

State: Michigan
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: Annual Rate Filing/WC-MIR-2024-00RATE

First Filing Company: Accident Fund General Insurance Company, ...

Table of Contents

User Usage Agreement Attachments

Usage Agreement [Usage Agreement.pdf](#)

Rate-Rule Attachments

(ex. Document Name Attachment Name)

MI Rate Pages - AFICA [MI Rate Pages 02 01 2024 - AFICA.pdf](#)

MI Rate Pages - AFICA [AFICA Rate Marked.pdf](#)

MI Rate Pages - AFG [MI Rate Pages 02 01 2024 - AFG.pdf](#)

MI Rate Pages - AFG [AFG Rate Marked.pdf](#)

MI Rate Pages - AFN [MI Rate Pages 02 01 2024 - AFN.pdf](#)

MI Rate Pages - AFN [AFN Rate Marked.pdf](#)

MI Rate Pages - UWIC [MI Rate Pages 02 01 2024 - UWIC.pdf](#)

MI Rate Pages - UWIC [UWIC Rate Marked.pdf](#)

MI Rate Pages - CWIC [MI Rate Pages 02 01 2024 - CWIC.pdf](#)

MI Rate Pages - CWIC [CWIC Rate Marked.pdf](#)

Supporting Document Attachments

(ex. Supporting Document Name Attachment Name)

Actuarial or Explanatory [MI Memo 2024.02.01.pdf](#)

Memorandum - Work Comp
Independent Rates

Actuarial Support/Exhibits - Work
Comp Independent Rates [MI__02.01.2024_Indication.pdf](#)

Checklist CAOM/MWCPF/NCCI [PC Filing Checklist v5_.xlsx](#)

Checklist CAOM/MWCPF/NCCI [MI PC Filing Checklist v5_.xlsx](#)

Policyholder Impact - Work Comp [Policyholder Impacts Exhibit 02 01 2024.pdf](#)

Policyholder Impact - Work Comp [Policyholder ImpactsPol Count.pdf](#)

Policyholder Impact - Work Comp [Policyholder Impacts Exhibit 02 01 2024.pdf](#)

Impacts to Policyholders +/- 10% [Ex. 10 02 01 2024.pdf](#)

Full Unmarked Rate/Rule Manual -
Work Comp [AF Full Manual 02 01 2024.pdf](#)

Full Unmarked Rate/Rule Manual - Work Comp	CW Full Manual 02 01 2024.pdf
Full Unmarked Rate/Rule Manual - Work Comp	UWIC Full Manual 02 01 2024.pdf
Objection Response	Objection Response Letter.pdf

State: Michigan **First Filing Company:** Accident Fund General Insurance Company, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: Annual Rate Filing/WC-MIR-2024-00RATE

Filing at a Glance

Companies: Accident Fund General Insurance Company
Accident Fund Insurance Company of America
Accident Fund National Insurance Company
United Wisconsin Insurance Company
CompWest Insurance Company

Product Name: Workers' Compensation
State: Michigan
TOI: 16.0 Workers Compensation
Sub-TOI: 16.0004 Standard WC
Filing Type: Rate
Date Submitted: 10/24/2023
SERFF Tr Num: ACCD-133863470
SERFF Status: Closed-Filed
State Tr Num:
State Status: FILED
Co Tr Num: WC-MIR-2024-00RATE

Effective Date 02/01/2024
Requested (New):
Effective Date 02/01/2024
Requested (Renewal):
Author(s): Sally Maurer, Penny Berry, Joseph Brown
Reviewer(s): Sydney Fenska (primary)
Disposition Date: 01/26/2024
Disposition Status: Filed
Effective Date (New): 02/01/2024
Effective Date (Renewal): 02/01/2024

State: Michigan **First Filing Company:** Accident Fund General Insurance Company, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: Annual Rate Filing/WC-MIR-2024-00RATE

General Information

Project Name: Annual Rate Filing Status of Filing in Domicile:
Project Number: WC-MIR-2024-00RATE Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 01/26/2024
State Status Changed: 11/08/2023 Deemer Date:
Created By: Joseph Brown Submitted By: Joseph Brown
Corresponding Filing Tracking Number: ACCD-133863477

Filing Description:

Independent Rate Filing

Accident Fund Insurance Company of America (AFICA) and all subsidiaries are filing rates to be effective 2/1/2024. Independent rates were developed based on the individual class experience for all subsidiaries combined. Deviations for Accident Fund National Insurance Company (AFN) were also changed for most Class codes to create greater price flexibility. The changes in Individual Rates and AFN Deviations resulted in an overall rate level impact of -3.0%.

