

SERFF Tracking Number: FRNK-125316613 State: Arkansas
First Filing Company: Ansur America Insurance Company, ... State Tracking Number: #? \$50
Company Tracking Number: CLARFGWC-33
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: All States WC Dec Filings
Project Name/Number: Multi-company Consolidation/11649

Filing at a Glance

Companies: Ansur America Insurance Company, Frankenmuth Mutual Insurance Company

Product Name: All States WC Dec Filings SERFF Tr Num: FRNK-125316613 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #? \$50
Sub-TOI: 16.0004 Standard WC Co Tr Num: CLARFGWC-33 State Status: Fees not received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Disposition Date: 11/19/2007
Authors: Sarah Jones, Mercia Meyer, Alice Jaruzel, Wanda Raymond, Angela Staples
Date Submitted: 11/19/2007 Disposition Status: Approved
Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal):

General Information

Project Name: Multi-company Consolidation
Project Number: 11649

Status of Filing in Domicile: Not Filed
Domicile Status Comments: Not required to File.

Reference Organization: N/A
Reference Title: N/A
Filing Status Changed: 11/19/2007
State Status Changed: 11/19/2007
Corresponding Filing Tracking Number:
Filing Description:
See Cover letter.

Reference Number: N/A
Advisory Org. Circular: N/A
Deemer Date:

Company and Contact

Filing Contact Information

Mercia Meyer, Supervisor II mercia.meyer@ffgrp.com
One Mutual Avenue (989) 652-6121 [Phone]

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Frankenmuth, MI 48787 (989) 652-5509[FAX]

Filing Company Information

Ansur America Insurance Company CoCode: 10984 State of Domicile: Michigan
One Mutual Avenue Group Code: 1309 Company Type: Property & Casualty

Frankenmuth, MI 48787 Group Name: Frankenmuth
(989) 652-6121 ext. 2485[Phone] Financial Grp
FEIN Number: 38-3467437

Frankenmuth Mutual Insurance Company CoCode: 13986 State of Domicile: Michigan
One Mutual Avenue Group Code: 1309 Company Type: Property & Casualty

Frankenmuth, MI 48787 Group Name: Frankenmuth
(989) 652-6121 ext. 2485[Phone] Financial Grp
FEIN Number: 38-0555290

SERFF Tracking Number: FRNK-125316613 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Apply to both Ansur America & Frankenmuth Mutual.
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
369726	\$50.00	11/16/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	11/19/2007	11/19/2007

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Disposition

Disposition Date: 11/19/2007
Effective Date (New): 01/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Information Page	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Information Page	84823	09/07	Declaration Replaced s/Schedule	Replaced Form #:0.00 84823 (10/96) Previous Filing #:		84823(9-07)F.pdf 84823(9-07)A.pdf

**Standard Workers' Compensation
and Employer's Liability Policy**

Carrier Number -

POLICY NUMBER	ISSUE DATE	EFFECTIVE DATE
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Quarterly Agency Account Agent

Payment plan notice to follow

Thank you for letting us serve you!

Information Page- New Declaration

Insurer:

ITEM 1. Named Insured

Entity of Insured
Federal Employer I.D.
Audit Frequency
Filing Number

ITEM 2. Policy Period

to 12:01 a.m. Standard Time at the address of the insured as stated herein.

ITEM 3A. Workers' Compensation Insurance

Part One of the policy applies to the Workers' Compensation Law of the states listed here:

ITEM 3B. Employer's Liability Insurance

Part Two of the policy applies to work in each state listed in item 3A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$	each accident
Bodily Injury by Disease	\$	each employee
Bodily Injury by Disease	\$	policy limit

ITEM 3C. Other States Insurance

Part Three of the policy applies to the states, if any, listed here: All states except North Dakota, Ohio, Washington, West Virginia, Wyoming, and states designated in item 3A of the Declarations. See the attached schedule for a list of endorsements forming part of this policy.

ITEM 4. Classification of Operations *

The premium for this policy will be determined by our manual of rules, classifications, rates, and rating plans. All information required below is subject to verification and change by audit.

