

LAWRENCE G. WASDEN
Attorney General

RICHARD B. BURLEIGH, ISB No. 4032
Deputy Attorney General
State of Idaho
Department of Insurance
700 W. State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043
Telephone: (208) 334-4219
Facsimile: (208) 334-4298
richard.burleigh@doi.idaho.gov

FILED
NOV 15 2016
Department of Insurance
State of Idaho *RS*

Attorneys for the Department of Insurance

BEFORE THE DIRECTOR OF THE DEPARTMENT OF INSURANCE

STATE OF IDAHO

In the Matter of:

AMERICAN FAMILY INSURANCE
COMPANY

Certificate of Authority No. 4293
NAIC No. 10386

Docket No. 18-3219-16

**ORDER PERMITTING DEVIATION
FROM 2017 WORKERS'
COMPENSATION RATES**

On or about October 28, 2016, the Idaho Department of Insurance (Department) received from AMERICAN FAMILY INSURANCE COMPANY (AMERICAN FAMILY), an Ohio-domiciled insurer licensed to transact workers' compensation insurance in the state of Idaho pursuant to Certificate of Authority No. 4293, 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 2017 by a uniform percentage decrease of fifteen percent (15%).

AMERICAN FAMILY and the NCCI have each waived their right to a hearing on the deviation request.

The Department's Director (Director), having reviewed and being fully apprised of AMERICAN FAMILY's request to deviate from the Idaho workers' compensation premium rates filed by the NCCI for 2017, 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 AMERICAN FAMILY's request to deviate by a uniform percentage decrease of fifteen percent (15%) from the workers' compensation rates filed by the NCCI for 2017, exclusive of terrorism and catastrophe rating values, is GRANTED. This deviation from the Idaho workers' compensation premium rates filed by the NCCI for 2017 shall take effect on January 1, 2017, and shall remain in effect for one year from that date unless terminated sooner with the approval of the Director.

DATED this 14th day of November, 2016.

STATE OF IDAHO
DEPARTMENT OF INSURANCE



DEAN L. CAMERON
Director

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that, on this 15th day of November, 2016, I caused a true and correct copy of the foregoing ORDER PERMITTING DEVIATION FROM 2017 WORKERS' COMPENSATION RATES to be served upon the following by the designated means:

American Family Insurance Company
Attn: Christine Lewandowski
6000 American Parkway
Madison, WI 53783-0001

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

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

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

Richard B. Burleigh
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

Pamela Murray