

SERFF Tracking Number: AMLX-125374244 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: #? \$50
Company Tracking Number: WC AR0224101R02
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Primary Workers Compensation 2007
Project Name/Number: LCM Rollover - Rate Pages/WC AR0224101R02

Filing at a Glance

Company: American Alternative Insurance Corporation

Product Name: Primary Workers Compensation SERFF Tr Num: AMLX-125374244 State: Arkansas
2007

TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: #? \$50
Sub-TOI: 16.0000 WC Sub-TOI Combinations	Co Tr Num: WC AR0224101R02	State Status: Fees verified
Filing Type: Rate	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: SPI	Disposition Date: 12/03/2007
	AmericanAlternativeInsurance	
	Date Submitted: 11/30/2007	Disposition Status: Approved

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

Effective Date Requested (Renewal):

State Filing Description:

General Information

Project Name: LCM Rollover - Rate Pages

Project Number: WC AR0224101R02

Reference Organization:

Reference Title:

Filing Status Changed: 12/03/2007

State Status Changed: 12/03/2007

Corresponding Filing Tracking Number:

Filing Description:

Adoption of AR-2007-10 & 11

01/01/2008

LCM 1.603

See attached cover letter.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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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: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
11230	\$50.00	11/19/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	12/03/2007	12/03/2007

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Disposition

Disposition Date: 12/03/2007
 Effective Date (New): 01/01/2008
 Effective Date (Renewal):
 Status: Approved
 Comment:

Company Name:	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):	Overall % Indicated Change:
American Alternative Insurance Corporation	2.700%	\$0		\$0	%	%	%

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Item Type	Item Name	Item Status	Public Access
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	Cover Letter	Approved	Yes

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Rate Information

Rate data applies to filing.

Filing Method: 2.7
 Rate Change Type: Increase
 Overall Percentage of Last Rate Revision: -5.400%
 Effective Date of Last Rate Revision: 07/01/2007
 Filing Method of Last Filing: File and Use

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	%	2.700%	\$0		\$0	%	%

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Supporting Document Schedules

Bypassed -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	12/03/2007
Bypass Reason:	N/A		
Comments:			
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	12/03/2007
Bypass Reason:	N/A		
Comments:			
Bypassed -Name:	NAIC loss cost data entry document	Review Status: Approved	12/03/2007
Bypass Reason:	N/A		
Comments:			
Satisfied -Name:	Cover Letter	Review Status: Approved	12/03/2007
Comments:			
Attachment:			
Cover Letter.PDF			



American Alternative Insurance Corporation

555 College Road East
Princeton, NJ 08543-5241

Phone: 800-305-4954
Fax: 609-275-2147

November 19, 2007

Honorable Julie Benafield Bowman
Insurance Commissioner
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Re: American Alternative Insurance Corporation (AAIC)
NAIC: 0361-19720
Arkansas Workers Compensation Filing
Proposed Effective Date: January 1, 2008

Dear Commissioner Bowman:

American Alternative Insurance Corporation hereby files a revised set of rates and rating values for workers compensation insurance for the state of Arkansas. These rates and rating values are proposed to become effective January 1, 2008. AAIC's rates will be determined as the product of the January 1, 2008 advisory loss costs and its current approved loss cost multiplier of 1.603. The NCCI Item Filing Number assigned to this filing by NCCI is AR-2007-10 for Loss Costs and Rating Values. We will continue to use the 5% Drug Free Credit that was previously adopted.

We have enclosed two copies of the filing letter, a check for the filing fee of \$50 and a self-addressed stamped envelope. I will serve as your contact if there are any questions regarding the filing; I can be reached at the numbers listed above.

Very truly yours,

Kathryn R. Sine, CWCP
Senior State Filing Analyst