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Issue Brief

Influential Features in the Workers' Compensation System—What You May Not Know

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Key Points

- Workers' compensation has unique characteristics that influence the pricing and availability that vary by state.
- Rating Bureaus play a crucial role in ensuring a fair and stable marketplace.
- Residual Markets and State Funds offer solutions to availability and affordability challenges.

American Academy of Actuaries
1850 M Street NW, Suite 300
Washington, DC 20036
202-223-8196 | www.actuary.org

Geralyn Trujillo
Senior Director, Public Policy

Introduction

Among commercial lines of business, workers' compensation is the most regulated within the United States—statutes in all but one state (Texas) require employers to either maintain coverage or be officially self-insured. To aid in the smooth functioning of such an important insurance coverage, each state reflects a variety of features that influence the pricing and availability of workers' compensation insurance.

These features, however, can be confusing to those outside the insurance industry. This issue brief will discuss the following elements of the U.S. insurance ecosystem, with a focus on their impact on workers' compensation:

1. Rating bureaus, which function as statistical agents and are responsible for producing the core elements that underlie workers' compensation premium rates charged to employers.

2. Residual market mechanisms, which provide workers' compensation insurance for employers that are unable to obtain coverage in the voluntary market.

3. State funds, which may be the sole providers of workers' compensation in a given state, compete in a voluntary market, and/or support employers unable to obtain coverage in a voluntary market.

4. Self-Insurance, which is an alternative risk management mechanism for employers to satisfy workers' compensation requirements without directly obtaining a policy from an insurance company.

5. Insurer non-premium based assessments, which exist in a number of states to fund workers' compensation system costs paid for by the states, such as those related to occupational safety oversight, workers' compensation courts, second injury funds, and general administration.

Rating Bureaus

Workers' compensation rating bureaus play a crucial role in ensuring a fair and stable marketplace for workers' compensation insurance.

Thirty-five states and the District of Columbia are handled by a single organization—the National Council of Compensation Insurance (NCCI)—and represent approximately 45% of the workers' compensation market. Eleven states (California, Delaware, Indiana, Massachusetts, Michigan, Minnesota, New Jersey, New York, North Carolina, Pennsylvania, and Wisconsin) are supported by individual independent rating bureaus and together represent approximately 50% of the countrywide market. The remaining four remaining states (North Dakota, Ohio, Washington, and Wyoming) are referred to as "monopolistic" states represent the remaining 5% of the countrywide market.

Monopolistic states hold the exclusive right to sell workers' compensation insurance. Rates, rules, and forms are mandated through a government-run program or fund. The remaining 46 states and the District of Columbia are supported by independent organizations. This section will focus on the non-monopolistic states and their respective rating bureaus.

Many rating bureaus were created in response to the introduction of workers' compensation laws in the mid-1910s and have a deep history of supporting the evolution of the system through the last century.

This paper was drafted by members of the Workers' Compensation Committee: Derek Jones, Chairperson, MAAA, FCAS; Krystal Mathewson Ross, Vice-Chairperson, MAAA, ACAS; Megan Baker, MAAA, FCAS; Kevin Bingham, MAAA, ACAS; Anthony Bustillo, MAAA, FCAS; Ronald Scott Cederburg, MAAA, FCAS; Daniel Clayman, MAAA, FCAS; Solomon Frazier, MAAA, FCAS, FSA; Joan Klucarich, MAAA, FCAS; Daniel Alan Linton, MAAA, FCAS; Angela McGhee, MAAA, FCAS; Timothy Mosler, MAAA, FCAS; Cameron Nelson, MAAA, ACAS; Alejandra Nolibos, MAAA, FCAS; John Pierce, MAAA, FCAS; Mark Priven, MAAA, FCAS; Andrew Provines, MAAA, FCAS; Ronald Schuler, MAAA, FCAS; Kathy Thompson, MAAA, ACAS; Yoyo Tsai, MAAA, FCAS; and Chris Westermeyer, MAAA, FCAS.