Company and Contact

Filing Contact Information

Joseph Brown, Compliance Specialist joseph.brown@afgroup.com
200 North Grand Avenue 517-708-5808 [Phone]
Lansing, MI 48933

State: Michigan **First Filing Company:** Accident Fund General Insurance Company, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: Annual Rate Filing/WC-MIR-2024-00RATE

Filing Company Information

CompWest Insurance Company	CoCode: 12177	State of Domicile: California
3 Hutton Centre Drive, Sute 550	Group Code: 572	Company Type:
Santa Ana, CA 92707	Group Name: Accident Fund	State ID Number:
(714) 641-9500 ext. [Phone]	Group	
	FEIN Number: 20-1117107	

Accident Fund General Insurance Company	CoCode: 12304	State of Domicile: Michigan
200 North Grand Avenue	Group Code: 572	Company Type:
Lansing, MI 48933	Group Name:	State ID Number:
(517) 708-5691 ext. [Phone]	FEIN Number: 20-3058200	

Accident Fund Insurance Company of America	CoCode: 10166	State of Domicile: Michigan
200 North Grand Avenue	Group Code: 572	Company Type:
Office of the General Counsel	Group Name: AF Group	State ID Number:
Lansing, MI 48933	FEIN Number: 38-3207001	
(517) 708-5691 ext. [Phone]		

Accident Fund National Insurance Company	CoCode: 12305	State of Domicile: Michigan
200 North Grand Avenue	Group Code: 572	Company Type:
Lansing, MI 48933	Group Name:	State ID Number:
(517) 708-5691 ext. [Phone]	FEIN Number: 20-3058291	

United Wisconsin Insurance Company	CoCode: 29157	State of Domicile: Wisconsin
15200 West Small Road	Group Code: 572	Company Type:
New Berlin, WI 53151-4057	Group Name: AF Group	State ID Number:
(517) 708-5691 ext. [Phone]	FEIN Number: 39-0941450	

State:MichiganFirst Filing Company: Accident Fund General Insurance Company, ...

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

Product Name:Workers' Compensation

Project Name/Number: Annual Rate Filing/WC-MIR-2024-00RATE

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: This is a RATE FILING

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:Annual Rate Filing/WC-MIR-2024-00RATE

First Filing Company:

Accident Fund General Insurance Company, ...

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Sydney Fenska	01/26/2024	01/26/2024
Filed	Sydney Fenska	11/08/2023	11/08/2023

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
PENDING INSURER RESPONSE	Sydney Fenska	01/22/2024	01/22/2024
PENDING INSURER RESPONSE	Sydney Fenska	01/19/2024	01/19/2024
PENDING INSURER RESPONSE	Sydney Fenska	10/31/2023	10/31/2023

Response Letters

Responded By	Created On	Date Submitted
Joseph Brown	01/25/2024	01/25/2024
Joseph Brown	01/19/2024	01/19/2024
Joseph Brown	11/02/2023	11/02/2023

State:Michigan

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

Product Name:Workers' Compensation

Project Name/Number:Annual Rate Filing/WC-MIR-2024-00RATE

First Filing Company:

Accident Fund General Insurance Company, ...

Disposition

Disposition Date: 01/26/2024
Effective Date (New): 02/01/2024
Effective Date (Renewal): 02/01/2024
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 this act, 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 forms violate the Code, the Director will withdraw approval of all non-compliant forms. The Director may, on a case-by-case review rate and/or rule filings. If the Director finds that the rates and/or rules violate the code, the Director will withdraw approval in accordance with MCL 500.2114, MCL 500.2418 and/or MCL 500.2618.

