

SERFF Tracking Number: AMLX-125340373 State: Arkansas  
Filing Company: American Alternative Insurance Corporation State Tracking Number: AR-PC-07-026592  
Company Tracking Number: WC AR0221101R02  
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 AR0221101R02

## Filing at a Glance

Company: American Alternative Insurance Corporation

Product Name: Primary Workers Compensation SERFF Tr Num: AMLX-125340373 State: Arkansas  
2007

TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: AR-PC-07-026592  
Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: WC AR0221101R02 State Status:  
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol  
Stiffler  
Author: SPI Disposition Date: 10/30/2007  
AmericanAlternativeInsurance  
Date Submitted: 10/29/2007 Disposition Status: Approved

Effective Date Requested (New): 12/01/2007

Effective Date Requested (Renewal):

Effective Date (New): 12/01/2007

Effective Date (Renewal):

## General Information

Project Name: Bureau LC/Rate/Rule Adoptions

Project Number: WC AR0221101R02

Reference Organization:

Reference Title:

Filing Status Changed: 10/30/2007

State Status Changed: 10/29/2007

Corresponding Filing Tracking Number:

Filing Description:

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

CIF-2006-08 -- Item Filing B-1397 (7/1/07)

CIF-2006-09 -- Item Filing E-1400 (5/27/02--6/12/07)

CIF-2007-07 -- Item Filing B-1387-A (10/1/07)

AR-2007-09 -- Item Filing 02-AR-2007 (7/1/07)

AR-2007-12 -- Item Filing B-1397-A (7/1/07)

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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 Product Name: Primary Workers Compensation 2007  
 Project Name/Number: Bureau LC/Rate/Rule Adoptions/WC AR0221101R02

We propose that this filing apply to all policies effective on or after December 01, 2007.

## 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  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation: Arkansas State Ins Dept Trust Fund  
 Inv # KS-092507B  
 \$25.00  
 E-Check 17006254  
 10/01/2007  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Alternative Insurance Corporation	\$25.00	10/29/2007	16367429

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	10/30/2007	10/30/2007

<i>SERFF Tracking Number:</i>	<i>AMLX-125340373</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-07-026592</i>
<i>Company Tracking Number:</i>	<i>WC AR0221101R02</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 AR0221101R02</i>		

## **Disposition**

Disposition Date: 10/30/2007

Effective Date (New): 12/01/2007

Effective Date (Renewal):

Status: Approved

Comment:



SERFF Tracking Number: AMLX-125340373 State: Arkansas  
 Filing Company: American Alternative Insurance Corporation State Tracking Number: AR-PC-07-026592  
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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	Revision to Basic Manual Classifications; Excl of CAT Losses from Exp Rating	NCCI Adoptions	Replacement	
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## Supporting Document Schedules

**Review Status:**  
**Bypassed -Name:** NAIC loss cost data entry document Approved 10/30/2007  
**Bypass Reason:** N/A  
**Comments:**

**Review Status:**  
**Bypassed -Name:** NAIC Loss Cost Filing Document Approved 10/30/2007  
for Workers' Compensation  
**Bypass Reason:** N/A  
**Comments:**

**Review Status:**  
**Satisfied -Name:** Uniform Transmittal Document- Approved 10/30/2007  
Property & Casualty  
**Comments:**  
**Attachments:**  
PC Transmittal.PDF  
PC Rate\_Rule Schedule.PDF

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Munich Re America	0361

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

<b>5. Company Tracking Number</b>	WC AR0221101R02
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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

<b>7.</b> Signature of authorized filer	
<b>8.</b> 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 checked="" type="checkbox"/> Other (give description) <span style="margin-left: 150px;">NCCI Adoptions</span>
14.	Effective Date(s) Requested	New: 12/01/07      Renewal: 12/01/07
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI
17.	Reference Organization # & Title	CIF-2006-08 -- Item Filing B-1397 (7/1/07) CIF-2006-09 -- Item Filing E-1400 (5/27/02--6/12/07) CIF-2007-07 -- Item Filing B-1387-A (10/1/07) AR-2007-09 -- Item Filing 02-AR-2007 (7/1/07) AR-2007-12 -- Item Filing B-1397-A (7/1/07)
18.	Company's Date of Filing	10/29/07
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

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	WC AR0221101R02
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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AR-2007-12 -- Item Filing B-1397-A (7/1/07)

We propose that this filing apply to all policies effective on or after December 01, 2007.

<b>22.</b>	<b>Filing Fees</b> (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><b>Check #:</b> EFT 17006254 <b>Amount:</b> \$25.00</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	WC AR0221101R02
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	N/A
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	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
<b>5a.</b>	Overall percentage rate indication(when applicable)	n/a	
<b>5b.</b>	Overall percentage rate impact for this filing	n/a	
<b>5c.</b>	Effect of Rate Filing – Written premium change for this program	n/a	
<b>5d.</b>	Effect of Rate Filing - Number of policyholders affected	n/a	

<b>6.</b>	Overall percentage of last rate revision	n/a
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<b>7.</b>	Effective Date of last rate revision	n/a
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<b>8.</b>	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 CIF-2006-08 -- Item Filing B-1397 CIF-2006-09 -- Item Filing E-1400 CIF-2007-07 -- Item Filing B-1387-A AR-2007-09 -- Item Filing 02-AR-2007 AR-2007-12 -- Item Filing B-1397-A	<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	