

**State:** Michigan **First Filing Company:** American Zurich Insurance Company, ...  
**TOI/Sub-TOI:** 16.0 Workers Compensation/16.0004 Standard WC  
**Product Name:** Michigan Workers Compensation Applying New Pure Premiums  
**Project Name/Number:** Michigan Workers Compensation Applying New Pure Premiums/49427

## Table of Contents

### User Usage Agreement

#### Attachments

Usage Agreement [Usage Agreement.pdf](#)

#### Rate-Rule Attachments

(ex. Document Name Attachment Name)

Rate Pages - AG	<a href="#">MIWCratesAG010125.pdf</a>
Rate Pages - AG	<a href="#">MIWCratesAG010125 redline.pdf</a>
Rate Pages - AZ	<a href="#">MIWCratesAZ010125.pdf</a>
Rate Pages - AZ	<a href="#">MIWCratesAZ010125 redline.pdf</a>
Rate Pages - CACS	<a href="#">MIWCratesCACS010125.pdf</a>
Rate Pages - CACS	<a href="#">MIWCratesCACS010125 redline.pdf</a>
Rate Pages - FD	<a href="#">MIWCratesFD010125.pdf</a>
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Rate Pages - ZAIC	<a href="#">MIWCratesZAIC010125 redline.pdf</a>
MI BASIC MANUAL	<a href="#">MI Basic Manuals 12025 Ed. - Combined.pdf</a>
MI BASIC MANUAL	<a href="#">Basic Manual - Combined - Redlined.pdf</a>

#### Supporting Document

(ex. Supporting Document Name Attachment Name)

#### Attachments

Actuarial or Explanatory Memorandum CAOM/MWCPF/NCCI	<a href="#">MI - Filing Memo.pdf</a>
Actuarial or Explanatory Memorandum CAOM/MWCPF/NCCI	<a href="#">MI - Filing Support Exhibits.pdf</a>
Full Unmarked Rate/Rule Manual- CAOM/MWCPF/NCCI	<a href="#">MI Basic Manuals 12025 Ed. - Combined.pdf</a>
Loss Cost Multiplier- CAOM/MWCPF/NCCI	<a href="#">MI - Company LCM Pages and Support.pdf</a>
Checklist CAOM/MWCPF/NCCI	<a href="#">P&amp;C Filing Checklist v5 - AG.xlsx</a>
Checklist CAOM/MWCPF/NCCI	<a href="#">P&amp;C Filing Checklist v5 - AZ.xlsx</a>

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Checklist CAOM/MWCPF/NCCI

[P&C Filing Checklist v5 - CACS.xlsx](#)

Checklist CAOM/MWCPF/NCCI

[P&C Filing Checklist v5 - FD.xlsx](#)

Checklist CAOM/MWCPF/NCCI

[P&C Filing Checklist v5 - ZA.xlsx](#)

Checklist CAOM/MWCPF/NCCI

[P&C Filing Checklist v5 - ZAI.xlsx](#)Policyholder Impact-  
CAOM/MWCPF/NCCI[MI - Policyholder Impact Histograms.pdf](#)

Actuarial Certification

[MI - Actuarial Opinion - Signed A.Pragovich.pdf](#)MI Objection Responses Due  
11/14/2024[MI Objection Responses.pdf](#)

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## Filing at a Glance

Companies: American Zurich Insurance Company  
American Guarantee and Liability Insurance Company  
Colonial American Casualty and Surety Company  
Fidelity and Deposit Company of Maryland  
Zurich American Insurance Company of Illinois  
Zurich American Insurance Company

Product Name: Michigan Workers Compensation Applying New Pure Premiums

State: Michigan

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: CAOM Loss Costs/MWCPF Rates

Date Submitted: 11/04/2024

SERFF Tr Num: ZURC-134296980

SERFF Status: Closed-Filed

State Tr Num:

State Status: FILED

Co Tr Num: 49427

Effective Date 01/01/2025

Requested (New):

Effective Date 01/01/2025

Requested (Renewal):

Author(s): Cindy Schultz, Scott Wu

Reviewer(s): Sydney Fenska (primary)

Disposition Date: 11/18/2024

Disposition Status: Filed

Effective Date (New): 01/01/2025

Effective Date (Renewal): 01/01/2025

**State:** Michigan  
**TOI/Sub-TOI:** 16.0 Workers Compensation/16.0004 Standard WC  
**Product Name:** Michigan Workers Compensation Applying New Pure Premiums  
**Project Name/Number:** Michigan Workers Compensation Applying New Pure Premiums/49427

