed 12/10/2024	Hartford Midwest Rate Pages	Pages 1 - 4	Replacement	HART-133433093	HICMW Rate Pages.pdf
7	Review Completed 12/10/2024	Sentinel Rate Pages	Pages 1 - 4	Replacement	HART-133433093	SIC Rate Pages.pdf
8	Review Completed 12/10/2024	P&C of Hartford Rate Pages	Pages 1 - 4	Replacement	HART-133433093	PCIC Rate Pages.pdf
9	Review Completed 12/10/2024	Trumbull Rate Pages	Pages 1 - 4	Replacement	HART-133433093	TIC Rate Pages.pdf
10	Review Completed 12/10/2024	Hartford Insurance Company of Illinois	Pages 1 - 4	Replacement	HART-133433093	HICIL Rate Pages.pdf
11	Review Completed 12/10/2024	Hartford Insurance Company of the Southeast	Pages 1 - 4	Replacement	HART-133433093	HICSE Rate Pages.pdf
12	Review Completed 12/10/2024	Nutmeg Insurance Company	Pages 1 - 4	Replacement	HART-133433093	NIC Rate Pages.pdf
13	Review Completed 12/10/2024	Miscellaneous Values Page	Page 5	Replacement	HART-133433093	Miscellaneous Values.pdf
14	Review Completed 12/10/2024	Retrospective Rating Plan	Pages RR-1 - RR-3	Replacement	HART-133433093	Retrospective Rating Values.pdf
15	Review Completed 12/10/2024	TABLE HIG-I-B (Type A)		Replacement	HART-133433093	TABLE HIG-I-B (Type A).pdf
16	Review Completed 12/10/2024	TABLE HIG-I-B (Type B)		Replacement	HART-133433093	TABLE HIG-I-B (Type B).pdf
17	Review Completed 12/10/2024	TABLE HIG-I-D (Type A)		Replacement	HART-133433093	TABLE HIG-I-D (Type A).pdf
18	Review Completed 12/10/2024	TABLE HIG-I-D (Type B)		Replacement	HART-133433093	TABLE HIG-I-D (Type B).pdf

State:	Michigan	First Filing Company:	Hartford Casualty Insurance Company, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	Workers' Comp & Employers' Liab 2025 Rate Change		
Project Name/Number:	Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01		

19	Review Completed 12/10/2024	Basic Manual	Pages 1 - 308	Replacement	HART-133920498	Basic Manual Complete.pdf
20	Review Completed 12/10/2024	Experience Rating Plan Manual	Pages 1 - 36	Replacement	HART-133920498	Experience Rating Manual Complete.pdf
21	Review Completed 12/10/2024	Retrospective Rating Plan Manual	Pages 1 - 306	Replacement	HART-133920498	Retrospective Rating Plan Manual Complete.pdf

State:	Michigan	First Filing Company:	Hartford Casualty Insurance Company, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	Workers' Comp & Employers' Liab 2025 Rate Change		
Project Name/Number:	Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01		

Supporting Document Schedules

Satisfied - Item:	Actuarial or Explanatory Memorandum CAOM/MWCPF/NCCI
Comments:	Attached is the Explanatory Memorandum.
Attachment(s):	Explanatory Memorandum.pdf
Item Status:	Review Completed
Status Date:	12/10/2024

Satisfied - Item:	Full Unmarked Rate/Rule Manual- CAOM/MWCPF/NCCI
Comments:	Attached please find a copy of our complete manuals.
Attachment(s):	Basic Manual Complete.pdf Retrospective Rating Plan Manual Complete.pdf Basic Manual User's Guide.pdf Experience Rating Manual Complete.pdf Experience Rating Manual User's Guide.pdf Retrospective Rating Plan Manual - User Guide.pdf
Item Status:	Review Completed
Status Date:	12/10/2024

Satisfied - Item:	Loss Cost Multiplier- CAOM/MWCPF/NCCI
Comments:	Attached are the most current Loss Cost Multiplier's.
Attachment(s):	Loss Cost Multipliers.pdf
Item Status:	Review Completed
Status Date:	12/10/2024

Satisfied - Item:	Experience Rating Modifications- CAOM/MWCPF/NCCI
Comments:	The revised ERP values were recently filed and approved under SERFF Tracking Number: HART-134248482. They can be found in the Experience Rating Manual on pages 31-36.
Attachment(s):	
Item Status:	Review Completed
Status Date:	12/10/2024

Satisfied - Item:	Checklist CAOM/MWCPF/NCCI
Comments:	
Attachment(s):	Rate Checklist.xlsx
Item Status:	Review Completed
Status Date:	12/10/2024

State:	Michigan	First Filing Company:	Hartford Casualty Insurance Company, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	Workers' Comp & Employers' Liab 2025 Rate Change		
Project Name/Number:	Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01		

Satisfied - Item:	Policyholder Impact- CAOM/MWCPCF/NCCI
Comments:	Attached is the Policyholder Impact
Attachment(s):	Policy Holder Impact.pdf
Item Status:	Review Completed
Status Date:	12/10/2024

Bypassed - Item:	Impacts to Policyholders +/- 10%
Bypass Reason:	Not applicable.
Attachment(s):	
Item Status:	Review Completed
Status Date:	12/10/2024

Satisfied - Item:	Side by Side Comparisons
Comments:	Attached are the Side by Side Comparisons.
Attachment(s):	Side by Side Comparisons.pdf
Item Status:	Review Completed
Status Date:	12/10/2024

Satisfied - Item:	Response to 11-21-24 objection
Comments:	
Attachment(s):	Response to 11-21-24 objection.pdf
Item Status:	Review Completed
Status Date:	12/10/2024

State:Michigan

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

Product Name:Workers' Comp & Employers' Liab 2025 Rate Change

Project Name/Number:Workers' Compensation and Employers' Liability Insurance/BR.20.696000.2025.01

First Filing Company:

Hartford Casualty Insurance Company, ...

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)
11/18/2024	Review Completed 12/10/2024	Supporting Document	Actuarial or Explanatory Memorandum – CAOM/MWCPF/NCCI	12/06/2024	Explanatory Memorandum.pdf (Superceded)