SERFF Tracking #: TRVD-134272956 State Tracking #:

Company Tracking #: 2024-07-0095

State: Michigan First Filing Company: Farmington Casualty Company, ...

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

**Product Name:** Workers Compensation **Project Name/Number:** WC Rate Filing/2024-07-0095

#### **Table of Contents**

# User Usage Agreement Attachments

Employers Liability - Michigan

Employers Liability - Michigan

Usage Agreement.pdf

Usage Agreement.pdf

Rate-Rule Attachments	(ex. Document Name	Attachment Name)
Workers Compensation and		MI 01-01-2025 Rate Pages ACJ.pdf
Employers Liability - Michigan		

Workers Compensation and MI 01-01-2025 Rate Pages ACR.pdf
Employers Liability - Michigan

Workers Compensation and MI 01-01-2025 Rate Pages AFC.pdf
Employers Liability - Michigan

Workers Compensation and MI 01-01-2025 Rate Pages ASF.pdf
Employers Liability - Michigan

Workers Compensation and MI 01-01-2025 Rate Pages COF.pdf
Employers Liability - Michigan

Workers Compensation and MI 01-01-2025 Rate Pages IND.pdf

Workers Compensation and MI 01-01-2025 Rate Pages PHX.pdf

Workers Compensation and MI 01-01-2025 Rate Pages TIL.pdf
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Employers Liability - Michigan

Workers Compensation and MI 01-01-2025 Rate Pages TMO.pdf

Employers Liability - Michigan

Workers Compensation and MI Combined WC Rate Page Revisions.pdf
Employers Liability - Michigan

# Supporting Document (ex. Supporting Document Name Attachment Name) Attachments

Actuarial or Explanatory MI 01-01-2025 Actuarial\_Memorandum\_Filing.pdf

Memorandum CAOM/MWCPF/NCCI

Actuarial or Explanatory MI 01-01-2025 Explanatory Memo.pdf
Memorandum CAOM/MWCPF/NCCI

SERFF Tracking #: TRVD-134272956 State Tracking #:	Company Tracking #: 2024-07-0095
State: Michigan  TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard  Product Name: Workers Compensation  Project Name/Number: WC Rate Filing/2024-07-0095	First Filing Company: Farmington Casualty Company, WC
Actuarial Support CAOM/MWCPF/NCCI	MI 01-01-2025 Exhibit A-3 Year Rate History.pdf
Actuarial Support CAOM/MWCPF/NCCI	MI_Schedule_Rate_Summary.pdf
Actuarial Support CAOM/MWCPF/NCCI	MI 01-01-2025 Travelers WC Rate Indication_rev.pdf
Actuarial Support CAOM/MWCPF/NCCI	MI 01-01-2025 Exhibit A-3 Year Rate History.pdf
Actuarial Support CAOM/MWCPF/NCCI	MI 01-01-2025 Travelers WC Rate Indication.pdf
Actuarial Support CAOM/MWCPF/NCCI	MI_Schedule_Rate_Summary.pdf
Full Unmarked Rate/Rule Manual-CAOM/MWCPF/NCCI	2024-07-0095 WC Trav Full Rate-Rule Manual - Effective 01- 01-2025.pdf
Loss Cost Multiplier- CAOM/MWCPF/NCCI	MI 01-01-2025 Exhibit D LossCostMultiplier.pdf
Checklist CAOM/MWCPF/NCCI	MI 01-01-2025 PC Filing Checklist v5.0 .xlsx
Policyholder Impact- CAOM/MWCPF/NCCI	MI 01-01-2025 Exhibit B- Histogram.pdf
Policyholder Impact- CAOM/MWCPF/NCCI	MI 01-01-2025 Average Annual Rate Change.pdf
Impacts to Policyholders +/- 10%	MI 01-01-2025 Exhibit C- 10% Risk Characteristics.pdf

SERFF Tracking #: TRVD-134272956 State Tracking #:

Company Tracking #: 2024-07-0095

State: Michigan First Filing Company: Farmington Casualty Company, ...