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):
Accident Fund General Insurance Company	-14.900%	-1.400%	\$-683,675	2,914	\$50,268,129	0.000%	-15.100%
Accident Fund Insurance Company of America	-12.200%	-1.400%	\$-1,056,353	7,861	\$67,152,091	0.000%	-15.100%
Accident Fund National Insurance Company	5.600%	-6.100%	\$-4,095,942	6,891	\$67,152,091	0.000%	19.300%
United Wisconsin Insurance Company	-3.100%	-3.100%	\$-12,693	37	\$412,037	0.000%	-7.900%
CompWest Insurance Company	6.900%	-2.000%	\$-263,660	2,383	\$13,181,927	0.000%	-15.100%

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing-6.800%

Overall Percentage Rate Impact For This Filing-3.000%

Effect of Rate Filing-Written Premium Change For This Program\$-6,112,323

Effect of Rate Filing - Number of Policyholders Affected20,086

State:	Michigan	First Filing Company:	Accident Fund General Insurance Company, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	Workers' Compensation		
Project Name/Number:	Annual Rate Filing/WC-MIR-2024-00RATE		

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	MI Rate Pages - AFICA	Review Completed	Yes
Rate	MI Rate Pages - AFG	Review Completed	Yes
Rate	MI Rate Pages - AFN	Review Completed	Yes
Rate	MI Rate Pages - UWIC	Review Completed	Yes
Rate	MI Rate Pages - CWIC	Review Completed	Yes
Supporting Document	Actuarial or Explanatory Memorandum - Work Comp Independent Rates	Review Completed	Yes
Supporting Document	Actuarial Support/Exhibits - Work Comp Independent Rates	Review Completed	Yes
Supporting Document (revised)	Checklist – CAOM/MWCPF/NCCI	Review Completed	Yes
Supporting Document	Checklist – CAOM/MWCPF/NCCI	Review Completed	Yes
Supporting Document	Experience Rating Modifications	Review Completed	Yes
Supporting Document	Loss Cost Multiplier	Review Completed	Yes
Supporting Document (revised)	Policyholder Impact - Work Comp	Review Completed	Yes
Supporting Document	Policyholder Impact - Work Comp	Review Completed	Yes
Supporting Document	Impacts to Policyholders +/- 10%	Review Completed	Yes
Supporting Document	Full Unmarked Rate/Rule Manual - Work Comp	Review Completed	Yes
Supporting Document	Objection Response	Review Completed	Yes

State:Michigan

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

Product Name:Workers' Compensation

Project Name/Number:Annual Rate Filing/WC-MIR-2024-00RATE

First Filing Company:

Accident Fund General Insurance Company, ...

Disposition

Disposition Date: 11/08/2023
Effective Date (New): 02/01/2024
Effective Date (Renewal): 02/01/2024
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 this act, 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 forms violate the Code, the Director will withdraw approval of all non-compliant forms. The Director may, on a case-by-case review rate and/or rule filings. If the Director finds that the rates and/or rules violate the code, the Director will withdraw approval in accordance with MCL 500.2114, MCL 500.2418 and/or MCL 500.2618.

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):
Accident Fund General Insurance Company	-14.900%	-1.400%	\$-683,675	2,914	\$50,268,129	0.000%	-15.100%
Accident Fund Insurance Company of America	-12.200%	-1.400%	\$-1,056,353	7,861	\$67,152,091	0.000%	-15.100%
Accident Fund National Insurance Company	5.600%	-6.100%	\$-4,095,942	6,891	\$67,152,091	0.000%	19.300%
United Wisconsin Insurance Company	-3.100%	-3.100%	\$-12,693	37	\$412,037	0.000%	-7.900%
CompWest Insurance Company	6.900%	-2.000%	\$-263,660	2,383	\$13,181,927	0.000%	-15.100%

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing

-6.800%

Overall Percentage Rate Impact For This Filing

-3.000%

Effect of Rate Filing-Written Premium Change For This Program

\$-6,112,323

Effect of Rate Filing - Number of Policyholders Affected

20,086

State:	Michigan	First Filing Company:	Accident Fund General Insurance Company, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	Workers' Compensation		
Project Name/Number:	Annual Rate Filing/WC-MIR-2024-00RATE		