## General Information

Project Name: Michigan Workers Compensation Applying New Status of Filing in Domicile:  
Pure Premiums

Project Number: 49427

Domicile Status Comments:

Reference Organization: CAOM

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/18/2024

State Status Changed: 11/18/2024

Deemer Date:

Created By: Scott Wu

Submitted By: Cindy Schultz

Corresponding Filing Tracking Number:

Filing Description:

Zurich North America is proposing to apply the January 1, 2025 CAOM advisory pure premiums and rating values for use with Michigan workers' compensation business. Current rates are based on CAOM's 1/1/2024 pure premiums. No pure premium multiplier change is proposed for the filing companies in this rate filing.

## Company and Contact

### Filing Contact Information

Cindy Schultz, Filing Analyst

cindy.schultz@zurichna.com

1299 Zurich Way

847-762-7311 [Phone]

Schaumburg, IL 60196

847-240-4514 [FAX]

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**Filing Company Information**

American Zurich Insurance Company	CoCode: 40142	State of Domicile: Illinois
1299 Zurich Way	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name: Zurich Insurance Group	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-3141762	

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American Guarantee and Liability Insurance Company	CoCode: 26247	State of Domicile: New York
1299 Zurich Way	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name: Zurich Insurance Group	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-6071400	

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Colonial American Casualty and Surety Company	CoCode: 34347	State of Domicile: Illinois
1299 Zurich Way	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name: Zurich Insurance Group	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 52-1096670	

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Fidelity and Deposit Company of Maryland	CoCode: 39306	State of Domicile: Illinois
1299 Zurich Way	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name: Zurich Insurance Group	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 13-3046577	

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Zurich American Insurance Company of Illinois	CoCode: 27855	State of Domicile: Illinois
1299 Zurich Way	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name: Zurich Insurance Group	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-2781080	

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Zurich American Insurance Company	CoCode: 16535	State of Domicile: New York
1299 Zurich Way	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name: Zurich Insurance Group	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-4233459	

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## 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 or Not for Personal, Family or Household Purposes

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:Michigan Workers Compensation Applying New Pure Premiums

Project Name/Number:Michigan Workers Compensation Applying New Pure Premiums/49427

First Filing Company:American Zurich Insurance Company, ...

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Sydney Fenska	11/18/2024	11/18/2024

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
PENDING INSURER RESPONSE	Sydney Fenska	11/07/2024	11/07/2024

Response Letters

Responded By	Created On	Date Submitted
Cindy Schultz	11/14/2024	11/14/2024

State:	Michigan	First Filing Company:	American Zurich Insurance Company, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	Michigan Workers Compensation Applying New Pure Premiums		
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## Disposition

Disposition Date: 11/18/2024

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.

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):
American Zurich Insurance Company	1.600%	-0.900%	\$-4,226	156	\$469,610	12.500%	-8.400%
American Guarantee and Liability Insurance Company	1.600%	1.600%	\$10,895	68	\$680,911	14.500%	-10.500%
Colonial American Casualty and Surety Company	1.600%	0.200%	\$0	0	\$0	0.200%	0.000%
Fidelity and Deposit Company of Maryland	1.600%	0.200%	\$0	0	\$0	0.200%	0.000%
Zurich American Insurance Company of Illinois	1.600%	-0.500%	\$-11,550	116	\$2,309,909	15.600%	-8.600%
Zurich American Insurance Company	1.600%	0.500%	\$22,308	290	\$4,461,546	12.500%	-19.000%

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	1.600%
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Overall Percentage Rate Impact For This Filing	0.200%
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<b>State:</b>	Michigan	<b>First Filing Company:</b>	American Zurich Insurance Company, ...
<b>TOI/Sub-TOI:</b>	16.0 Workers Compensation/16.0004 Standard WC		
<b>Product Name:</b>	Michigan Workers Compensation Applying New Pure Premiums		
<b>Project Name/Number:</b>	Michigan Workers Compensation Applying New Pure Premiums/49427		

<b>Effect of Rate Filing-Written Premium Change For This Program</b>	\$17,427
<b>Effect of Rate Filing - Number of Policyholders Affected</b>	630

