

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

FILED

JAN 09 2013

Department of Insurance
State of Idaho

Attorneys for Department of Insurance

**BEFORE THE DIRECTOR OF THE DEPARTMENT OF INSURANCE
OF THE STATE OF IDAHO**

In the Matter of:

WORK FIRST CASUALTY COMPANY

Certificate of Authority No. 1716
NAIC No. 31232

Docket No. 18-2843-13

**ORDER PERMITTING DEVIATION
FROM 2013 WORKERS'
COMPENSATION RATES**

WHEREAS, WORK FIRST CASUALTY COMPANY (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 positive six and one-half percent (+6.5%) 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 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 positive six and one-half percent (+6.5%) 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 be effective as of the date of entry of this Order, as written below, and shall remain in effect for one year from that date unless terminated sooner with the approval of the Director.

DATED this 9th day of January, 2013.

STATE OF IDAHO
DEPARTMENT OF INSURANCE



WILLIAM W. DEAL
Director

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that, on this 9th day of January, 2013, 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:

Work First Casualty Company
3411 Siverside Road
Baynard Building, Suite 101
Wilmington, DE 19810

- first class mail
- certified mail
- hand delivery
- via facsimile

Work First Casualty Company
Attn: Donna Tyler
2636 Biehn Street
Klamath Falls, OR 97601

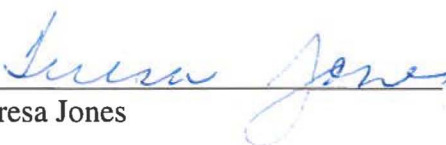
- first class mail
- certified mail
- hand delivery
- via facsimile

National Council on Compensation Insurance
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, 3rd Floor
P.O. Box 83720
Boise, ID 83720-0043

- first class mail
- certified mail
- hand delivery
- via facsimile



Teresa Jones