

SERFF Tracking Number: AMLX-125322540 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: AR-PC-07-026424
Company Tracking Number: WC AR0221101R01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Primary Workers Compensation 2007
Project Name/Number: Bureau LC/Rate/Rule Adoptions/WC AR0221101R01

Filing at a Glance

Company: American Alternative Insurance Corporation

Product Name: Primary Workers Compensation SERFF Tr Num: AMLX-125322540 State: Arkansas
2007

TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: AR-PC-07-026424
Sub-TOI: 16.0000 WC Sub-TOI Combinations	Co Tr Num: WC AR0221101R01	State Status:
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: SPI	Disposition Date: 10/15/2007
	AmericanAlternativeInsurance	
	Date Submitted: 10/12/2007	Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date Requested (Renewal):

Effective Date (New): 01/01/2008

Effective Date (Renewal):

General Information

Project Name: Bureau LC/Rate/Rule Adoptions

Project Number: WC AR0221101R01

Reference Organization:

Reference Title:

Filing Status Changed: 10/15/2007

State Status Changed: 10/15/2007

Corresponding Filing Tracking Number:

Filing Description:

American Alternative Insurance Corporation (AAIC), licensed in the State of Arkansas, hereby proposes to adopt the below items contained in the following NCCI Circular numbers:

CIF-2006-05 -- Item Filing R-1396

CIF-2007-06 -- Item Filing B-1404

NCCI approved effective date January 01, 2008

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We propose that this filing apply to all policies effective on or after January 01, 2008.

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Company and Contact

Filing Contact Information

Kathryn Sine, Senior State Filing Analyst ksine@munichreamerica.com
 555 College Road East (609) 243-5630 [Phone]
 Princeton,, NJ 08543-5241 (609) 275-2147[FAX]

Filing Company Information

American Alternative Insurance Corporation CoCode: 19720 State of Domicile: Delaware
 555 College Road East Group Code: 361 Company Type:
 Princeton,, NJ 08543-5241 Group Name: Munich Re Group State ID Number:
 (800) 305-4954 ext. [Phone] FEIN Number: 52-2048110

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: Arkansas State Ins Dept Trust Fund
 E-Check 17006253
 E-Check Date 10/01/2007
 Invoice #KS-092507A
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Alternative Insurance Corporation	\$25.00	10/12/2007	16094162

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	10/15/2007	10/15/2007

<i>SERFF Tracking Number:</i>	<i>AMLX-125322540</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Alternative Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026424</i>
<i>Company Tracking Number:</i>	<i>WC AR0221101R01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Primary Workers Compensation 2007</i>		
<i>Project Name/Number:</i>	<i>Bureau LC/Rate/Rule Adoptions/WC AR0221101R01</i>		

Disposition

Disposition Date: 10/15/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

SERFF Tracking Number: *AMLX-125322540* *State:* *Arkansas*
Filing Company: *American Alternative Insurance Corporation* *State Tracking Number:* *AR-PC-07-026424*
Company Tracking Number: *WC AR0221101R01*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0000 WC Sub-TOI Combinations*
Product Name: *Primary Workers Compensation 2007*
Project Name/Number: *Bureau LC/Rate/Rule Adoptions/WC AR0221101R01*

An error occurred rendering Disposition 125273829: null.

SERFF Tracking Number: AMLX-125322540 State: Arkansas
 Filing Company: American Alternative Insurance Corporation State Tracking Number: AR-PC-07-026424
 Company Tracking Number: WC AR0221101R01
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
 Product Name: Primary Workers Compensation 2007
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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Overall Percentage of Last Rate Revision:

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
American Alternative Insurance Corporation	%	%				%	%

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
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Approved	2007 Update to Retro Rating Plan Parameters & Basic Manual Rev to App. E	NCCI Items R- 1396 & B-1404	New	
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Supporting Document Schedules

Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	10/15/2007
Bypass Reason:	N/A		
Comments:			
Bypassed -Name:	NAIC loss cost data entry document	Review Status: Approved	10/15/2007
Bypass Reason:	N/A		
Comments:			
Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	10/15/2007
Comments:			
Attachments:			
	PC TD-1.PDF		
	R_R Filing Schedule.PDF		

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only

2. Insurance Department Use only	
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3. Group Name	Group NAIC #
Munich Re America	0361

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Alternative Insurance Corporation	DE	19720	52-2048110	

5. Company Tracking Number	WC AR0221101R01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Kathryn R. Sine, CWCP AAIC 555 College Road East Princeton, NJ 08543-5241	Senior State Filing Analyst	800/305-4954 609/243-5630	609/275-2147	ksine@munichreamerica.com

7.	Signature of authorized filer	<i>Kathryn R. Sine</i>
8.	Please print name of authorized filer	Kathryn R. Sine, CWCP

Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	16.0 Workers Compensation
10.	Sub-Type of Insurance (Sub-TOI)	16.0000 WC Sub-TOI Combinations
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Workers Compensation
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 01/01/08 Renewal: 01/01/08
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI
17.	Reference Organization # & Title	R-1396 & B-1404
18.	Company's Date of Filing	10/12/07
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	WC AR0221101R01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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American Alternative Insurance Corporation (AAIC), licensed in the State of Arkansas, hereby proposes to adopt the below items contained in the following NCCI Circular numbers:

CIF-2006-05 -- Item Filing R-1396
CIF-2007-06 -- Item Filing B-1404
NCCI approved effective date January 01, 2008

We propose that this filing apply to all policies effective on or after January 01, 2008.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
	<p>Check #: EFT 17006253 Amount: \$25.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PROPERTY & CASUALTY RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	WC AR0221101R01
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a. Rate Change by Company (As Proposed)							
Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)
American Alternative Ins Corp	NCCI Rule Adoptions	n/a	n/a	n/a	n/a	n/a	n/a

4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)

5. Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate indication(when applicable)	n/a	
5b.	Overall percentage rate impact for this filing	n/a	
5c.	Effect of Rate Filing – Written premium change for this program	n/a	
5d.	Effect of Rate Filing - Number of policyholders affected	n/a	

6.	Overall percentage of last rate revision	n/a
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7.	Effective Date of last rate revision	n/a
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	n/a
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	NCCI Adoptions Items R-1396 & B-1404	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	