Services currently provided by these bureaus typically include:

1. The annual collection of premium and loss data on detailed and aggregated levels.
2. The promulgation of rating manuals that include rates or loss costs[1] for use by the member companies.
3. The maintenance of an experience-rating system for all eligible employers.
4. The administration of optional pricing programs such as a Retrospective Rating Plan, Construction Classification Premium Adjustment Program, and Schedule Rating Program.
5. The administration of the state's classification system, including audit and inspection services.
6. The administration of the residual market.
7. The pricing of legislative changes impacting the workers' compensation system.
8. The publication of research and industry insights.

Rating bureaus collect the workers' compensation loss and exposure data in each state on an annual basis. The collected data are then used to calculate manual rates or loss costs by classification, estimate the impact of legislative changes, and publish insights that are helpful for actuaries, underwriters, and regulatory bodies. The loss and exposure data are also used to calculate experience modification factors for risks that qualify to use the state's experience rating plan and excess loss factors used for retrospective rating plans.

Though the NCCI and independent rating bureaus attempt to maintain consistency, such as an industry-wide data standard, they are not required to follow or replicate the same methods and procedures. For example, Pennsylvania and Delaware use a different classification system and California uses a different Hazard Group naming convention than the other states. Other differences may be due to the structural organization of each rating bureau.

Most rating bureaus act as their applicable state's data collection organization or statistical agent. In addition, some independent bureaus contract with the NCCI for data collection support.

Many differences by state are independent of the rating bureau and reflect the statutes, laws, and regulations unique to each state. Appendix A summarizes key features (e.g., residual market mechanism, whether the bureau publishes rates or loss costs) by state.

1 "Loss costs" generally represent expected claim costs (the sum of indemnity loss, medical loss, and loss adjustment expenses) per $100 of payroll and exclude items such as general overhead and administrative expenses of the insurer, commissions, reinsurance costs, and taxes, licenses, and fees. "Rates" include a provision for these additional expense items. Carriers apply their own loss cost multiplier to reflect expenses and other variances in states that promulgate loss costs. Some states allow carriers to deviate when the state promulgates rates.

Residual Markets

A residual market in workers' compensation insurance is a mechanism that offers coverage to employers that are unable to obtain it through the voluntary insurance market. It serves as a market of last resort to ensure all employers can comply with their statutory obligation to carry workers' compensation insurance. The residual market ensures coverage availability when private insurers deem an employer too risky due to risk characteristics such as small size, loss history, new business, or hazardous operations. Employers must provide proof of being declined in the voluntary market before entering the residual market.

One type of residual market mechanism is an assigned risk reinsurance pool. NCCI provides accounting, actuarial, management, and administrative services for various reinsurance pooling mechanisms. During 2024, the pooling mechanisms serviced by NCCI provided reinsurance for the assigned risk plans in 27 jurisdictions, with 24 of these state plans reinsured through the National Workers Compensation Reinsurance Association's (NWCRA) quota share reinsurance pooling mechanism. Four states have assigned risk pools not serviced by NCCI (Indiana, Minnesota, Mississippi, and Wisconsin). The residual market mechanisms in other jurisdictions include monopolistic state funds, competitive state funds, joint underwriting associations, and alternative/contract carriers.

For reinsurance pools serviced by the NCCI, residual market share of total direct written premiums was 5.0% for calendar year 2024. This percentage was 7.2% for calendar year 2018. Similarly, policy year written premium for the pools has declined from over $1 billion in 2013-2017 to under $800 million in 2020-2024.[2]

What are the main types of residual market mechanisms?

1. Assigned risk plans—Specified insurers act as servicing carriers for employers in the residual market, with all insurers in the state providing reinsurance proportional to their market share. Thirty-one states have assigned risk reinsurance pools that utilize this type of mechanism, where carriers can choose whether they want to be a servicing carrier or just a pool participant:
    - Reinsurance pool participants only, or
    - Carriers can participate as direct assignment ("servicing") carriers (if applicable)

2 2025 State of the Line Report; NCCI; May 14, 2025.

