

SERFF Tracking Number: PERR-125314527 State: Arkansas  
Filing Company: Guarantee Insurance Company State Tracking Number: #? \$25  
Company Tracking Number: GIC-WC-AR-07-03-R  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0001 Alternative WC  
Product Name: GIC-WC-AR-07-03-R  
Project Name/Number: GIC-WC-AR-07-03-R/GIC-WC-AR-07-03-R

## Filing at a Glance

Company: Guarantee Insurance Company

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

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0001 Alternative WC

Filing Type: Rule

SERFF Tr Num: PERR-125314527 State: Arkansas

SERFF Status: Closed State Tr Num: #? \$25

Co Tr Num: GIC-WC-AR-07-03-R State Status: Fees verified

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

Authors: Michelle Freitag, Laura Disposition Date: 11/13/2007

Jennette, Addy Anggelico

Date Submitted: 11/08/2007

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-R

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

Reference Organization:

Reference Title:

Filing Status Changed: 11/13/2007

State Status Changed: 11/09/2007

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

Filing Description:

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

On behalf of Guarantee Insurance Company ("the Company"), we are submitting a Workers Compensation dividend plan for your review. Please note that because dividends are not considered premium, the rate impact of this filing is 0.0%.

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 rules 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-R/GIC-WC-AR-07-03-R

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? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Guarantee Insurance Company	\$0.00	11/08/2007	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	11/13/2007	11/13/2007

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	11/09/2007	11/09/2007	Laura Jennette	11/12/2007	11/12/2007

*SERFF Tracking Number:*      *PERR-125314527*                      *State:*                      *Arkansas*  
*Filing Company:*              *Guarantee Insurance Company*                      *State Tracking Number:*      *#? \$25*  
*Company Tracking Number:*      *GIC-WC-AR-07-03-R*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0001 Alternative WC*  
*Product Name:*              *GIC-WC-AR-07-03-R*  
*Project Name/Number:*      *GIC-WC-AR-07-03-R/GIC-WC-AR-07-03-R*

## **Disposition**

Disposition Date: 11/13/2007

Effective Date (New): 12/15/2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125314527 State: Arkansas  
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Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Explanatory Memorandum, Letter of Authorization	Approved	Yes
Rate	2007 Guarantee Insurance Company Dividend Plan	Approved	Yes

SERFF Tracking Number: PERR-125314527 State: Arkansas  
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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 11/09/2007

Submitted Date 11/09/2007

Respond By Date

Dear Laura Jennette,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: No filing fee was indicated with this this filing. The filing fee is \$25.00. Please either pay by EFT or by check. If you pay by check, please send a copy of the transmittal with the check so we can match it up with this filing. If we receive the check before the requested 12/15/07 effective date, we can grant the 12/15/07 effective date.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 11/12/2007

Submitted Date 11/12/2007

Dear Carol Stiffler,

### Comments:

### Response 1

Comments: Thank you for your continued consideration of this filing. We have mailed a check for this filing via FedEx Standard Overnight. The check information is as follows:

Check Number: 101443

Dated: 11/12/2007

Amount: \$25.00

SERFF Tracking Number: PERR-125314527 State: Arkansas  
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Product Name: GIC-WC-AR-07-03-R  
Project Name/Number: GIC-WC-AR-07-03-R/GIC-WC-AR-07-03-R

We apologize for omitting the fee in our original submission, and the resulting inconvenience. An updated NAIC Property & Casualty Transmittal Document is enclosed for your review.

Please do not hesitate to contact us with any additional questions or comments. Your time and assistance with this filing are greatly appreciated.

#### **Related Objection 1**

Comment:

No filing fee was indicated with this this filing. The filing fee is \$25.00. Please either pay by EFT or by check. If you pay by check, please send a copy of the transmittal with the check so we can match it up with this filing. If we receive the check before the requested 12/15/07 effective date, we can grant the 12/15/07 effective date.

