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FILED TO

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Department of Insurance State of Idaho

Attorneys for Department of Insurance

## DEFORE THE DIRECTOR OF THE DEPARTMENT OF INSURANCE OF THE STATE OF IDAHO

In the Matter of:

BROTHERHOOD MUTUAL INSURANCE COMPANY,

Certificate of Authority No. 3098 NAIC No. 13528 Docket No. 18-2500-13

ORDER PERMITTING DEVIATION FROM 2014 WORKERS' COMPENSATION RATES

On October 21, 2013, the Idaho Department of Insurance (Department) received from BROTHERHOOD MUTUAL INSURANCE COMPANY (BROTHERHOOD MUTUAL), an Indiana-domiciled insurer licensed to transact workers' compensation insurance in the state of Idaho pursuant to Certificate of Authority No. 3098, and a member of the National Council on Compensation Insurance, Inc. (NCCI), a request for permission to deviate from the workers' compensation rates filed by the NCCI for 2014 by a uniform percentage of negative ten percent (-10%).

BROTHERHOOD MUTUAL and the NCCI have each indicated in writing that they do not request a hearing on the deviation request.

ORDER PERMITTING DEVIATION FROM 2014 WORKERS' COMPENSATION RATES - 1

The Department's Director (Director), having reviewed and being fully apprised of BROTHERHOOD MUTUAL's request to deviate from the Idaho workers' compensation premium rates filed by the NCCI for 2014, and the requirements of Idaho Code § 41-1614, has determined that the requested rate deviation is justified.

NOW, THEREFORE, IT IS HEREBY ORDERED, pursuant to Idaho Code § 41-1614, that BROTHERHOOD MUTUAL's request for a uniform percentage deviation of negative ten percent (-10%) from the workers' compensation rates filed by the NCCI for 2014, exclusive of terrorism rates, is GRANTED. This deviation from the Idaho workers' compensation premium rates filed by the NCCI for 2014 shall take effect on January 1, 2014, and shall remain in effect for one year from that date unless terminated sooner with the approval of the Director.

DATED this 31st day of October, 2013.

STATE OF IDAHO
DEPARTMENT OF INSURANCE

WILLIAM W. DEAL

Director

## **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that, on this Aday of Movember a true and correct copy of the foregoing ORDER PERMITTING DEWORKERS' COMPENSATION RATES to be served upon the followneans:	VIATION FROM 2014
Brotherhood Mutual Insurance Company Attn: Karen Freeborn 6400 Brotherhood Way P.O. Box 2227 Fort Wayne, IN 46801-2227	☐ first class mail☐ certified mail☐ hand delivery☐ via facsimile
National Council on Compensation Insurance, Inc. Michael Taylor, State Relations Executive One Lincoln Center 10300 SW Greenburg Road, Suite 550 Portland, OR 97223	☐ first class mail☐ certified mail☐ hand delivery☐ via facsimile
A. René Martin Deputy Attorney General Idaho Department of Insurance 700 W. State Street, 3 <sup>rd</sup> Floor P.O. Box 83720 Boise, ID 83720-0043	☐ first class mail☐ certified mail☐ hand delivery☐ via facsimile
June	Jones

Teresa Jones