2. State funds—Twelve states (California, Colorado, Hawaii, Kentucky, Louisiana, Maine, Maryland, Montana, New York, Rhode Island, Texas, and Utah) have funds or mutual companies that compete with private insurers and cannot decline coverage based on risk criteria. Note that not all state funds serve as the residual market mechanism. Six states (Idaho, Minnesota, Missouri, New Mexico, Oregon, and South Carolina) have state funds that compete in the voluntary market with other carriers but do not have a statutory obligation to serve residual market applicants.

3. Alternative/contract carriers—Three states (Missouri, Nebraska, and Pennsylvania) have a single insurer contracted by the state to provide all residual market coverage.

4. Joint underwriting association—Created by legislation solely to write residual market policies (Florida).

What are some benefits and drawbacks of residual markets?

The main benefit of residual markets is to provide a market of last resort for employers that cannot obtain coverage in the voluntary market. This ensures all employers have the ability to comply with statutory requirements for workers' compensation coverage. In addition, residual markets help maintain overall market stability by absorbing high-risk employers that voluntary insurers are unwilling to cover, or when reinsurance capacity is low and becomes too expensive.

The principal trade-off to residual markets is that premiums tend to be considerably higher than the voluntary market since they function as high-risk pools. In addition, in states with an assigned risk pool, employers are assigned to a servicing carrier. Further, residual market policies typically lack additional coverages beyond basic statutory requirements, making them less flexible than other (non-residual) products. Because not all states have the same structure with respect to residual markets, multi-state employers may have to work with multiple insurers in the various states resulting in non-uniform coverage.

One final, notable, drawback of residual markets is the potential for market fluctuation. If residual markets grow significantly due to market disruptions, risk can be concentrated and the increased overall system costs will be borne by employers. An example of significant residual market fluctuation was California's State Compensation Insurance Fund (SCIF), which reached a market share high of 36% of the California market in 2003. SCIF's market share subsequently declined and leveled off around 2012 at under 10% through 2023.[3]

3 State of the System, 2021 and 2024; WCIRB California.

Residual market depopulation programs

A small residual market is the hallmark of a healthy workers' compensation system. Helping employers move from the residual market to the voluntary market serves to "depopulate" the residual market. To achieve this goal, NCCI developed three depopulation programs for NCCI Plan-administered states.

- **Voluntary Coverage Assistance Program (VCAP® Service):** VCAP attempts to find voluntary market coverage for employers before they enter the residual market. After carriers identify their underwriting criteria, risks are matched and forwarded to the carrier to be considered for coverage.

- **Take-Out Credit Program:** This provides additional incentives for carriers to remove risks from the residual market and write them in the voluntary market. The program provides carriers with credits against their otherwise-calculated voluntary premium basis, which is used to determine a carrier's required degree of participation in the residual market.

- **Residual Market Expiration List:** To identify potential business that carriers may wish to consider writing voluntarily, this list provides residual market policy information for those policies set to expire within the next year.

State Funds

State funds were originally created by state legislatures to solve workers' compensation availability and affordability issues. The creation of individual state funds has spanned over a century, each with unique circumstances surrounding their establishment. From Washington in 1911 to Hawaii in 1996, these funds were shaped by differing economic, political, and social factors specific to each time and place. Overall, 28 states have created state funds; most were created in two distinct periods of time.

The first wave of funds was formed in the early 1900s, as elective and subsequent compulsory workers' compensation laws were passed. Majority of these state funds were created as monopolistic, requiring employers in those states to purchase workers' compensation policies through the fund.

Many other state funds were formed in the early 1990s, in response to market instability caused by workers' compensation availability and affordability issues stemming from high medical inflation, increased utilization, fraud, and expanded benefits. These market factors created a need for rate increases that were often denied or reduced by state regulators.[4] Insurance carriers ceased writing in states where rates were deemed inadequate, and this forced more businesses into the assigned risk market. Since those assigned risk rates were also inadequate, there were significant burdens on the voluntary market, creating a need for higher voluntary market rates. The creation of state funds during this period, along with legislative changes to control costs, brought stability to these markets.

