

SERFF Tracking Number: AMLX-125350848 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$25
Company Tracking Number: WC AR0235701R01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Primary Workers Compensation 2007
Project Name/Number: Non-Adoptions/WC AR0235701R01

Filing at a Glance

Company: American Alternative Insurance Corporation

Product Name: Primary Workers Compensation SERFF Tr Num: AMLX-125350848 State: Arkansas
2007

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: WC AR0235701R01

State Status: Fees verified and
received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol
Stiffler, Brittany Yielding

Author: SPI

Disposition Date: 11/07/2007

AmericanAlternativeInsurance

Date Submitted: 11/07/2007

Disposition Status: Approved

Effective Date Requested (New): 07/01/2008

Effective Date (New): 07/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

General Information

Project Name: Non-Adoptions

Status of Filing in Domicile: Not Filed

Project Number: WC AR0235701R01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/07/2007

State Status Changed: 11/07/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

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

Circular AR-2007-05

Item 01-AR-2007

NCCI approved effective date July 01, 2008

SERFF Tracking Number: AMLX-125350848 State: Arkansas
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Project Name/Number: Non-Adoptions/WC AR0235701R01

We propose that this non-adoption be effective on or after July 01, 2008.

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: AR State Ins Dept Trust Fund
\$25.00
E-Check #17006292
E-Check date 11/07/2007
KS-110207
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Alternative Insurance Corporation	\$25.00	11/07/2007	16517273

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	11/07/2007	11/07/2007

<i>SERFF Tracking Number:</i>	<i>AMLX-125350848</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Alternative Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>WC AR0235701R01</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>Non-Adoptions/WC AR0235701R01</i>		

Disposition

Disposition Date: 11/07/2007

Effective Date (New): 07/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

SERFF Tracking Number: AMLX-125350848 State: Arkansas
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An error occurred rendering Disposition 125298872: null.

<i>SERFF Tracking Number:</i>	<i>AMLX-125350848</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Alternative Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>WC AR0235701R01</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>Non-Adoptions/WC AR0235701R01</i>		

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:
	Elimination of the Manual of Underground Coal Mine Results	2-B-1-e; 2-B-2	New	

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Supporting Document Schedules

Review Status:
Bypassed -Name: NAIC loss cost data entry document 11/07/2007
Bypass Reason: N/A
Comments:

Review Status:
Bypassed -Name: NAIC Loss Cost Filing Document 11/07/2007
for Workers' Compensation
Bypass Reason: N/A
Comments:

Review Status:
Satisfied -Name: Uniform Transmittal Document- 11/07/2007
Property & Casualty
Comments:
Attachment:
AR - NAIC P&C TRANSMITTAL DOCUMENT.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: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; 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					

3. Group Name	Group NAIC #
Munich Re Group	0361

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

5. Company Tracking Number	WC AR0235701R01
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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 555 College Road East Princeton, NJ 08543-5241	Senior State Filing Analyst	800-305-4954 Ext. 5630	609-275-2147	ksine@munichreamerica.com

7. Signature of authorized filer	<i>Kathryn R. Sine</i>
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8. Please print name of authorized filer	Kathryn R. Sine, CWCP
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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)	Primary 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) Non-Adopt
14. Effective Date(s) Requested	New: 7/1/08 Renewal: 7/1/08
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	01-AR-2007 Elim of Manual of underground coal mine results
18. Company's Date of Filing	11/7/07
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 AR0235701R01
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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 non-adopt the below item contained in the following NCCI Circular number:

Circular AR-2007-05
Item 01-AR-2007
NCCI approved effective date July 01, 2008

We propose that this non-adoption be effective on or after July 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 #: E-Check #17006292 Amount: \$25.00</p> <p>AR State Ins Dept Trust Fund E-Check date 11/07/2007 KS-110207</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.)