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	Rate Pages - AG	Review Completed	Yes
Rate	Rate Pages - AZ	Review Completed	Yes
Rate	Rate Pages - CACS	Review Completed	Yes
Rate	Rate Pages - FD	Review Completed	Yes
Rate	Rate Pages - ZAI	Review Completed	Yes
Rate	Rate Pages - ZAIC	Review Completed	Yes
Rate	MI BASIC MANUAL	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	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	Actuarial Certification	Review Completed	Yes
Supporting Document	MI Objection Responses Due 11/14/2024	Review Completed	Yes

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**State:** Michigan **First Filing Company:** American Zurich Insurance Company, ...  
**TOI/Sub-TOI:** 16.0 Workers Compensation/16.0004 Standard WC  
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## Objection Letter

Objection Letter Status	PENDING INSURER RESPONSE
Objection Letter Date	11/07/2024
Submitted Date	11/07/2024
Respond By Date	11/14/2024

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Dear Cindy Schultz,

**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 provide the company's current trend analysis for 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:Michigan Workers Compensation Applying New Pure Premiums

Project Name/Number:Michigan Workers Compensation Applying New Pure Premiums/49427

First Filing Company:

American Zurich Insurance Company, ...

Response Letter

Response Letter Status

Submitted to State

Response Letter Date

11/14/2024

Submitted Date

11/14/2024

Dear Sydney Fenska,

Introduction:

Response 1

Comments:

Please see the attached document, MI Objection Responses Due 11/11/2024, which addresses your questions.

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.

Supporting Document Schedule Item Changes	
Satisfied - Item:	MI Objection Responses Due 11/14/2024
Comments:	
Attachment(s):	MI Objection Responses.pdf

Response 2

Comments:

Please see the attached document, MI Objection Responses Due 11/11/2024, which addresses your questions.

Related Objection 2

State:MichiganFirst Filing Company:American Zurich Insurance Company, ...  
TOI/Sub-TOI:16.0 Workers Compensation/16.0004 Standard WC  
Product Name:Michigan Workers Compensation Applying New Pure Premiums  
Project Name/Number:Michigan Workers Compensation Applying New Pure Premiums/49427

Comments: Please provide the company's current trend analysis for 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:	MI Objection Responses Due 11/14/2024
Comments:	
Attachment(s):	MI Objection Responses.pdf

Conclusion:

Sincerely,  
Cindy Schultz

<b>State:</b>	Michigan	<b>First Filing Company:</b>	American Zurich Insurance Company, ...
<b>TOI/Sub-TOI:</b>	16.0 Workers Compensation/16.0004 Standard WC		
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## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	File and Use
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	-0.700%
<b>Effective Date of Last Rate Revision:</b>	05/01/2024
<b>Filing Method of Last Filing:</b>	File and Use
<b>SERFF Tracking Number of Last Filing:</b>	ZURC-134004614

### 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):
American Zurich Insurance Company	1.600%	-0.900%	\$-4,226	156	\$469,610	12.500%	-8.400%
American Guarantee and Liability Insurance Company	1.600%	1.600%	\$10,895	68	\$680,911	14.500%	-10.500%
Colonial American Casualty and Surety Company	1.600%	0.200%	\$0	0	\$0	0.200%	0.000%
Fidelity and Deposit Company of Maryland	1.600%	0.200%	\$0	0	\$0	0.200%	0.000%
Zurich American Insurance Company of Illinois	1.600%	-0.500%	\$-11,550	116	\$2,309,909	15.600%	-8.600%
Zurich American Insurance Company	1.600%	0.500%	\$22,308	290	\$4,461,546	12.500%	-19.000%

State:

Michigan

First Filing Company:

American Zurich Insurance Company, ...

TOI/Sub-TOI:

16.0 Workers Compensation/16.0004 Standard WC

Product Name:

Michigan Workers Compensation Applying New Pure Premiums

Project Name/Number:

Michigan Workers Compensation Applying New Pure Premiums/49427

## Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1	Review Completed 11/18/2024	Rate Pages - AG		Replacement	ZURC-133894162	MIWCratesAG010125.pdf MIWCratesAG010125 redline.pdf
2	Review Completed 11/18/2024	Rate Pages - AZ		Replacement	ZURC-133894162	MIWCratesAZ010125.pdf MIWCratesAZ010125 redline.pdf
3	Review Completed 11/18/2024	Rate Pages - CACS		Replacement	ZURC-133894162	MIWCratesCACS010125.pdf MIWCratesCACS010125 redline.pdf
4	Review Completed 11/18/2024	Rate Pages - FD		Replacement	ZURC-133894162	MIWCratesFD010125.pdf MIWCratesFD010125 redline.pdf
5	Review Completed 11/18/2024	Rate Pages - ZAI		Replacement	ZURC-133894162	MIWCratesZAI010125.pdf MIWCratesZAI010125 redline.pdf
6	Review Completed 11/18/2024	Rate Pages - ZAIC		Replacement	ZURC-133894162	MIWCratesZAIC010125.pdf MIWCratesZAIC010125 redline.pdf
7	Review Completed 11/18/2024	MI BASIC MANUAL		Replacement	ZURC-133894162	MI Basic Manuals 12025 Ed. - Combined.pdf Basic Manual - Combined - Redlined.pdf

<b>State:</b>	Michigan	<b>First Filing Company:</b>	American Zurich Insurance Company, ...
<b>TOI/Sub-TOI:</b>	16.0 Workers Compensation/16.0004 Standard WC		
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## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial or Explanatory Memorandum CAOM/MWCPF/NCCI
<b>Comments:</b>	
<b>Attachment(s):</b>	MI - Filing Memo.pdf MI - Filing Support Exhibits.pdf
<b>Item Status:</b>	Review Completed
<b>Status Date:</b>	11/18/2024
<b>Satisfied - Item:</b>	Actuarial Support CAOM/MWCPF/NCCI
<b>Comments:</b>	Included
<b>Attachment(s):</b>	
<b>Item Status:</b>	Review Completed
<b>Status Date:</b>	11/18/2024
<b>Satisfied - Item:</b>	Full Unmarked Rate/Rule Manual- CAOM/MWCPF/NCCI
<b>Comments:</b>	
<b>Attachment(s):</b>	MI Basic Manuals 12025 Ed. - Combined.pdf
<b>Item Status:</b>	Review Completed
<b>Status Date:</b>	11/18/2024
<b>Satisfied - Item:</b>	Loss Cost Multiplier- CAOM/MWCPF/NCCI
<b>Comments:</b>	
<b>Attachment(s):</b>	MI - Company LCM Pages and Support.pdf
<b>Item Status:</b>	Review Completed
<b>Status Date:</b>	11/18/2024
<b>Satisfied - Item:</b>	Experience Rating Modifications- CAOM/MWCPF/NCCI
<b>Comments:</b>	#1 These pages are included in the Basic Manual.
<b>Attachment(s):</b>	
<b>Item Status:</b>	Review Completed
<b>Status Date:</b>	11/18/2024
<b>Satisfied - Item:</b>	Checklist CAOM/MWCPF/NCCI
<b>Comments:</b>	

<b>State:</b>	Michigan	<b>First Filing Company:</b>	American Zurich Insurance Company, ...
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<b>Attachment(s):</b>	P&C Filing Checklist v5 - AG.xlsx P&C Filing Checklist v5 - AZ.xlsx P&C Filing Checklist v5 - CACS.xlsx P&C Filing Checklist v5 - FD.xlsx P&C Filing Checklist v5 - ZA.xlsx P&C Filing Checklist v5 - ZAI.xlsx
<b>Item Status:</b>	Review Completed
<b>Status Date:</b>	11/18/2024
<b>Satisfied - Item:</b>	Policyholder Impact- CAOM/MWCPCF/NCCI
<b>Comments:</b>	
<b>Attachment(s):</b>	MI - Policyholder Impact Histograms.pdf
<b>Item Status:</b>	Review Completed
<b>Status Date:</b>	11/18/2024
<b>Satisfied - Item:</b>	Impacts to Policyholders +/- 10%
<b>Comments:</b>	this information is displayed in Exhibit 9a and Exhibit 9b
<b>Attachment(s):</b>	
<b>Item Status:</b>	Review Completed
<b>Status Date:</b>	11/18/2024
<b>Satisfied - Item:</b>	Actuarial Certification
<b>Comments:</b>	Please see file attachment.
<b>Attachment(s):</b>	MI - Actuarial Opinion - Signed A.Pragovich.pdf
<b>Item Status:</b>	Review Completed
<b>Status Date:</b>	11/18/2024
<b>Satisfied - Item:</b>	MI Objection Responses Due 11/14/2024
<b>Comments:</b>	
<b>Attachment(s):</b>	MI Objection Responses.pdf
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