Most state funds were created with common goals such as providing fair access to insurance, the ability to operate on a self-sufficient basis, fostering safer workplaces, and supporting the local economy. They were frequently organized as mutual insurance companies and issued dividends to policyholders. They are also generally subject to the same regulatory requirements as private companies and often serve as the insurer of last resort, though there are exceptions such as Missouri[5], which was designed to give preference to small Missouri businesses. Since state funds were created by legislation as nonprofits to serve a specific purpose in each state, they were also originally provided exemption from federal taxes. However, that exemption came with restrictions, such as being able to write only workers' compensation for businesses in their home state and having oversight by boards that consisted of members primarily appointed by the governor.

Although most state funds had common characteristics at origination, there are also many variations. As the market improved, carriers (re)entered the market, and businesses changed the way they operate, many state funds have also evolved.

Seven states created monopolistic state funds to be the sole provider of workers' compensation to all employers, with the exception of employers authorized to self-insure. Two of those states, Nevada and West Virginia, now operate as private companies and are no longer considered state funds. Oregon began allowing self-insurance and private carriers in 1965 and later converted its monopolistic state fund to an independent public corporation. The remaining four states of North Dakota, Ohio, Washington, and Wyoming continue to operate as monopolistic funds today.

4 "The Workers' Compensation System: An Analysis Of Past, Present and Potential Future Crises"; American Academy of Actuaries; Spring 2020.
5 Title XVIII LABOR AND INDUSTRIAL RELATIONS; Missouri Revisor.

Almost two-thirds of state funds, including the monopolistic funds, were created as state entities. Around half of those funds gained some level of independence from the state over time and most compete on voluntary business in the private market.

The extent of a state fund's ties to the state varies widely and has been tested or eliminated in some states—either to eliminate restrictions on the fund or to protect their surplus. For example, in 2019, Oregon's governor attempted to transfer part of the state fund's surplus to reduce a budget shortfall.[6] Oklahoma's state fund severed ties to the state through legislation in 2015 to become a domestic mutual insurance company.[7] Arizona[8], Michigan[9], Minnesota[10], and Utah[11] each enacted legislation to convert their funds to private corporations. Other entities remain closely tied to the state. For example, the South Carolina[12] fund is a state agency that was created with the specific purpose of providing coverage for state government entities where required by law—this fund still functions that way today. New York remains a state agency but competes with private carriers and has the largest share of the New York market.

State funds played a pivotal role following the creation of workers' compensation and later in stabilizing the market, helping make it what it is today: a stable, competitive, widely available, and profitable line. While they were all created by legislation to fulfill specific goals, many have changed significantly over time and are no longer true state funds as originally designed. Many now operate as, or resemble, private companies competing in the voluntary market, though some are still tasked with servicing the residual market or fulfilling other responsibilities to ensure availability of coverage for all.

Self-Insurance and Deductibles

Though workers' compensation coverage is compulsory, an employer does not need to obtain a policy though an insurance carrier to comply. An employer can apply to be self-insured, meaning that the employer is directly liable for covering workplace illnesses and injuries otherwise covered by an insurance policy.

6 "Here's Why Oregon Gov. Kate Brown Feels Confident in Using Cash from SAIF Corp. to Stabilize PERS Costs"; Willamette Week; April 13, 2019.
7 2021 Oklahoma Statutes, Title §85-375.3. CompSource Mutual Insurance Company; Justia U.S. Law.
8 CopperPoint Insurance Companies, Annual Report 2024; CopperPoint Insurance Companies.
9 History; AF Group.
10 Information on Minnesota State Agencies, Boards, Task Forces, and Commissions; Minnesota Legislature; Sept. 9, 2022.
11 S.B. 92 Workers' Compensation Fund Revisions; Utah State Legislature.
12 SAF Procurement; South Carolina State Accident Fund.

