

State: Maryland **First Filing Company:** All America Insurance Company, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: WC - Dividend Schedule G
Project Name/Number: Introduce Dividend Schedule G/

Filing at a Glance

Companies: All America Insurance Company
 Central Mutual Insurance Company
Product Name: WC - Dividend Schedule G
State: Maryland
TOI: 16.0 Workers Compensation
Sub-TOI: 16.0004 Standard WC
Filing Type: Rule
Date Submitted: 11/23/2016
SERFF Tr Num: CEMC-130816589
SERFF Status: Closed-Received Under Competitive Rating
State Tr Num: 12202016
State Status: Complete
Co Tr Num:

Effective Date 01/01/2017
Requested (New):
Effective Date 01/01/2017
Requested (Renewal):
Author(s): Beth Schlagbaum
Reviewer(s): Linas Glemza (primary)
Disposition Date: 12/22/2016
Disposition Status: Received Under Competitive Rating
Effective Date (New): 01/01/2017
Effective Date (Renewal): 01/01/2017

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General Information

Project Name: Introduce Dividend Schedule G Status of Filing in Domicile: Pending
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 12/22/2016
State Status Changed: 12/22/2016 Deemer Date:
Created By: Beth Schlagbaum Submitted By: Beth Schlagbaum
Corresponding Filing Tracking Number:

Filing Description:

We currently have Dividend Schedule C available for Central Mutual Preferred and All America policies and will continue to offer this program.

Effective with January 1, 2017 new & renewal business, the Central Mutual Insurance Company wishes to introduce a Workers' Compensation Variable Dividend Schedule G to be used for the Central Mutual Preferred tier. This same Dividend Schedule G can also be used for the All America Insurance Company.

This Dividend Schedule G applies to all accounts that are written within a specific homogeneous group, established by either common ownership or risk characteristics. Results of those accounts to which this Dividend Schedule G applies are evaluated on earned premium and losses incurred for the program year. Examples of groups that may qualify under this Dividend Schedule G are homeowners associations, franchised operations, and individual entities with common ownership.

We trust this filing will meet with your approval and we look forward to receiving your favorable acknowledgement.

Company and Contact

Filing Contact Information

Beth Schlagbaum, Rates & Forms Analyst bschlagbaum@central-insurance.com
800 South Washington St. 800-736-7000 [Phone] 2327 [Ext]
PO Box 351 800-736-7026 [FAX]
Van Wert, OH 45891

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Filing Company Information

All America Insurance Company	CoCode: 20222	State of Domicile: Ohio
PO Box 351	Group Code: 36	Company Type:
800 S. Washington St.	Group Name:	State ID Number:
Van Wert, OH 45891	FEIN Number: 34-0935740	
(800) 736-7000 ext. [Phone]		

Central Mutual Insurance Company	CoCode: 20230	State of Domicile: Ohio
PO Box 351	Group Code: 36	Company Type:
800 S. Washington St.	Group Name:	State ID Number:
Van Wert, OH 45891	FEIN Number: 34-4202560	
(800) 736-7000 ext. [Phone]		

Filing Fees

Fee Required? Yes
 Fee Amount: \$250.00
 Retaliatory? No
 Fee Explanation:
 Per Company: Yes

Company	Amount	Date Processed	Transaction #
All America Insurance Company	\$125.00	11/23/2016	117051922
Central Mutual Insurance Company	\$125.00	11/23/2016	117051708

State Specific

Upon your submission of this filing, does this filing meet our filing requirements listed in the GENERAL INSTRUCTIONS?: Yes

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12202016

Company Tracking #:**State:**

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First Filing Company:

All America Insurance Company, ...

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Received Under Competitive Rating	Linas Glemza	12/22/2016	12/22/2016

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rena Kim	12/14/2016	12/14/2016

Response Letters

Responded By	Created On	Date Submitted
Beth Schlagbaum	12/15/2016	12/15/2016

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Disposition

Disposition Date: 12/22/2016

Effective Date (New): 01/01/2017

Effective Date (Renewal): 01/01/2017

Status: Received Under Competitive Rating

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing

0.000%

Overall Percentage Rate Impact For This Filing

0.000%

Effect of Rate Filing-Written Premium Change For This Program

\$0

Effect of Rate Filing - Number of Policyholders Affected

0

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	P&C Actuarial Justification		Yes
Supporting Document	P&C Third Party Filing Authorization		Yes
Rate (revised)	Variable Dividend Schedule - G		Yes
Rate	Variable Dividend Schedule - G		Yes

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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	12/14/2016
Submitted Date	12/14/2016
Respond By Date	12/28/2016

Dear Beth Schlagbaum,

Introduction:

Your submission, as filed, is incomplete and not filed with the Maryland Insurance Administration.