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

Product Name: Workers Compensation
Project Name/Number: WC Rate Filing/2024-07-0095

## Filing at a Glance

Companies: Farmington Casualty Company

The Charter Oak Fire Insurance Company

The Phoenix Insurance Company
The Standard Fire Insurance Company
The Travelers Indemnity Company

The Travelers Indemnity Company of America
The Travelers Indemnity Company Of Connecticut

Travelers Casualty and Surety Company Travelers Commercial Casualty Company

Travelers Property Casualty Company of America Travelers Casualty Insurance Company of America

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: 10/11/2024

SERFF Tr Num: TRVD-134272956

SERFF Status: Closed-Filed

State Tr Num:

State Status: FILED

Co Tr Num: 2024-07-0095

Effective Date 01/01/2025

Requested (New):

Effective Date 01/01/2025

Requested (Renewal):

Author(s): Jill Wood, Laura Levine Reviewer(s): Sydney Fenska (primary)

Disposition Date: 10/18/2024

Disposition Status: Filed

Effective Date (New): 01/01/2025 Effective Date (Renewal): 01/01/2025

State: Michigan First Filing Company: Farmington Casualty Company, ...

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

Product Name: Workers Compensation
Project Name/Number: WC Rate Filing/2024-07-0095

#### **General Information**

Project Name: WC Rate Filing Status of Filing in Domicile: Not Filed

Project Number: 2024-07-0095 Domicile Status Comments:

Reference Organization: Compensation Advisory Organization Reference Number:

of MI (CAOM)

Reference Title: Data Collection Agency WC Insurance Advisory Org. Circular: 348

Statewide Average Advisory Pure Premium Michigan

Filing Status Changed: 10/18/2024

State Status Changed: 10/18/2024 Deemer Date:

Created By: Laura Levine Submitted By: Laura Levine

Corresponding Filing Tracking Number:

Filing Description:

In accordance with the insurance laws and regulations in your state, we respectfully submit the attached filing for your review and consideration.

The purpose of this filing is to adopt loss costs and rating values per CAOM Circular Letter #348. Please refer to the enclosed Explanatory Memorandum and Redlines for additional information.

The overall rate impact for all companies is 0.895%.

Your acknowledgement of this filing would be appreciated. Should you have any questions regarding this submission, please feel free to contact me at your convenience.

## **Company and Contact**

#### **Filing Contact Information**

Laura Levine, Sr. Regulatory Analyst Ilevine3@travelers.com
One Tower Square - CR16 518-454-4908 [Phone]
Hartford, CT 06183 860-277-8605 [FAX]

State: Michigan First Filing Company: Farmington Casualty Company, ...

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

**Product Name:** Workers Compensation **Project Name/Number:** WC Rate Filing/2024-07-0095

**Filing Company Information** 

The Charter Oak Fire Insurance

(860) 277-5660 ext. [Phone]

(860) 277-5660 ext. [Phone]

Farmington Casualty Company CoCode: 41483 State of Domicile: Connecticut

One Tower Square Group Code: 3548 Company Type:

Hartford, CT 06183 Group Name: The Travelers State ID Number: (860) 277-5660 ext. [Phone] Companies

(860) 277-5660 ext. [Phone] Companies FEIN Number: 06-1067463

State of Domicile: Connecticut

Company Group Code: 3548 Company Type:
One Tower Square Group Name: The Travelers State ID Number:

CoCode: 25615

Hartford, CT 06183 Companies

(860) 277-5660 ext. [Phone] FEIN Number: 06-0291290

The Phoenix Insurance Company CoCode: 25623 State of Domicile: Connecticut

One Tower Square Group Code: 3548 Company Type:

Hartford, CT 06183 Group Name: The Travelers State ID Number:

(860) 277-5660 ext. [Phone] Companies

FEIN Number: 06-0303275

The Standard Fire Insurance CoCode: 19070 State of Domicile: Connecticut

Company Group Code: 3548 Company Type:
One Tower Square Group Name: The Travelers State ID Number:

Hartford, CT 06183 Companies

(860) 277-5660 ext. [Phone] FEIN Number: 06-6033509

The Travelers Indemnity Company CoCode: 25658 State of Domicile: Connecticut

One Tower Square Group Code: 3548 Company Type: Hartford, CT 06183 Group Name: The Travelers State ID Number:

Group Name: The Travelers State ID Number:

(860) 277-5660 ext. [Phone] Companies

The Travelers Indemnity Company CoCode: 25666 State of Domicile: Connecticut

FEIN Number: 06-0566050

of America Group Code: 3548 Company Type:

One Tower Square Company Type:

One Tower Square Group Name: The Travelers State ID Number:

Hartford, CT 06183 Companies

FEIN Number: 58-6020487

The Travelers Indemnity Company CoCode: 25682 State of Domicile: Connecticut

Of Connecticut Group Code: 3548 Company Type:

One Tower Square Crown Name: The Travelers State ID Number:

One Tower Square Group Name: The Travelers State ID Number:

Hartford, CT 06183 Companies

Travelers Casualty and Surety CoCode: 19038 State of Domicile: Connecticut

FEIN Number: 06-0336212

State: Michigan First Filing Company: Farmington Casualty Company, ...

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

**Product Name:** Workers Compensation **Project Name/Number:** WC Rate Filing/2024-07-0095

Company Group Code: 3548 Company Type:
One Tower Square Group Name: The Travelers State ID Number:

One Tower Square Group Name: The Travelers
Hartford, CT 06183 Companies

(860) 277-5660 ext. [Phone] FEIN Number: 06-6033504

Travelers Commercial Casualty CoCode: 40282 State of Domicile: Connecticut Company Group Code: 3548 Company Type:

One Tower Square Group Name: The Travelers State ID Number:

Hartford, CT 06183 Companies (860) 277-5660 ext. [Phone] FEIN Number: 95-3634110

Travelers Property Casualty CoCode: 25674 State of Domicile: Connecticut

Company of America Group Code: 3548 Company Type:
One Tower Square Group Name: The Travelers State ID Number:

One Tower Square Group Name: The Travelers

Hartford, CT 06183 Companies

(860) 277-5660 ext. [Phone] FEIN Number: 36-2719165

Travelers Casualty Insurance CoCode: 19046 State of Domicile: Connecticut

Company of America Group Code: 3548 Company Type:
One Tower Square Group Name: The Travelers State ID Number:

Hartford, CT 06183 Companies

(860) 277-5660 ext. [Phone] FEIN Number: 06-0876835

State: Michigan First Filing Company: Farmington Casualty Company, ...

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

Product Name: Workers Compensation
Project Name/Number: WC Rate Filing/2024-07-0095

## 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 First Filing Company: Farmington Casualty Company, ...

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

Product Name:Workers CompensationProject Name/Number:WC Rate Filing/2024-07-0095

# **Correspondence Summary**

**Dispositions** 

Status	Created By	Created On	Date Submitted
Filed	Sydney Fenska	10/18/2024	10/18/2024

## **Objection Letters and Response Letters**

**Objection Letters** 

Status	Created By	Created On	Date Submitted
PENDING INSURER RESPONSE	Sydney Fenska	10/14/2024	10/14/2024

## **Response Letters**

Responded By	Created On	Date Submitted
Laura Levine	10/16/2024	10/16/2024

State: Michigan First Filing Company: Farmington Casualty Company, ...

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

Product Name:Workers CompensationProject Name/Number:WC Rate Filing/2024-07-0095

## **Disposition**

Disposition Date: 10/18/2024 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.

	Overall %	Overall %	Written Premium	Number of Policy	Written	Maximum %	Minimum %
Company	Indicated	Rate	Change for	<b>Holders Affected</b>	Premium for	Change	Change
Name:	Change:	Impact:	this Program:	for this Program:	this Program:	(where req'd):	(where req'd):
Farmington Casualty Company	-5.200%	1.601%	\$22,161	907	\$1,384,596	26.400%	-19.000%
The Charter Oak Fire Insurance Company	-5.200%	0.830%	\$36,530	603	\$4,400,302	26.400%	-19.000%
The Phoenix Insurance Company	-5.200%	1.324%	\$25,241	618	\$1,906,800	26.400%	-19.000%
The Standard Fire Insurance Company	-5.200%	1.255%	\$20,645	3,084	\$1,645,413	26.400%	-19.000%
The Travelers Indemnity Company	-5.200%	0.972%	\$85,212	2,649	\$8,770,442	26.400%	-19.000%
The Travelers Indemnity Company of America	-5.200%	0.677%	\$32,442	1,678	\$4,792,223	26.400%	-19.000%
The Travelers Indemnity Company Of Connecticut	-5.200%	0.988%	\$16,541	824	\$1,673,834	26.400%	-19.000%
Travelers Casualty and Surety Company	-5.200%	0.132%	\$4,673	406	\$3,542,346	26.400%	-19.000%
Travelers Commercial Casualty Company	-5.200%	1.427%	\$44,657	359	\$3,128,516	26.400%	-19.000%
Travelers Property	-5.200%	0.704%	\$21,719	732	\$3,083,603	26.400%	-19.000%