Employers wishing to become self-insured must submit an application, including financial statements, in each applicable state. Each state has its own rules and regulations around self-insurance. Some states set maximum claim thresholds an employer can retain before requiring an excess insurance policy. Some also require a minimum net worth. Additionally, some states allow groups of employers to pool losses and self-insure as a group. Therefore, an employer may be self-insured in one state while obtaining a standard insurance policy in others.

In addition to self-insurance, an employer can purchase a workers' compensation policy containing a small deductible or large deductible provision. A large deductible allows the insured to retain a substantial portion of each loss through a deductible and to transfer losses in excess of that deductible onto an insurer. A small deductible is similar, but with a lower retention amount. The threshold for a deductible to be considered "large" can vary by state (rating bureau) but is typically $100,000. There is a premium cost savings with larger deductibles, and the insurer will typically handle the entire claim, billing the deductible amounts back to the insured.

Insurer Non-Premium Based Assessments

In property/casualty insurance, most taxes, licenses, and fees are assessed using premium as the basis. In addition, workers' compensation insurance has assessments that use losses as the basis, referred to as loss-based assessments. These types of assessments, which can range from 0.02% to 13.99% (as of the date of this paper), are determined by state regulators based on paid and case outstanding losses from Annual Statement filings. One of the more common loss-based assessments is for Second Injury Funds (SIFs, also called Subsequent Injury Funds). Loss-based assessments are incorporated as a loading in the permissible loss ratio, which underlies the premium rates charged to employers. However, these loss-based assessments do not exist in all states; Appendix A provides details on the states that currently have them.

Below are two examples from state regulators that discuss why states may have a SIF.

Connecticut Treasury Website—Second Injury Fund Overview

The Second Injury Fund ("SIF" or "the Fund") is a state operated workers' compensation insurance fund established in 1945 to discourage discrimination against veterans and encourage the assimilation of workers with a pre-existing injury into the workforce. Public Act 95-277 closed the fund to new "second injury" claims for injuries sustained on or after July 1, 1995, and expanded enforcement, fines, and penalties against employers who fail to provide workers' compensation coverage. Prior to July 1, 1995, the fund provided relief to employers where a worker, who already had a pre-existing injury or condition, was hurt on the job and that second injury was made "materially and substantially" worse by the first injury (thus the term "Second Injury Fund"). Such employers transferred liability for these workers' compensation claims to the fund, if certain criteria were met under the Connecticut Workers' Compensation Act.

New Hampshire Department of Labor—Second Injury Fund

New Hampshire's Second Injury Fund gives employers an opportunity to limit their compensation costs in the event that an impaired employee sustains a workers' compensation injury which leaves him/her more disabled than the same injury would leave a non-impaired worker. The worker's original impairment can be of any type or cause—work related or not—as long as it is a permanent impairment and is serious enough to pose an obstacle to the worker in obtaining employment. The intent of the Second Injury Fund is to equalize the compensation costs that the employer and his insurance company must pay for impaired and non-impaired workers alike, thereby removing a potential barrier to the employment of impaired workers.

In recent decades, insurers increasingly encouraged workers' compensation claimants to submit claims to the SIFs, even in cases where the obligation of the SIF was not clear. Insurers did this in order to shift claim liabilities to the SIF, which would then pass the cost of any such awarded claims back to the insurance carriers in that state via an assessment based on each company's volume of losses.

This process (sometimes called "fund dumping") provided little benefit to the individual claimant but provided an incentive for all insurers to participate in the process. This leads to additional frictional costs (e.g., legal fees, insurance company staff time). Because of this situation, SIFs have been terminated in a number of states, beginning in the early 1990s. However, due to the long-tailed nature of workers' compensation, the loss-based assessments for any terminated SIFs continue for years into the future although in declining amounts as the historical SIF liabilities wind down.

Another common loss-based assessment covers the costs of the administrative bodies for workers' compensation. Following is an excerpt from Louisiana's state laws with an illustrative description of such an assessment.