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	MI Rate Pages - AFICA	Review Completed	Yes
Rate	MI Rate Pages - AFG	Review Completed	Yes
Rate	MI Rate Pages - AFN	Review Completed	Yes
Rate	MI Rate Pages - UWIC	Review Completed	Yes
Rate	MI Rate Pages - CWIC	Review Completed	Yes
Supporting Document	Actuarial or Explanatory Memorandum - Work Comp Independent Rates	Review Completed	Yes
Supporting Document	Actuarial Support/Exhibits - Work Comp Independent Rates	Review Completed	Yes
Supporting Document (revised)	Checklist – CAOM/MWCPF/NCCI	Review Completed	Yes
Supporting Document	Checklist – CAOM/MWCPF/NCCI	Review Completed	Yes
Supporting Document	Experience Rating Modifications	Review Completed	Yes
Supporting Document	Loss Cost Multiplier	Review Completed	Yes
Supporting Document (revised)	Policyholder Impact - Work Comp	Review Completed	Yes
Supporting Document	Policyholder Impact - Work Comp	Review Completed	Yes
Supporting Document	Impacts to Policyholders +/- 10%	Review Completed	Yes
Supporting Document	Full Unmarked Rate/Rule Manual - Work Comp	Review Completed	Yes
Supporting Document	Objection Response	Review Completed	Yes

State: Michigan **First Filing Company:** Accident Fund General Insurance Company, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: Annual Rate Filing/WC-MIR-2024-00RATE

Objection Letter

Objection Letter Status	PENDING INSURER RESPONSE
Objection Letter Date	01/22/2024
Submitted Date	01/22/2024
Respond By Date	01/29/2024

Dear Joseph Brown,

Introduction:

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

Objection 1

- Actuarial or Explanatory Memorandum - Work Comp Independent Rates (Supporting Document)
- Actuarial Support/Exhibits - Work Comp Independent Rates (Supporting Document)
- Checklist – CAOM/MWCPF/NCCI (Supporting Document)
- Experience Rating Modifications (Supporting Document)
- Loss Cost Multiplier (Supporting Document)
- Policyholder Impact - Work Comp (Supporting Document)
- Impacts to Policyholders +/- 10% (Supporting Document)
- Full Unmarked Rate/Rule Manual - Work Comp (Supporting Document)

Comments: DIFS does not consider the following items as meeting the definition of trade secret in MCL 445.1902. We will be removing the confidentiality feature from the exhibit within 5 business days. Please acknowledge.

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:** Accident Fund General Insurance Company, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: Annual Rate Filing/WC-MIR-2024-00RATE

Objection Letter

Objection Letter Status	PENDING INSURER RESPONSE
Objection Letter Date	01/19/2024
Submitted Date	01/19/2024
Respond By Date	01/26/2024

Dear Joseph Brown,

Introduction:

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

Objection 1

- MI Rate Pages - AFICA , 1-7 (Rate)
- MI Rate Pages - AFG, 1-7 (Rate)
- MI Rate Pages - AFN, 1-7 (Rate)
- MI Rate Pages - UWIC, 1-7 (Rate)
- MI Rate Pages - CWIC, 1-7 (Rate)

Comments: DIFS does not consider the following items as meeting the definition of trade secret in MCL 445.1902. We will be removing the confidentiality feature from the exhibit within 5 business days. Please acknowledge.

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:** Accident Fund General Insurance Company, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: Annual Rate Filing/WC-MIR-2024-00RATE

Objection Letter

Objection Letter Status	PENDING INSURER RESPONSE
Objection Letter Date	10/31/2023
Submitted Date	10/31/2023
Respond By Date	11/07/2023

Dear Joseph Brown,

Introduction:

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

Objection 1

Comments: Companies must provide the Indicated & Selected Change exhibit with each rate filing to demonstrate the rate change by coverage with this filing. THE COMPANY MUST SUBMIT A SEPARATE EXHIBIT FOR EACH UNDERWRITING COMPANY INCLUDED IN THIS FILING.

Objection 2

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 3

- Policyholder Impact - Work Comp (Supporting Document)

Comments: Please change the table to include policyholder counts by 5% increment up to the maximum and minimum % change as reported on the Rate Schedule tab. THIS MUST BE ATTACHED ON THE SUPPORTING DOCUMENTATION TAB UNDER POLICYHOLDER IMPACT.