State: Michigan First Filing Company: Farmington Casualty Company, ...

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

Product Name:Workers CompensationProject Name/Number:WC Rate Filing/2024-07-0095

Casualty Company of America							
Travelers Casualty Insurance Company of America	-5.200%	0.790%	\$18,561	342	\$2,349,555	26.400%	-19.000%

**Overall Rate Information for Multiple Company Filings** 

Overall Percentage Rate Indicated For This Filing -5.200%

Overall Percentage Rate Impact For This Filing 0.895%

Effect of Rate Filing-Written Premium Change For This Program \$328,382

Effect of Rate Filing - Number of Policyholders Affected 12,202

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	Workers Compensation and Employers Liability - Michigan	Review Completed	Yes
Supporting Document	Actuarial or Explanatory Memorandum – CAOM/MWCPF/NCCI	Review Completed	Yes
Supporting Document (revised)	Actuarial Support – CAOM/MWCPF/NCCI	Review Completed	Yes
Supporting Document	Actuarial Support – 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

State: Michigan First Filing Company: Farmington Casualty Company, ...

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

Product Name: Workers Compensation
Project Name/Number: WC Rate Filing/2024-07-0095

## **Objection Letter**

Objection Letter Status PENDING INSURER RESPONSE

Objection Letter Date 10/14/2024 Submitted Date 10/14/2024 Respond By Date 10/21/2024

Dear Laura Levine,

#### Introduction:

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

#### Objection 1

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

Comments: The State of Michigan does not recognize NCCI as a rating organization for Work Comp. Your company must have a complete stand-alone manual. Please remove any reference to the Basic manual from your full unmarked manual.

#### Objection 2

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 First Filing Company: Farmington Casualty Company, ...

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

Product Name: Workers Compensation
Project Name/Number: WC Rate Filing/2024-07-0095

## **Response Letter**

Response Letter Status Submitted to State

Response Letter Date 10/16/2024 Submitted Date 10/16/2024

Dear Sydney Fenska,

#### Introduction:

This is in response to your objection letter received on 10/14.

#### Response 1

#### Comments:

The complete stand-alone manual attached is our proprietary Michigan Basic Manual which contains the rules used for voluntary business. It contains certain NCCI and MWCPF wording with their permission which is why we have their copyrights in the manual. We are not using an NCCI Manual in Michigan. The references to Basic Manual are not in regards to NCCI, rather to our set of Basic Manual Rules which begins on page 44.

### Related Objection 1

Applies To:

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

Comments: The State of Michigan does not recognize NCCI as a rating organization for Work Comp. Your company must have a complete stand-alone manual. Please remove any reference to the Basic manual from your full unmarked manual.

### Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

### Response 2

#### Comments:

State: Michigan First Filing Company: Farmington Casualty Company, ...

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

Product Name: Workers Compensation
Project Name/Number: WC Rate Filing/2024-07-0095

Page 2 of the Actuarial Memorandum discusses our trend analysis and includes reference to the exhibits supporting our decision. After adjusting for LAE and LBAs and comparison to the permissible Loss and LAE ratio, a rate reduction of -17.4% is the point estimate as shown on Exhibit 1 of the Rate Indication. The application of 100% credibility to the Travelers projected loss and LAE/LBA ratio produces a rate need of -5.2%, which is displayed on Exhibit 1 of the indication package next to the credibility weighted rate need. With such a large variance between the Travelers projected loss ratio and the industry adjusted loss ratio, and the increase in loss ratio the past two policy years (the indication based on Travelers data for these two years alone would be +9.6%), the Travelers companies believe it is reasonable to adopt the DCA Publication Advisory Pure Premiums with no changes to the individual company LCM structure.