#### **Changed Items:**

##### **Supporting Document Schedule Item Changes**

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Addy Anggelico, Laura Jennette, Michelle Freitag

<i>SERFF Tracking Number:</i>	<i>PERR-125314527</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Guarantee Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$25</i>
<i>Company Tracking Number:</i>	<i>GIC-WC-AR-07-03-R</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-R</i>		
<i>Project Name/Number:</i>	<i>GIC-WC-AR-07-03-R/GIC-WC-AR-07-03-R</i>		

## **Rate Information**

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PERR-125314527</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Guarantee Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$25</i>
<i>Company Tracking Number:</i>	<i>GIC-WC-AR-07-03-R</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-R</i>		
<i>Project Name/Number:</i>	<i>GIC-WC-AR-07-03-R/GIC-WC-AR-07-03-R</i>		

## Rate/Rule Schedule

<b>Review Status:</b>	<b>Exhibit Name:</b>	<b>Rule # or Page #:</b>	<b>Rate Action</b>	<b>Previous State Filing Attachments Number:</b>
Approved	2007 Guarantee Insurance Company Dividend Plan	Page 1	New	BLUE DIVIDEND PLAN.pdf

2007 GUARANTEE INSURANCE COMPANY DIVIDEND PLAN

	Dividend as a Percentage of Premium Incurred Loss Ratio						
	0%	< 5%	< 10%	< 15%	< 20%	< 25%	< 30%
\$30,000--\$39,999	14%	11%	9%	8%	7%	6%	5%
\$40,000--\$49,999	16%	13%	11%	10%	9%	9%	7%
\$50,000--\$74,999	19%	16%	12%	11%	10%	9%	8%
\$75,000--\$99,999	21%	18%	14%	12%	11%	10%	10%
\$100,000--\$149,999	24%	22%	16%	13%	12%	11%	10%
\$150,000--\$199,999	27%	23%	18%	14%	12%	11%	10%
\$200,000--\$499,999	30%	24%	19%	15%	13%	12%	11%
\$500,000--\$999,999	33%	30%	26%	20%	15%	12%	11%
\$1,000,000+	40%	35%	30%	25%	20%	15%	11%

ELIGIBILITY:

FINAL AUDITED PREMIUM OF \$30,000 OR MORE.

NO RETRO OR LARGE DEDUCTIBLE ACCOUNTS

CONSENT TO RATE ACCOUNTS ARE INELIGIBLE

POLICY MUST REMAIN IN EFFECT FOR THE FULL 12 MONTH PERIOD

NO MORE THAN THREE NOTICES OF CANCELLATION FOR NON-PAY

A COMPLETED AUDIT IS REQUIRED WITH NO OUTSTANDING BALANCES DUE

NO COVERAGE LAPSE

**Minimum Three Years in Business with prior loss history**

**Only Florida Accounts are eligible**

DIVIDEND FEATURES:

EARN UP TO 40% DIVIDEND

ONE TIME CALCULATION **Eighteen** MONTHS AFTER POLICY EXPIRATION

100% OF DIVIDEND PAID **within 60 days Eighteen** MONTHS AFTER POLICY EXPIRATION

Subject to Board of Directors approval

NO RECAPTURE PROVISION

NO LOSS DEVELOPMENT FACTOR APPLIED

DIVIDENDS ARE NOT GUARANTEED

THEY ARE DECLARED AT THE DESCRETION OF THE BOARD OF DIRECTORS

OF GUARANTEE INSURANCE COMPANY

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty  
**Review Status:** Approved 11/13/2007

**Comments:**

**Attachments:**

RRFS.pdf  
 PCTD-R.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document for Workers' Compensation  
**Review Status:** Approved 11/13/2007

**Bypass Reason:** N/A

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document  
**Review Status:** Approved 11/13/2007

**Bypass Reason:** N/A

**Comments:**

**Satisfied -Name:** Explanatory Memorandum, Letter of Authorization  
**Review Status:** Approved 11/13/2007

**Comments:**

**Attachments:**

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

## 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>	<b>GIC-WC-AR-07-03-R</b>
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	<b>GIC-WC-AR-07-03-F</b>
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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>	<b>Prior Approval</b>
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Guarantee Insurance Company	0.0%	0.0%	0	N/A	N/A	0.0%	0.0%

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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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)