Objection 4

- Actuarial or Explanatory Memorandum - Work Comp Independent Rates (Supporting Document)

Comments: Please update your filing memo to provide a description of the experience data, actuarial methodology and actuarial assumptions used to produce rates consistent with the company's loss experience and expense structure. It appears that the actuarial methodology and actuarial assumptions were not included in the memo.

Objection 5

- Checklist – CAOM/MWCPF/NCCI (Supporting Document)

Comments: Please provide the title of the person preparing the details of the filing in section 3 item 1.

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:** Accident Fund General Insurance Company, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: Annual Rate Filing/WC-MIR-2024-00RATE

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/25/2024
Submitted Date	01/25/2024

Dear Sydney Fenska,

Introduction:

Response 1

Comments:

Thank you.. Acknowledged.

I will make note for future filings not to mark the rate pages as confidential.

Related Objection 1

Applies To:

- Actuarial or Explanatory Memorandum - Work Comp Independent Rates (Supporting Document)
- Actuarial Support/Exhibits - Work Comp Independent Rates (Supporting Document)
- Experience Rating Modifications (Supporting Document)
- Loss Cost Multiplier (Supporting Document)
- Impacts to Policyholders +/- 10% (Supporting Document)
- Full Unmarked Rate/Rule Manual - Work Comp (Supporting Document)
- Checklist CAOM/MWCPF/NCCI (Supporting Document)
- Policyholder Impact - Work Comp (Supporting Document)

Comments: DIFS does not consider the following items as meeting the definition of trade secret in MCL 445.1902. We will be removing the confidentiality feature from the exhibit within 5 business days. Please acknowledge.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Sincerely,
Joseph Brown

State: Michigan **First Filing Company:** Accident Fund General Insurance Company, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: Annual Rate Filing/WC-MIR-2024-00RATE

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/19/2024
Submitted Date	01/19/2024

Dear Sydney Fenska,

Introduction:

Response 1

Comments:

Thank you.. Acknowledged.

I will make note for future filings not to mark the rate pages as confidential.

Related Objection 1

Applies To:

- MI Rate Pages - AFICA , 1-7 (Rate)
- MI Rate Pages - AFG, 1-7 (Rate)
- MI Rate Pages - AFN, 1-7 (Rate)
- MI Rate Pages - UWIC, 1-7 (Rate)
- MI Rate Pages - CWIC, 1-7 (Rate)

Comments: DIFS does not consider the following items as meeting the definition of trade secret in MCL 445.1902. We will be removing the confidentiality feature from the exhibit within 5 business days. Please acknowledge.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Sincerely,
Joseph Brown

State:Michigan

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

Product Name:Workers' Compensation

Project Name/Number:Annual Rate Filing/WC-MIR-2024-00RATE

First Filing Company:

Accident Fund General Insurance Company, ...

Response Letter

Response Letter Status

Submitted to State

Response Letter Date

11/02/2023

Submitted Date

11/02/2023

Dear Sydney Fenska,

Introduction:

Response 1

Comments:

The indicated change and selected change along with current written premium is being provided in the table in the objection response letter.

Related Objection 1

Comments: Companies must provide the Indicated & Selected Change exhibit with each rate filing to demonstrate the rate change by coverage with this filing. THE COMPANY MUST SUBMIT A SEPARATE EXHIBIT FOR EACH UNDERWRITING COMPANY INCLUDED IN THIS FILING.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response
Comments:	
Attachment(s):	Objection Response Letter.pdf

Response 2

Comments:

The indicated rate change is -6.8%. We selected an overall change of -3.0%, varying from the indication due to concerns over economic and other external pressures. In reaching the decision for the proposed rate change by underwriting company, we relied heavily on underwriting acumen and market expertise to ensure that we have a competitive spread between our rates by underwriting company. While our selected changes versus indicated changes by company do not fully align, we are comfortable that the selected impacts are in-line with our overall indication.

Related Objection 2

State:Michigan

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

Product Name:Workers' Compensation

Project Name/Number:Annual Rate Filing/WC-MIR-2024-00RATE

First Filing Company:

Accident Fund General Insurance Company, ...

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 avaiable.

Changed Items:

- No Form Schedule items changed.
- No Rate/Rule Schedule items changed.
- No Supporting Documents changed.

