

## Property & Casualty Transmittal Document

|   |   |              |  |                  |  |
|---|---|--------------|--|------------------|--|
| <b>1. Reserved for Insurance Dept. Use Only</b> | <b>2. Insurance Department Use only</b><br>a. Date the filing is received:<br>b. Analyst:<br>c. Disposition:<br>d. Date of disposition of the filing:<br>e. Effective date of filing:<br><table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #:<br>g. SERFF Filing #:<br>h. Subject Codes | New Business |  | Renewal Business |  |
| New Business                                    |   |              |  |                  |  |
| Renewal Business                                |   |              |  |                  |  |


|   |                     |
|---|---------------------|
| <b>3. Group Name Indiana Compensation Rating Bureau</b> | <b>Group NAIC #</b> |
| Indiana Compensation Rating Bureau                      | N/A                 |

| 4. Company Name(s)                 | Domicile | NAIC # | FEIN #     | State # |
|------------------------------------|----------|--------|------------|---------|
| Indiana Compensation Rating Bureau | IN       | N/A    | 35-0837318 | 13      |
|                                    |          |        |            |         |
|                                    |          |        |            |         |
|                                    |          |        |            |         |
|                                    |          |        |            |         |

|                                   |               |
|-----------------------------------|---------------|
| <b>5. Company Tracking Number</b> | <b>B-1405</b> |
|-----------------------------------|---------------|

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

| 6. | Name and address | Title     | Telephone #s          | FAX #              | e-mail           |
|----|------------------|-----------|-----------------------|--------------------|------------------|
|    | Ronald W. Cooper | President | 800.622.4208<br>X 301 | 317 – 842-<br>2867 | rcooper@icrb.net |

|                                  |  |
|----------------------------------|--|
| 7. Signature of authorized filer |  |
|----------------------------------|--|

|  |                  |
|--|------------------|
| 8. Please print name of authorized filer | Ronald W. Cooper |
|--|------------------|

**Filing information** (see General Instructions for descriptions of these fields)

|  |  |
|--|--|
| 9. Type of Insurance (TOI)   | Workers' Compensation  |
| 10. Sub-Type of Insurance (Sub-TOI)  |  |
| 11. State Specific Product code(s)(if applicable)[See State Specific Requirements] |  |
| 12. Company Program Title (Marketing title)  |  |
| 13. Filing Type  | <input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. Effective Date(s) Requested  | New: <b>January 1, 2008</b> Renewal: <b>January 1, 2008</b>  |
| 15. Reference Filing?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| 16. Reference Organization (if applicable)   |  |
| 17. Reference Organization # & Title   |  |
| 18. Company's Date of Filing   | <b>January 3, 2008</b>   |
| 19. Status of filing in domicile   | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved   |

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Please see cover letter for Item Filing B-1405, Terrorism Risk Insurance Program Reauthorization Act of 2007

22. Filing Fees (Filer must provide check # and fee amount if applicable)  
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:  
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

|           |  |               |
|-----------|--|---------------|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b> | <b>B-1405</b> |
|-----------|--|---------------|

|           |   |               |
|-----------|---|---------------|
| <b>2.</b> | <b>This filing corresponds to form filing number</b><br>(Company tracking number of form filing, if applicable) | <b>B-1405</b> |
|-----------|---|---------------|

Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

|           |  |  |
|-----------|--|--|
| <b>3.</b> | <b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b> |  |
|-----------|--|--|

|            |   |
|------------|---|
| <b>4a.</b> | <b>Rate Change by Company (As Proposed)</b> |
|------------|---|

| Company Name | Overall % Indicated Change (when applicable) | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change (where required) | Minimum % Change (where required) |
|--------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
|              |  |                       |   |  |                                  |                                   |                                   |
|              |  |                       |   |  |                                  |                                   |                                   |

|            |  |
|------------|--|
| <b>4b.</b> | <b>Rate Change by Company (As Accepted) For State Use Only</b> |
|------------|--|

| Company Name | Overall % Indicated Change (when applicable) | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change | Minimum % Change |
|--------------|--|-----------------------|---|--|----------------------------------|------------------|------------------|
|              |  |                       |   |  |                                  |                  |                  |
|              |  |                       |   |  |                                  |                  |                  |

|           |  |
|-----------|--|
| <b>5.</b> | <b>Overall Rate Information (Complete for Multiple Company Filings only)</b> |
|-----------|--|