While preparing this response, we noticed several incorrect exhibit references on page 1 of the Rate Indication. Therefore, with this response we are providing a revised indication to correct the references on page 1 see MI 01-01-2025 Travelers WC Rate Indication\_rev. Our apologies for the oversight.

#### Related Objection 2

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.

<b>Supporting Document S</b>	Supporting Document Schedule Item Changes					
Satisfied - Item:	Actuarial Support CAOM/MWCPF/NCCI					
Comments:						
Attachment(s):	MI 01-01-2025 Exhibit A-3 Year Rate History.pdf MI_Schedule_Rate_Summary.pdf MI 01-01-2025 Travelers WC Rate Indication_rev.pdf					
Previous Version						
Satisfied - Item:	Actuarial Support CAOM/MWCPF/NCCI					
Comments:						
Attachment(s):	MI 01-01-2025 Exhibit A-3 Year Rate History.pdf MI 01-01-2025 Travelers WC Rate Indication.pdf MI_Schedule_Rate_Summary.pdf					

State: Michigan First Filing Company: Farmington Casualty Company, ...

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

Product Name:Workers CompensationProject Name/Number:WC Rate Filing/2024-07-0095

#### Conclusion:

Thank you for your time and assistance.

Sincerely, Laura Levine

State: Michigan First Filing Company: Farmington Casualty Company, ...

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

Product Name:Workers CompensationProject Name/Number:WC Rate Filing/2024-07-0095

## **Rate Information**

Rate data applies to filing.

Filing Method: File & Use

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: -7.307%

Effective Date of Last Rate Revision: 01/01/2024

Filing Method of Last Filing: File & Use

SERFF Tracking Number of Last Filing: TRVD-133824119

## **Company Rate Information**

	Overall %	Overall %	Written Premium	Number of Policy	Written	Maximum %	Minimum %
Company	Indicated	Rate	Change for	<b>Holders Affected</b>	Premium for	Change	Change
Name:	Change:	Impact:	this Program:	for this Program:	this Program:	(where req'd):	(where req'd):
Farmington Casualty Company	-5.200%	1.601%	\$22,161	907	\$1,384,596	26.400%	-19.000%
The Charter Oak Fire Insurance Company	-5.200%	0.830%	\$36,530	603	\$4,400,302	26.400%	-19.000%
The Phoenix Insurance Company	-5.200%	1.324%	\$25,241	618	\$1,906,800	26.400%	-19.000%
The Standard Fire Insurance Company	-5.200%	1.255%	\$20,645	3,084	\$1,645,413	26.400%	-19.000%
The Travelers Indemnity Company	-5.200%	0.972%	\$85,212	2,649	\$8,770,442	26.400%	-19.000%
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Travelers Property Casualty Company of America	-5.200%	0.704%	\$21,719	732	\$3,083,603	26.400%	-19.000%

SERFF Tracking #:	TRVD-134272956	State Tracking	<b>#</b> :	Co	ompany Tracking #:	2024-07-0095	
State: TOI/Sub-TOI: Product Name:	Michigan 16.0 Workers Con Workers Compens	npensation/16.0004 S	tandard WC	First Filing Company:	Farmington Casualty	Company,	
Project Name/Number:	WC Rate Filing/20						
Travelers Casualty Insurance Company o America	-5.200% f	0.790%	\$18,561	342	\$2,349,555	26.400%	-19.000%

State:MichiganFirst Filing Company:Farmington Casualty Company, ...

