

SERFF Tracking Number: PERR-125314526 State: Arkansas
Filing Company: Guarantee Insurance Company State Tracking Number: #101262 \$50
Company Tracking Number: GIC-WC-AR-07-03-F
TOI: 16.0 Workers Compensation Sub-TOI: 16.0001 Alternative WC
Product Name: GIC-WC-AR-07-03-F
Project Name/Number: GIC-WC-AR-07-03-F/GIC-WC-AR-07-03-F

Filing at a Glance

Company: Guarantee Insurance Company

Product Name: GIC-WC-AR-07-03-F

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0001 Alternative WC

SERFF Tr Num: PERR-125314526 State: Arkansas

SERFF Status: Closed State Tr Num: #101262 \$50

Co Tr Num: GIC-WC-AR-07-03-F State Status: Fees verified and received

Filing Type: Form

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

Authors: Michelle Freitag, Laura Jennette, Addy Angelico Disposition Date: 11/09/2007

Date Submitted: 11/09/2007

Disposition Status: Approved

Effective Date Requested (New): 12/15/2007

Effective Date (New): 12/15/2007

Effective Date Requested (Renewal): 12/15/2007

Effective Date (Renewal):

General Information

Project Name: GIC-WC-AR-07-03-F

Project Number: GIC-WC-AR-07-03-F

Reference Organization:

Reference Title:

Filing Status Changed: 11/09/2007

State Status Changed: 11/09/2007

Corresponding Filing Tracking Number: GIC-WC-AR-07-03-R

Filing Description:

On behalf of Guarantee Insurance Company ("the Company"), we are introducing the Participating Endorsement for a new Workers Compensation dividend plan. Please refer to the enclosed explanatory memorandum for additional details.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the form contained in this filing. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company's response will be submitted to your attention as soon as we receive it.

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 Project Name/Number: GIC-WC-AR-07-03-F/GIC-WC-AR-07-03-F

We respectfully request this filing to be effective on December 15, 2007.

We trust you will find this submission acceptable, and as such look forward to your approval.

Please do not hesitate to contact us with any questions or comments.

Company and Contact

Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Laura Jennette, State Filings Analyst doi@perrknight.com
 881 Alma Real Drive Suite 205 (310) 230-9339 [Phone]
 Pacific Palisades, CA 90272 ()-[FAX]

Filing Company Information

Guarantee Insurance Company CoCode: 11398 State of Domicile: South Carolina
 1081 521 Corporate Center Dr. Group Code: Company Type:
 Suite 140
 Ft. Mill, SC 29715 Group Name: State ID Number:
 (803) 396-5200 ext. 15230[Phone] FEIN Number: 22-2222789

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Guarantee Insurance Company	\$0.00	11/09/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
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<i>SERFF Tracking Number:</i>	<i>PERR-125314526</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Guarantee Insurance Company</i>	<i>State Tracking Number:</i>	<i>#101262 \$50</i>
<i>Company Tracking Number:</i>	<i>GIC-WC-AR-07-03-F</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0001 Alternative WC</i>
<i>Product Name:</i>	<i>GIC-WC-AR-07-03-F</i>		
<i>Project Name/Number:</i>	<i>GIC-WC-AR-07-03-F/GIC-WC-AR-07-03-F</i>		
101262	\$50.00	10/05/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	11/09/2007	11/09/2007

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Project Name/Number: GIC-WC-AR-07-03-F/GIC-WC-AR-07-03-F

Disposition

Disposition Date: 11/09/2007

Effective Date (New): 12/15/2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125314526 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memorandum, Letter of Authorization	Approved	Yes
Form	Participating Endorsement - Arkansas	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Participating Endorsement - Arkansas	WC 99 06 88		Endorsement/Amendment/Conditions		0.00	Participating policy - AR.pdf

GUARANTEE INSURANCE COMPANY

PARTICIPATING ENDORSEMENT – ARKANSAS

The Employer insured under this Policy shall be entitled to receive such refunds of unabsorbed premium as shall be determined in the absolute discretion of the Board of Directors under the Dividend Distribution Plan adopted by the Board of Directors and which may be in effect and applicable to this Policy at the time of the expiration of the Policy. The Dividend Distribution Plan is one under which premium earnings in excess of requirements of losses, expenses, reserves, and surplus additions are apportioned to the policyholders who are entitled to participate therein. Dividends can be paid only from earned surplus and cannot be guaranteed in advance.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(Complete this only when endorsement is issued subsequent to the original policy.)

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 11/09/2007

Comments:

Attachments:

FFS.pdf
PCTD-F.pdf

Satisfied -Name: Explanatory Memorandum, Letter of Authorization **Review Status:** Approved 11/09/2007

Comments:

Attachments:

PERR & KNIGHT LTR 05 07.pdf
Filing Memorandum-forms - AR, CO, GA, NJ, OK.pdf

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	GIC-WC-AR-07-03-F			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	GIC-WC-AR-07-03-R			
3.	Form Name /Description/Synopsis	Form # Include edition Date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Participating Endorsement - Arkansas	WC 99 06 88	<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		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	GIC-WC-AR-07-03-F
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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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On behalf of Guarantee Insurance Company ("the Company"), we are introducing the Participating Endorsement for a new Workers Compensation dividend plan. Please refer to the enclosed explanatory memorandum for additional details.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the form contained in this filing. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company's response will be submitted to your attention as soon as we receive it.

We respectfully request this filing to be effective on December 15, 2007.

We trust you will find this submission acceptable, and as such look forward to your approval.

Please do not hesitate to contact us with any questions or comments.

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 #: 101262
Amount: \$50.00

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

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



May 7, 2007

To Whom It May Concern:

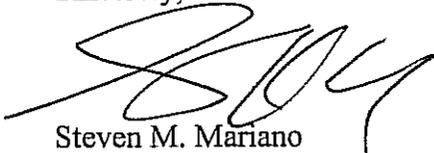
Perr & Knight, Inc. is hereby authorized to submit rate, rule, and form filings on behalf of Guarantee Insurance Company. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed to be in effect until rescinded on writing.

Please direct all correspondences and inquiries relate to this filing related to this filing to Perr & Knight, Inc. at the following address:

Perr & Knight, Inc.
1200 North Federal Highway, Suite 309
Boca Raton, FK 33432
Tel: (561) 416-3992
Fax: (561) 416-3167

Please contact me at (954) 670-2901 if you have any questions regarding this authorization.

Sincerely,



Steven M. Mariano
President, Chief Executive Officer

**GUARANTEE INSURANCE COMPANY
WORKERS COMPENSATION**

FILING MEMORANDUM

On behalf of Guarantee Insurance Company ("Guarantee") we are submitting a form filing for workers compensation coverage. The enclosed endorsement will be attached to those policies participating in Guarantee's dividend plan.

Guarantee proposes to implement this filing for all policies effective on December 15, 2007.

As dividends are not considered premium the rate impact of this filing is 0.0%.