<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
<b>5a.</b>	<b>Overall percentage rate indication (when applicable)</b>	0.00%	
<b>5b.</b>	<b>Overall percentage rate impact for this filing</b>	0.00%	
<b>5c.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>	N/A	
<b>5d.</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>	N/A	

<b>6.</b>	<b>Overall percentage of last rate revision</b>	<b>N/A</b>
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<b>7.</b>	<b>Effective Date of last rate revision</b>	<b>N/A</b>
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	<b>N/A</b>
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<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or Withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01	2007 Guarantee Insurance Company Dividend Plan	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	



**Property & Casualty Transmittal Document—**

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>GIC-WC-AR-07-03-R</b>
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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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On behalf of Guarantee Insurance Company ("the Company"), we are submitting a Workers Compensation dividend plan for your review. Please note that because dividends are not considered premium, the rate impact of this filing is 0.0%.

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 rules 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.

<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]
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**Check #: 101443**

**Amount: \$25.00**

**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.)**

# GUARANTEE



INSURANCE COMPANY

May 7, 2007

To Whom It May Concern:

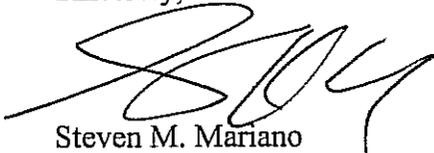
Perr & Knight, Inc. is hereby authorized to submit rate, rule, and form filings on behalf of Guarantee Insurance Company. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed to be in effect 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 introducing a Workers Compensation dividend plan for your review.

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%.

*SERFF Tracking Number:*      *PERR-125314527*                      *State:*                      *Arkansas*  
*Filing Company:*              *Guarantee Insurance Company*                      *State Tracking Number:*      *#? \$25*  
*Company Tracking Number:*      *GIC-WC-AR-07-03-R*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0001 Alternative WC*  
*Product Name:*              *GIC-WC-AR-07-03-R*  
*Project Name/Number:*      *GIC-WC-AR-07-03-R/GIC-WC-AR-07-03-R*

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Supporting Document	Uniform Transmittal Document- Property & Casualty	10/04/2007	PCTD-R.pdf RRFS.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:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

<b>3. Group Name</b>	<b>Group NAIC #</b>
N/A	N/A

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Guarantee Insurance Company	SC	11398	22-2222789	

<b>5. Company Tracking Number</b>	<b>GIC-WC-AR-07-03-R</b>
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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
	Laura Jennette c/o Perr&Knight 881 Alma Real Dr, Ste. 205 Pacific Palisades, CA 90272	State Filings Analyst	888.201.5123 x109	310.230.8529	doi@perrknight.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Laura Jennette		

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

<b>9. Type of Insurance (TOI)</b>	16.0 Workers Compensation
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0001 Alternative WC
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	N/A
<b>12. Company Program Title</b> (Marketing title)	N/A
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New: 12/15/2007                      Renewal: 12/15/2007
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	November 8, 2007
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" 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>	<b>GIC-WC-AR-07-03-R</b>
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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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On behalf of Guarantee Insurance Company ("the Company"), we are submitting a Workers Compensation dividend plan for your review. Please note that because dividends are not considered premium, the rate impact of this filing is 0.0%.

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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.

<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]
------------	---

**Check #: N/A**  
**Amount: N/A**

**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.)**

## 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>	<b>GIC-WC-AR-07-03-R</b>
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	<b>GIC-WC-AR-07-03-F</b>
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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>	<b>Prior Approval</b>
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Guarantee Insurance Company	0.0%	0.0%	0	N/A	N/A	0.0%	0.0%

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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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)

<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
<b>5a.</b>	<b>Overall percentage rate indication (when applicable)</b>	0.00%	
<b>5b.</b>	<b>Overall percentage rate impact for this filing</b>	0.00%	
<b>5c.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>	N/A	
<b>5d.</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>	N/A	

<b>6.</b>	<b>Overall percentage of last rate revision</b>	<b>N/A</b>
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<b>7.</b>	<b>Effective Date of last rate revision</b>	<b>N/A</b>
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	<b>N/A</b>
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<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or Withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01	2007 Guarantee Insurance Company Dividend Plan	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	