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

Product Name:Workers CompensationProject Name/Number:WC Rate Filing/2024-07-0095

## Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1	Review Completed 10/18/2024	Workers Compensation and Employers Liability - Michigan	MI Work Comp Rate Pages - Various (01-2025)	Replacement	TRVD-133824119	MI 01-01-2025 Rate Pages ACJ.pdf MI 01-01-2025 Rate Pages ACR.pdf MI 01-01-2025 Rate Pages AFC.pdf MI 01-01-2025 Rate Pages ASF.pdf MI 01-01-2025 Rate Pages COF.pdf MI 01-01-2025 Rate Pages IND.pdf MI 01-01-2025 Rate Pages IND.pdf MI 01-01-2025 Rate Pages PHX.pdf MI 01-01-2025 Rate Pages TIL.pdf MI 01-01-2025 Rate Pages TIL.pdf MI 01-01-2025 Rate Pages TCT.pdf MI 01-01-2025 Rate Pages TCT.pdf MI 01-01-2025 Rate Pages TIA.pdf MI 01-01-2025 Rate Pages TIA.pdf MI 01-01-2025 Rate Pages TIA.pdf MI 01-01-2025 Rate Pages TMO.pdf MI Combined WC Rate Page Revisions.pdf

SERFF Tracking #: TRVD-134272956 State Tracking #: 2024-07-0095

State: Michigan First Filing Company: Farmington Casualty Company, ...

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

Product Name:Workers CompensationProject Name/Number:WC Rate Filing/2024-07-0095

# **Supporting Document Schedules**

Satisfied - Item:	Actuarial or Explanatory Memorandum CAOM/MWCPF/NCCI				
Comments:					
Attachment(s):	MI 01-01-2025 Actuarial_Memorandum_Filing.pdf MI 01-01-2025 Explanatory Memo.pdf				
Item Status:	Review Completed				
Status Date:	10/18/2024				
Satisfied - Item:	Actuarial Support CAOM/MWCPF/NCCI				
Comments:					
Attachment(s):	MI 01-01-2025 Exhibit A-3 Year Rate History.pdf MI_Schedule_Rate_Summary.pdf MI 01-01-2025 Travelers WC Rate Indication_rev.pdf				
Item Status:	Review Completed				
Status Date:	10/18/2024				
Satisfied - Item:	Full Unmarked Rate/Rule Manual- CAOM/MWCPF/NCCI				
Comments:					
Attachment(s):	2024-07-0095 WC Trav Full Rate-Rule Manual - Effective 01-01-2025.pdf				
Item Status:	Review Completed				
Status Date:	10/18/2024				
Satisfied - Item:	Loss Cost Multiplier- CAOM/MWCPF/NCCI				
Comments:					
Attachment(s):	MI 01-01-2025 Exhibit D LossCostMultiplier.pdf				
Item Status:	Review Completed				
Status Date:	10/18/2024				
Satisfied - Item:	Experience Rating Modifications- CAOM/MWCPF/NCCI				
Comments:	Experience Rating Modifications (ELR, D-Ratio, Ballast, and Weighting values) as filed by CAOM for the MWCPF as filed in the most recent filing.				
Attachment(s):					
Item Status:	Review Completed				
Status Date:	10/18/2024				
Satisfied - Item:	Checklist CAOM/MWCPF/NCCI				
Comments:					

SERFF Tracking #: TRVD-134272956 State Tracking #: Company Tracking #: 2024-07-0095 Michigan First Filing Company: Farmington Casualty Company, ... State: TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC Workers Compensation Product Name: Project Name/Number: WC Rate Filing/2024-07-0095 Attachment(s): MI 01-01-2025 PC Filing Checklist v5.0 .xlsx **Item Status: Review Completed Status Date:** 10/18/2024 Satisfied - Item: Policyholder Impact- CAOM/MWCPF/NCCI Comments: MI 01-01-2025 Exhibit B- Histogram.pdf MI 01-01-2025 Average Annual Rate Change.pdf Attachment(s): **Item Status:** Review Completed 10/18/2024 Impacts to Policyholders +/- 10%

State: Michigan First Filing Company: Farmington Casualty Company, ...

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

Product Name: Workers Compensation
Project Name/Number: WC Rate Filing/2024-07-0095

## **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)
10/04/2024	Review Completed 10/18/2024	Supporting Document	Actuarial Support – CAOM/MWCPF/NCCI		MI 01-01-2025 Exhibit A-3 Year Rate History.pdf MI 01-01-2025 Travelers WC Rate Indication.pdf (Superceded) MI_Schedule_Rate_Summary.pdf