Response 3

Comments:

We have added to the Policy Impact section the policy counts by 5% increment up to the maximum and minimum % change as reported.

Related Objection 3

- Applies To:
- Policyholder Impact - Work Comp (Supporting Document)

Comments: Please change the table to include policyholder counts by 5% increment up to the maximum and minimum % change as reported on the Rate Schedule tab.
THIS MUST BE ATTACHED ON THE SUPPORTING DOCUMENTATION TAB UNDER POLICYHOLDER IMPACT.

Changed Items:

- No Form Schedule items changed.
- No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Impact - Work Comp
Comments:	
Attachment(s):	Policyholder Impacts Exhibit 02 01 2024.pdf Policyholder ImpactsPol Count.pdf
Previous Version	
Satisfied - Item:	Policyholder Impact - Work Comp
Comments:	
Attachment(s):	Policyholder Impacts Exhibit 02 01 2024.pdf

State:	Michigan	First Filing Company:	Accident Fund General Insurance Company, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	Workers' Compensation		
Project Name/Number:	Annual Rate Filing/WC-MIR-2024-00RATE		

Response 4

Comments:

In the actuarial memo attached under Actuarial or Explanatory Memorandum Work Comp Independent rates; we have walked through all the steps of the indication process and explanations on our selections. Our methodology has not changed compared to prior years.

Related Objection 4

Applies To:

- Actuarial or Explanatory Memorandum - Work Comp Independent Rates (Supporting Document)

Comments: Please update your filing memo to provide a description of the experience data, actuarial methodology and actuarial assumptions used to produce rates consistent with the companys loss experience and expense structure. It appears that the actuarial methodology and actuarial assumptions were not included in the memo.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 5

Comments:

We have added the title as requested in the revised P&C checklist document.

Related Objection 5

Applies To:

- Checklist CAOM/MWCPF/NCCI (Supporting Document)

Comments: Please provide the title of the person preparing the details of the filing in section 3 item 1.

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:Annual Rate Filing/WC-MIR-2024-00RATE

First Filing Company:

Accident Fund General Insurance Company, ...

Supporting Document Schedule Item Changes	
Satisfied - Item:	Checklist CAOM/MWCPF/NCCI
Comments:	
Attachment(s):	PC Filing Checklist v5_.xlsx
Previous Version	
Satisfied - Item:	Checklist CAOM/MWCPF/NCCI
Comments:	
Attachment(s):	MI PC Filing Checklist v5_.xlsx

Conclusion:

Sincerely,
Joseph Brown

State:Michigan

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

Product Name:Workers' Compensation

Project Name/Number:Annual Rate Filing/WC-MIR-2024-00RATE

First Filing Company:

Accident Fund General Insurance Company, ...

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Overall Percentage of Last Rate Revision:

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

SERFF Tracking Number of Last Filing:

Use and File

Decrease

-3.100%

02/01/2023

Use and File

ACCD-133415342

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):
Accident Fund General Insurance Company	-14.900%	-1.400%	\$-683,675	2,914	\$50,268,129	0.000%	-15.100%
Accident Fund Insurance Company of America	-12.200%	-1.400%	\$-1,056,353	7,861	\$67,152,091	0.000%	-15.100%
Accident Fund National Insurance Company	5.600%	-6.100%	\$-4,095,942	6,891	\$67,152,091	0.000%	19.300%
United Wisconsin Insurance Company	-3.100%	-3.100%	\$-12,693	37	\$412,037	0.000%	-7.900%
CompWest Insurance Company	6.900%	-2.000%	\$-263,660	2,383	\$13,181,927	0.000%	-15.100%

State:Michigan

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

Product Name:Workers' Compensation

Project Name/Number:Annual Rate Filing/WC-MIR-2024-00RATE

First Filing Company:Accident Fund General Insurance Company, ...

Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1	Review Completed 11/08/2023	MI Rate Pages - AFICA	1-7	Replacement	ACCD-133415342	MI Rate Pages 02 01 2024 - AFICA.pdf AFICA Rate Marked.pdf
2	Review Completed 11/08/2023	MI Rate Pages - AFG	1-7	Replacement	ACCD-133415342	MI Rate Pages 02 01 2024 - AFG.pdf AFG Rate Marked.pdf
3	Review Completed 11/08/2023	MI Rate Pages - AFN	1-7	Replacement	ACCD-133415342	MI Rate Pages 02 01 2024 - AFN.pdf AFN Rate Marked.pdf
4	Review Completed 11/08/2023	MI Rate Pages - UWIC	1-7	Replacement	ACCD-133415342	MI Rate Pages 02 01 2024 - UWIC.pdf UWIC Rate Marked.pdf
5	Review Completed 11/08/2023	MI Rate Pages - CWIC	1-7	Replacement	ACCD-133415342	MI Rate Pages 02 01 2024 - CWIC.pdf CWIC Rate Marked.pdf

State:	Michigan	First Filing Company:	Accident Fund General Insurance Company, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	Workers' Compensation		
Project Name/Number:	Annual Rate Filing/WC-MIR-2024-00RATE		

Supporting Document Schedules

Satisfied - Item:	Actuarial or Explanatory Memorandum - Work Comp Independent Rates
Comments:	
Attachment(s):	MI Memo 2024.02.01.pdf
Item Status:	Review Completed
Status Date:	11/08/2023

Satisfied - Item:	Actuarial Support/Exhibits - Work Comp Independent Rates
Comments:	
Attachment(s):	MI__02.01.2024_Indication.pdf
Item Status:	Review Completed
Status Date:	11/08/2023

Satisfied - Item:	Checklist CAOM/MWCPF/NCCI
Comments:	
Attachment(s):	PC Filing Checklist v5_.xlsx
Item Status:	Review Completed
Status Date:	11/08/2023

Satisfied - Item:	Experience Rating Modifications
Comments:	The Experience Rating Modifications (ELR, D-Ratio, Ballast, and Weighting values) as filed by CAOM for the MWCPF as filed in the most recent filing, effective 02/01/2024
Attachment(s):	
Item Status:	Review Completed
Status Date:	11/08/2023

Satisfied - Item:	Loss Cost Multiplier
Comments:	We develop rates for AFICA directly and select company deviations from those rates to calculate rates for AFN, AFG, CWIC, and UWIC. We do not develop or file loss costs, so we do not calculate or use LCMs in this filing
Attachment(s):	
Item Status:	Review Completed
Status Date:	11/08/2023

Satisfied - Item:	Policyholder Impact - Work Comp
Comments:	

SERFF Tracking #:	ACCD-133863470	State Tracking #:		Company Tracking #:	WC-MIR-2024-00RATE
--------------------------	----------------	--------------------------	--	----------------------------	--------------------

State:	Michigan	First Filing Company:	Accident Fund General Insurance Company, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0004 Standard WC		
Product Name:	Workers' Compensation		
Project Name/Number:	Annual Rate Filing/WC-MIR-2024-00RATE		

Attachment(s):	Policyholder Impacts Exhibit 02 01 2024.pdf Policyholder ImpactsPol Count.pdf
Item Status:	Review Completed
Status Date:	11/08/2023

Satisfied - Item:	Impacts to Policyholders +/- 10%
Comments:	
Attachment(s):	Ex. 10 02 01 2024.pdf
Item Status:	Review Completed
Status Date:	11/08/2023

Satisfied - Item:	Full Unmarked Rate/Rule Manual - Work Comp
Comments:	
Attachment(s):	AF Full Manual 02 01 2024.pdf CW Full Manual 02 01 2024.pdf UWIC Full Manual 02 01 2024.pdf
Item Status:	Review Completed
Status Date:	11/08/2023

Satisfied - Item:	Objection Response
Comments:	
Attachment(s):	Objection Response Letter.pdf
Item Status:	Review Completed
Status Date:	11/08/2023

State:Michigan

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

Product Name:Workers' Compensation

Project Name/Number:Annual Rate Filing/WC-MIR-2024-00RATE

First Filing Company:Accident Fund General 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)
10/24/2023	Review Completed 11/08/2023	Supporting Document	Checklist – CAOM/MWCPF/NCCI	11/02/2023	MI PC Filing Checklist v5_.xlsx (Superceded)
10/24/2023	Review Completed 11/08/2023	Supporting Document	Policyholder Impact - Work Comp	11/02/2023	Policyholder Impacts Exhibit 02 01 2024.pdf