Please provide or amend the following:

Each manual page needs to list the insurers submitting this filing. See ATTACHMENT.

Conclusion:

Sincerely,
Rena Kim

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Attachment Identification of Insurers on Forms and Manual Pages.pdf could not be reproduced here for the following reason: PDF header signature not found.

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Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/15/2016
Submitted Date	12/15/2016

Dear Linas Glemza,

Introduction:

Response 1

Comments:

Please see attached copy of our manual page - the applicable company names have been added.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate Schedule Item Changes

Item No.	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Date Submitted
1	Variable Dividend Schedule - G		New		12/15/2016 By: Beth Schlagbaum
<i>Previous Version</i>					
1	Variable Dividend Schedule - G		New		11/23/2016 By: Beth Schlagbaum

Conclusion:

Thank you.

Sincerely,

Beth Schlagbaum

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		Variable Dividend Schedule - G		New		WC Dividend Schedule G - add company name.pdf

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Supporting Document Schedules

Bypassed - Item:	P&C Actuarial Justification
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	P&C Third Party Filing Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

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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)
11/21/2016		Rate	Variable Dividend Schedule - G	12/15/2016	WC Dividend Schedule G.pdf (Superseded)

State Instance: MarylandPC

Name: Identification of Insurers on Forms and Manual Pages

Description: To avoid confusion when form filings or rate/rule filings are made on behalf of multiple companies, filers must clearly identify, on declaration pages and manual pages, the companies to which those pages apply.

With respect to the filing of declaration pages, the filer shall:

(1) File a separate declarations page for each company and include the name of the company on the declarations page; or

(2) File a declarations page that contains a space where the name of a company will be inserted before the declarations page is issued to a policyholder.

With respect to the filing of rate manuals and rule manuals, the filer shall indicate, on each page of the manual, the company or companies to which the rates or rules on that page will apply.

Once a filing has been made, a filer may not add a company to the filing, remove a company from the filing, or substitute another company for a company on the filing. To make any of these changes, the filer must make a new filing.

**WORKERS' COMPENSATION
 VARIABLE DIVIDEND SCHEDULE - *G**

This variable dividend plan for Workers' Compensation Insurance is based on "loss ratio" and affords an employer an opportunity to reduce insurance costs. The "loss ratio" is obtained by dividing the actual incurred losses, including reserves for unpaid or undetermined claims, by the actual premium earned during the "Program Year". The earned premium is the net figure after experience modifications and premium discounts have been applied. The dividend will be determined nine months after the end of the "Program Year", or as soon thereafter as the company can reasonably ascertain the earned premium and proper reserve for unpaid claims. Reserves established by the company are not subject to negotiation. "Program Year" begins on January 1 of each calendar year.

I/E LOSS RATIO %	\$10,001 - 20,000	\$20,001 - 30,000	\$30,001 - 50,000	\$50,001 - 75,000	\$75,001 - 100,000	\$100,001 - 150,000	\$150,001 - 200,000	\$200,001 AND OVER
0-5	8	14	16	17	22	26	33	36
5.1-10	7	11	13	14	18	21	28	31
10.1-15	6	9	10	10	14	16	23	26
15.1-20	5	6	7	7	10	11	18	21
20.1-25	4	4	4	4	6	6	13	16
25.1-30	2	2	2	2	2	2	8	11
30.1-35							3	6
35.1-40								1

No dividend will apply to policies with earned premium below \$10,001.

While dividend cannot legally guaranteed, this is a schedule of anticipated dividends. Dividends to policyholders are determined by the Board of Directors of the company.

Effective: 1-1-2017

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VARIABLE DIVIDEND SCHEDULE - *G**

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I/E LOSS RATIO %	\$10,001 - 20,000	\$20,001 - 30,000	\$30,001 - 50,000	\$50,001 - 75,000	\$75,001 - 100,000	\$100,001 - 150,000	\$150,001 - 200,000	\$200,001 AND OVER
0-5	8	14	16	17	22	26	33	36
5.1-10	7	11	13	14	18	21	28	31
10.1-15	6	9	10	10	14	16	23	26
15.1-20	5	6	7	7	10	11	18	21
20.1-25	4	4	4	4	6	6	13	16
25.1-30	2	2	2	2	2	2	8	11
30.1-35							3	6
35.1-40								1

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