LAWRENCE G. WASDEN Attorney General

A. RENÉ MARTIN – I.S.B. #3188 Deputy Attorney General Idaho Department of Insurance 700 W. State Street P.O. Box 83720 Boise, Idaho 83720-0043 Telephone: (208) 334-4204 Facsimile: (208) 334-4298 rene.martin@doi.idaho.gov



NOV 0 1 2012 Department of Insurance State of Idaho

Attorneys for Department of Insurance

BEFORE THE DIRECTOR OF THE DEPARTMENT OF INSURANCE

STATE OF IDAHO

In the Matter of:

IDAHO STATE INSURANCE FUND,

Certificate of Authority No. 1924 NAIC No. 36129. Docket No. 18-2499-12

ORDER PERMITTING DEVIATION FROM 2013 WORKERS' COMPENSATION RATES

WHEREAS, IDAHO STATE INSURANCE FUND (Applicant) is a member of the National Council on Compensation Insurance, Inc. (NCCI); and

WHEREAS, Applicant has applied for permission to deviate by a uniform percentage of

negative nine (-9%) percent from the workers' compensation rates filed by the NCCI for 2013; and

WHEREAS, both the Applicant and the NCCI have indicated in writing that they do not request a hearing on the application; and

WHEREAS, the Director of the Department of Insurance, having reviewed and being fully apprised of the Applicant's request to deviate from the Idaho workers' compensation **ORDER PERMITTING DEVIATION FROM 2013 WORKERS' COMPENSATION RATES - 1**

premium rates filed by the NCCI for 2013, has determined that the requested rate deviation is justified;

NOW, THEREFORE, IT IS HEREBY ORDERED that, pursuant to Idaho Code § 41-1614, the Applicant's request for a uniform percentage deviation of negative nine (-9%) percent from the workers' compensation rates filed by the NCCI for 2013, exclusive of terrorism rates, is GRANTED. This deviation from the Idaho workers' compensation premium rates filed by the NCCI for 2013 shall take effect on January 1, 2013, and shall remain in effect for one year from that date unless terminated sooner with the approval of the Director.

DATED this ______ day of November, 2012.

STATE OF IDAHO DEPARTMENT OF INSURANCE

WILLIAM W. DEAL

Director

CERTIFICATE OF SERVICE

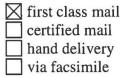
I HEREBY CERTIFY that, on this 4 day of November, 2012, I caused a true and correct copy of the foregoing ORDER PERMITTING DEVIATION FROM 2013 WORKERS' COMPENSATION RATES to be served upon the following by the designated means:

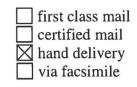
Idaho State Insurance Fund James M. Alcorn, Manager 1215 W. State Street P.O. Box 83720 Boise, ID 83720-0044

National Council on Compensation Insurance, Inc. Michael Taylor, State Relations Executive One Lincoln Center 10300 SW Greenburg Road, Suite 550 Portland, OR 97223

A. René Martin Deputy Attorney General Idaho Department of Insurance 700 W. State Street, 3rd Floor P.O. Box 83720 Boise, ID 83720-0043







Teresa Jones

ORDER PERMITTING DEVIATION FROM 2013 WORKERS' COMPENSATION RATES - 3