**Est Ann
Premium**

See the following Item 4 Schedule
Premium Discount
Expense Constant
Total Estimated Annual Premium

Minimum Premium

*Entries in this item, except as specifically provided elsewhere in this policy, do not modify any of the other provisions of this policy.

Carrier Number -

POLICY NUMBER	ISSUE DATE	EFFECTIVE DATE
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ITEM 4. Classification of Operations *Continued*

TOTAL SCHEDULE OF OPERATIONS PREMIUM FOR

Location(s) Schedule

Location Number	Address
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Endorsement Schedule

State	Number	Ed Date	Title
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Standard Workers' Compensation and Employer's Liability Policy

Carrier Number -

POLICY NUMBER ISSUE DATE EFFECTIVE DATE

Quarterly Agency Account Agent

Payment plan notice to follow

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Audit Frequency
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Part Two of the policy applies to work in each state listed in item 3A. The limits of our liability under Part Two are:

Bodily Injury by Accident \$ each accident
Bodily Injury by Disease \$ each employee
Bodily Injury by Disease \$ policy limit

ITEM 3C. Other States Insurance

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Expense Constant
Total Estimated Annual Premium
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Standard Workers' Compensation
and Employer's Liability Policy

Carrier Number -

POLICY NUMBER	ISSUE DATE	EFFECTIVE DATE
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ITEM 4. Classification of Operations *Continued*

TOTAL SCHEDULE OF OPERATIONS PREMIUM FOR

Location(s) Schedule

Location Number	Address
-----------------	---------

Endorsement Schedule

State	Number	Ed Date	Title
-------	--------	---------	-------

<i>SERFF Tracking Number:</i>	<i>FRNK-125316613</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Ansur America Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>CLARFGWC-33</i>		
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<i>Product Name:</i>	<i>All States WC Dec Filings</i>		
<i>Project Name/Number:</i>	<i>Multi-company Consolidation/11649</i>		

Rate Information

Rate data does NOT apply to filing.

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Project Name/Number: Multi-company Consolidation/11649

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 11/19/2007

Comments:

Attachment:
Property & Casualty Transmittal Document, PC TD-1.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 11/19/2007

Comments:

Attachment:
Cover Letter.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

1. Reserved for Insurance Dept. Use Only

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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 #
Frankenmuth Financial Group	1309

4. Company Name(s)	Domicile	NAIC #	FEIN #
Ansur America Insurance Company	MI	10984	38-3467437
Frankenmuth Mutual Insurance Company	MI	13986	38-0555290

5. Company Tracking Number	CLARFGWC-33
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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
	Mercia Meyer One Mutual Avenue Frankenmuth, MI. 48787	R&D Supervisor	(800) 234-1133; Ext. 2478	(989) 652- 5509	mercia.meyer@ffgrp.com
7.	Signature of authorized filer		<i>Mercia Meyer</i>		
8.	Please print name of authorized filer		Mercia Meyer		

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

9. Type of Insurance (TOI)	Workers' Compensation
10. Sub-Type of Insurance (Sub-TOI)	Standard Workers' Compensation
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 type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: 1/1/08 Renewal: 1/1/08
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	11/19/07
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 #	CLARFGWC-33
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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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Please refer to filing memo for additional information.

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]
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Check #:	369726
Amount:	\$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

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



November 19, 2007

Subject: Workers' Compensation Form Filing
Effective January 1, 2008; Filing Number CLARFGWC-33
Ansur America Insurance Company, NAIC 10984
Frankenmuth Mutual Insurance Company, NAIC 13986

Dear Commissioner:

Frankenmuth Financial Group would like to file the following revision to our Workers' Compensation Program:

For additional clarification, we have added a "Named Insured" field to the following form.

Form 84823(9-07), Information Page to replace Form 84823(10-96)

Should you have any questions regarding this filing, you can contact me at 800-234-1133, Ext. 2478 or merciameyer@ffgrp.com.

Sincerely,

Mercia Meyer

Mercia Meyer
R&D Supervisor

Enclosures

Project # 11649

wjr