|           |   | COMPANY USE | STATE USE |
|-----------|---|-------------|-----------|
| <b>5a</b> | Overall percentage rate indication (when applicable)            |             |           |
| <b>5b</b> | Overall percentage rate impact for this filing                  |             |           |
| <b>5c</b> | Effect of Rate Filing – Written premium change for this program |             |           |
| <b>5d</b> | Effect of Rate Filing – Number of policyholders affected        |             |           |

|           |  |  |
|-----------|--|--|
| <b>6.</b> | Overall percentage of last rate revision |  |
|-----------|--|--|

|           |                                      |  |
|-----------|--------------------------------------|--|
| <b>7.</b> | Effective Date of last rate revision |  |
|-----------|--------------------------------------|--|

|           |  |  |
|-----------|--|--|
| <b>8.</b> | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) |  |
|-----------|--|--|

| 9. | Rule # or Page # Submitted for Review   | Replacement or withdrawn?   | Previous state filing number, if required by state |
|----|---|---|--|
| 01 | <i>Rule 3-A-24-a of the Basic Manual for Workers Compensation and Employers Liability Insurance</i> | <input type="checkbox"/> New<br><input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |
| 02 |   | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |
| 03 |   | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |



January 3, 2008

Honorable Jim Atterholt  
Commissioner of Insurance  
Indiana Department of Insurance  
311 West Washington Street, Suite 300  
Indianapolis, IN 46204-2287

**Re: Item B-1405 —Terrorism Risk Insurance Program Reauthorization Act of 2007**

Dear Commissioner Atterholt:

This filing is made on behalf of the members and subscribers of the Indiana Compensation Rating Bureau who are now writing or will write workers compensation insurance in Indiana. This filing is to become effective 12:01 a.m., January 1, 2008.

On December 26, 2007, President Bush signed the Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA) that extends the federal backstop for terrorism exposure until December 31, 2014.

The purpose of this item is to update the rule in the *Basic Manual* as a result of the passage of TRIPRA. Specifically, we propose to revise the catastrophe provision in Rule 3-A-24-a of the *Basic Manual for Workers Compensation and Employers Liability Insurance* to remove the December 31, 2005 expiration date and replace it with "and any amendments thereto enacted by Congress."

This filing is national in nature and therefore displays information about implementation in other states. However, for Indiana, there are no special exceptions.

Note: A companion to this filing is Item P-1405— Terrorism Risk Insurance Program Reauthorization Act of 2007 Endorsements which we will file separately.

Sincerely,

Ronald W. Cooper, CWCP  
President

Enc: Filing Memorandum, Item B-1405

## FILING MEMORANDUM

### ITEM B-1405—TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007

(To be effective 12:01 a.m. on January 1, 2008, applicable to new and renewal policies.)

#### PURPOSE

As a result of the recent passage of the Terrorism Risk Insurance Program Reauthorization Act of 2007 by the United States Congress (Congress), this item removes the December 31, 2005 expiration date from Rule 3-A-24-a of NCCI's *Basic Manual for Workers Compensation and Employers Liability Insurance*.

#### BACKGROUND

The Terrorism Risk Insurance Act of 2002 ("TRIA" or the "Act") was enacted by Congress to recognize that terrorism is a catastrophe exposure that is real and significant for insurers of workers compensation and other lines of insurance. As a result of TRIA, a catastrophe provision was added to Rule 3-A-24-a of NCCI's *Basic Manual*. TRIA, which expired on December 31, 2005, was extended by the Terrorism Risk Insurance Extension Act of 2005 ("TRIEA") for two years. Congress has now enacted the Terrorism Risk Insurance Program Reauthorization Act of 2007 ("TRIPRA") to extend the Act to December 31, 2014. Therefore, the catastrophe provision in Rule 3-A-24-a of NCCI's *Basic Manual* is being revised to remove the expiration date and replace it with "and any amendments thereto enacted by Congress."

#### PROPOSAL

This item removes the December 31, 2005 expiration date from National Rule 3-A-24-a located in NCCI's *Basic Manual*.

#### IMPACT

There is no change in premium as a result of this item.

#### IMPLEMENTATION

Exhibit 1 shows the changes required in NCCI's *Basic Manual*.

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ITEM B-1405—TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007

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EXHIBIT 1

BASIC MANUAL

RULE 3—RATING DEFINITIONS AND APPLICATION OF PREMIUM ELEMENTS

A. EXPLANATION AND APPLICATION

24. Catastrophe Provisions

- a. **Terrorism Risk Insurance Act (TRIA) of 2002** ~~This provision expires effective December 31, 2005 and any amendments thereto enacted by Congress~~