From Louisiana Legislation—(WC Administration Fund) 1291.1. Annual reports; assessment; collection

E. There is hereby created and established in the state treasury a special fund, which shall be designated as the "Office of Workers' Compensation Administrative Fund". The fund shall be maintained as a separate account in the treasury for the sole purpose of funding the administrative expenses of the office of workers' compensation administration of the Louisiana Workforce Commission as set forth in R.S. 23:1291 et seq. Funds shall be withdrawn therefrom only pursuant to legislative appropriation and shall be subject to budgetary control as provided by law. All remaining and unencumbered balances at the end of any fiscal year shall remain to the credit of the fund and shall be used solely for the purpose stated in this Section.

Closing

The U.S. workers' compensation system utilizes a range of supports to operate efficiently. Like other property/casualty insurance markets, the workers' compensation system benefits from the existence of rating bureaus, residual market mechanisms, and state funds to improve the ratemaking process and the availability of insurance. Due to the highly regulated nature of workers' compensation, with unique laws and benefit structures that vary by state, it is important to understand the role of these supports and how they may vary by jurisdiction.

Appendix A

State	Bureau	Website	Residual Market Mechanism	Loss Cost, Rate, Other for Voluntary Market	Non-Premium Based Assessments	Assessment Basis
Alabama	NCCI	www.ncci.com	Assigned Risk Pool	Loss Cost	WC Trust Fund (Dept Ind Rel)	Total Paid Loss
Alaska	NCCI	www.ncci.com	Assigned Risk Pool	Loss Cost	N/A	
Arizona	NCCI	www.ncci.com	Assigned Risk Pool	Rates	N/A	
Arkansas	NCCI	www.ncci.com	Assigned Risk Pool	Loss Cost	N/A	
California	WCIRB-CA	www.wcirb.com	Competitive State Fund	Pure Premiums	Occ. Safety & Health Ed Fund	Indemnity Paid Loss
Colorado	NCCI	www.ncci.com	Competitive State Fund	Loss Cost	N/A	
Connecticut	NCCI	www.ncci.com	Assigned Risk Pool	Loss Cost	Administrative Expense	Total Paid Loss
Delaware	DCRB	www.dcrb.com	Assigned Risk Pool	Loss Cost and Rates	Administrative Expense	Total Paid Loss
DC	NCCI	www.ncci.com	Assigned Risk Pool	Loss Cost	Administrative Assessment	Total Paid Loss
Florida	NCCI	www.ncci.com	Joint Underwriting Association	Rates	N/A	
Georgia	NCCI	www.ncci.com	Assigned Risk Pool	Loss Cost	Subsequent Injury Fund	Total Paid Loss
Hawaii	NCCI	www.ncci.com	Competitive State Fund	Loss Cost	N/A	
Idaho	NCCI	www.ncci.com	Assigned Risk Pool	Rates	Special Indemnity Fund	Indemnity Paid Loss
Illinois	NCCI	www.ncci.com	Assigned Risk Pool	Advisory Rate/ Loss Cost	Rate Adjustment Fund	Indemnity Paid Loss
					Second Injury Fund	Indemnity Paid Loss
Indiana	ICRB/NCCI	www.icrb.net/	Assigned Risk Pool	Advisory Rate/ Loss Cost	Safety Education and Training (INSafe)	Indemnity Paid Loss
					Residual Asbestos Injury Fund	Indemnity Paid Loss
Iowa	NCCI	www.ncci.com	Assigned Risk Pool	Advisory Rate	N/A	
Kansas	NCCI	www.ncci.com	Assigned Risk Pool	Loss Cost	WC Administration Fund	Total Paid Losses
					Workers' Comp Fund (SIF)	Total Paid Losses
Kentucky	NCCI	www.ncci.com	Competitive State Fund	Loss Cost	N/A	
Louisiana	NCCI	www.ncci.com	Competitive State Fund	Loss Cost	Administration Fund	Total Paid Losses
					Second Injury Fund	Total Paid Losses
Maine	NCCI	www.ncci.com	Competitive State Fund	Loss Cost	Safety Education & Training	Indemnity Paid Losses
Maryland	NCCI	www.ncci.com	Competitive State Fund	Loss Cost	Workers' Comp Commission	Covered Payroll

