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Attorneys for the Department of Insurance

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Department of Insurance State of Idaho

BEFORE THE DIRECTOR OF THE DEPARTMENT OF INSURANCE

STATE OF IDAHO

In the Matter of:

BROTHERHOOD MUTUAL INSURANCE COMPANY,

Certificate of Authority No. 3098 NAIC No. 13528 Docket No. 18-2985-14

ORDER PERMITTING DEVIATION FROM 2015 WORKERS' COMPENSATION RATES

On October 1, 2014, 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 2015 by a uniform percentage decrease of ten percent (10%).

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

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 2015, 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 to deviate by a uniform percentage decrease of ten percent (10%) from the workers' compensation rates filed by the NCCI for 2015, exclusive of terrorism rates, is GRANTED. This deviation from the Idaho workers' compensation premium rates filed by the NCCI for 2015 shall take effect on January 1, 2015, and shall remain in effect for one year from that date unless terminated sooner with the approval of the Director.

DATED this 57th day of November, 2014.

STATE OF IDAHO DEPARTMENT OF INSURANCE

WILLIAM W. DEAL

Director

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that, on this 5th day of No	ovember, 2014, I caused a true and
correct copy of the foregoing ORDER PERMITTING DEVI	IATION FROM 2015 WORKERS'
COMPENSATION RATES to be served upon the following b	by the designated means:
Brotherhood Mutual Insurance Company	☐ first class mail
6400 Brotherhood Way	certified mail
P.O. Box 2227	hand delivery

National Council on Compensation Insurance, Inc.

Michael Taylor, State Relations Executive

One Lincoln Center

10300 SW Greenburg Road, Suite 550

Portland, OR 97223

Richard B. Burleigh

Insurance, Inc.

Inc

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

Fort Wayne, IN 46801-2227

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hand delivery via facsimile

certified mail

via facsimile

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