Massachusetts	WCRIBMA	www.wcribma.org/mass/	Assigned Risk Pool	Rates	N/A	
Michigan	CAOM	www.caom.com	Assigned Risk Pool	Advisory Loss Cost	Safety, Education & Training Fund	Indemnity Paid Losses
Minnesota	MWCIA	www.mwcia.org	Assigned Risk Pool	Loss Cost	Special Compensation Fund	Designated Statistical Prem
					Reinsurance Assoc Deficiency	Designated Statistical Prem
Mississippi	NCCI	www.ncci.com	Assigned Risk Pool	Loss Cost	Workers Comp Commission	Total Paid Losses
Missouri	NCCI	www.ncci.com	Single Carrier contracted by the state	Loss Cost	N/A	
Montana	NCCI	www.ncci.com	Competitive State Fund	Loss Cost	Admin / Safety Fund	Indemnity Paid Losses
Nebraska	NCCI	www.ncci.com	Single Carrier contracted by the state	Loss Cost	WC Trust Fund	Total Paid Losses
Nevada	NCCI	www.ncci.com	Assigned Risk Pool	Loss Cost	N/A	
New Hampshire	NCCI	www.ncci.com	Assigned Risk Pool	Loss Cost	Second Injury Fund	Total Paid Losses
					Special Active Case Fund	Total Paid Losses
New Jersey	NJCRIB	www.njcrib.com	Assigned Risk Pool	Rates	N/A	
New Mexico	NCCI	www.ncci.com	Assigned Risk Pool	Loss Cost	N/A	
New York	NYCIRB	www.nycirb.org/home/#/	Competitive State Fund	Loss Cost	N/A	
North Carolina	NCRB	www.ncrb.org/ncrb/	Assigned Risk Pool	Loss Cost	N/A	
North Dakota	Mono		Monopolistic State Funds	Rates	N/A	
Ohio	Mono		Monopolistic State Funds	Rates	N/A	
Oklahoma	NCCI	www.ncci.com	Assigned Risk Pool	Loss Cost	N/A	
Oregon	NCCI	www.ncci.com	Assigned Risk Pool	Loss Cost	N/A	
Pennsylvania	PCRB	www.pcrb.com	State Fund (SWIF)	Loss Cost	Small Business Advocate	Total Paid Losses
Rhode Island	NCCI	www.ncci.com	Competitive State Fund	Loss Cost	N/A	
South Carolina	NCCI	www.ncci.com	Assigned Risk Pool	Loss Cost	N/A	
South Dakota	NCCI	www.ncci.com	Assigned Risk Pool	Loss Cost	Subsequent Injury Fund	Total Paid Losses
Tennessee	NCCI	www.ncci.com	Assigned Risk Pool	Loss Cost	N/A	
Texas	NCCI	www.ncci.com	Competitive State Fund	Loss Cost	N/A	
Utah	NCCI	www.ncci.com	Competitive State Fund	Loss Cost	N/A	
Vermont	NCCI	www.ncci.com	Assigned Risk Pool	Loss Cost	N/A	
Virginia	NCCI	www.ncci.com	Assigned Risk Pool	Loss Cost	N/A	
Washington	Mono		Monopolistic State Funds	Rates	N/A	
West Virginia	NCCI	www.ncci.com	Assigned Risk Pool	Loss Cost	N/A	

Wisconsin	WCRB	www.wcrb.org	Assigned Risk Pool	Rates	Dept. of Workforce Development	Indemnity 1st Closed Claims
					DWD - Supplemental Benefits	Indemnity 1st Closed Claims
Wyoming	Mono		Monopolistic State Funds	Rates	N/A	