

Filing at a Glance

Companies: American Automobile Insurance Company, Associated Indemnity Corporation, Fireman's Fund Insurance Company, National Surety Corporation, The American Insurance Company

Product Name: Adoption of Arkansas Voluntary SERFF Tr Num: FFDC-125168146 State: Arkansas

Advisory Loss Costs and Rating Values and

Loss Cost Multipliers Revision

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rate

SERFF Status: Closed

Co Tr Num: FARWC0107

Co Status: Waiting for

Acknowledgment

Authors: Gina Bondanza, Lilia
Francisco

Date Submitted: 06-04-2007

State Tr Num: AR-PC-07-024913

State Status:

Reviewer(s): Michelle Fahey, Betty
Montesi, Carol Stiffler

Disposition Date: 07-19-2007

Disposition Status: Approved

Effective Date (New): 07-18-2007

Effective Date Requested (New): 07-01-2007

Effective Date Requested (Renewal): 07-01-2007

Effective Date (Renewal):

General Information

Project Name: Adoption of Arkansas Voluntary Advisory Loss Costs and Status of Filing in Domicile: Not Filed

Rating Values and Loss Cost Multipliers Revision

Project Number: FARWC0107

Reference Organization: NCCI

Reference Title: Arkansas WC Voluntary Loss Costs and Rating Values Advisory Org. Circular:

Filing Status Changed: 07-19-2007

State Status Changed: 06-04-2007

Corresponding Filing Tracking Number:

Filing Description:

We would like to notify the Department of our intention to adopt NCCI's revised Workers Compensation Loss Costs filed on our behalf under NCCI Approval Circular Number AR-2007-04, effective July 1, 2007.

Our overall rate level change is -1.7%.

The following items are enclosed in support of this filing:

Arkansas's State Filing Forms

Reference Filing Adoption Forms

Calculation of Company Loss Cost Multiplier

NAIC Loss Cost Data Entry Document

Rate/Rule Filing Schedule

Domicile Status Comments:

Reference Number: Item AR-2007-01

Deemer Date:

Filing Support Exhibits

Explanatory Memorandum and Support Exhibits

We look forward to the Department's approval, with a proposed effective date of July 1, 2007.

Sincerely,

Lilia B. Francisco
Regulatory Filings Analyst
Fireman's Fund Insurance Company
(800) 227-1700 x 4537 (office)
(866) 290-0671 (fax)
lfranci1@ffic.com

Company and Contact

Filing Contact Information

Lilia Francisco, Regulatory Analyst
777 San Marin Drive
Novato, CA 94998

lilia_francisco@ffic.com
(415) 899-4537 [Phone]
(866) 290-0671[FAX]

Filing Company Information

American Automobile Insurance Company
777 San Marin Drive
Novato, CA 94998
(415) 899-2817 ext. [Phone]

CoCode: 21849
Group Code: 761
Group Name:
FEIN Number: 22-1608585

State of Domicile: Missouri
Company Type:
State ID Number:

Associated Indemnity Corporation
777 San Marin Drive
Novato, CA 94998
(415) 899-2817 ext. [Phone]

CoCode: 21865
Group Code: 761
Group Name:
FEIN Number: 22-1708002

State of Domicile: California
Company Type:
State ID Number:

Fireman's Fund Insurance Company
777 San Marin Drive
Novato, CA 94998
(415) 899-3290 ext. [Phone]

CoCode: 21873
Group Code: 761
Group Name:
FEIN Number: 94-1610280

State of Domicile: California
Company Type:
State ID Number:

National Surety Corporation
777 San Marin Drive
Novato, CA 94998
(415) 899-2817 ext. [Phone]

CoCode: 21881
Group Code: 761
Group Name:
FEIN Number: 36-2704643

State of Domicile: Illinois
Company Type:
State ID Number:

The American Insurance Company
777 San Marin Drive
Novato, CA 94998
(415) 899-2817 ext. [Phone]

CoCode: 21857
Group Code: 761
Group Name:
FEIN Number: 22-0731810

State of Domicile: Nebraska
Company Type:
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	Check will come from different location.
Per Company:	No

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07-19-2007	07-19-2007

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	06-06-2007	06-06-2007	Lilia Francisco	06-06-2007	07-18-2007

Industry
Response

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Response to Inquiry	Note To Reviewer	Gina Bondanza	07-18-2007	07-18-2007
Status of filing	Note To Filer	Carol Stiffler	07-18-2007	07-18-2007
Status of Filing	Note To Reviewer	Lilia Francisco	07-18-2007	07-18-2007

Disposition

Disposition Date: 07-19-2007

Effective Date (New): 07-18-2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document <i>(revised)</i>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	No
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Rate	Rate Rule Filing Schedule	Approved	Yes

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06-06-2007
Submitted Date 06-06-2007

Dear Lilia Francisco,

This will acknowledge receipt of the captioned filing.

Objection 1

- Uniform Transmittal Document-Property & Casualty (Supporting Document)
- NAIC Loss Cost Filing Document for Workers' Compensation (Supporting Document)

Comment: The Filing Description on the General Information tab and the Loss Costs Reference Filing Adoption Form adopts Circular AR-2007-04 but does not state the Item Filing number which is often different than the Circular number. We do not receive circulars which are issued after the Item Filing is approved. Often Circulars and Item Filings have the same numbers but are not related to each other. We CANNOT accept the Circular number in lieu of the Item Filing Number. You must state the Item Filing Number. Email is acceptable.

Line 17 of the Uniform Transmittal shows the Item Filing number as AR-2007-01, which I believe is the correct Item Filing Number.

Please confirm that the correct Item Filing # is AR-2007-01.

I can approve this filing as soon as the requested information is received.

Please feel free to contact me if you have questions.

Sincerely,
Carol Stiffler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06-06-2007
Submitted Date 07-18-2007

Dear Carol Stiffler,

Comments:

Response 1

Comments: Dear Carol, please see the revised P&C Transmittal attached. We are adopting the revised loss costs filed on our behalf under circular AR-2007-04, Item-AR-2007-01.

Let me know if you have further concerns and we are looking forward to your approval of this filing.

Thank you,

Lilia Francisco
415-899-4537

Related Objection 1

Applies to:

- Uniform Transmittal Document-Property & Casualty (Supporting Document)
- NAIC Loss Cost Filing Document for Workers' Compensation (Supporting Document)

Comment: The Filing Description on the General Information tab and the Loss Costs Reference Filing Adoption Form adopts Circular AR-2007-04 but does not state the Item Filing number which is often different than the Circular number. We do not receive circulars which are issued after the Item Filing is approved. Often Circulars and Item Filings have the same numbers but are not related to each other. We CANNOT accept the Circular number in lieu of the Item Filing Number. You must state the Item Filing Number. Email is acceptable.

Line 17 of the Uniform Transmittal shows the Item Filing number as AR-2007-01, which I believe is the correct Item Filing Number.

Please confirm that the correct Item Filing # is AR-2007-01.

Supporting Document Schedule Item Changes

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule Item Changes

Sincerely,

Gina Bondanza, Lilia Francisco

Note To Reviewer

Created By:

Gina Bondanza on 07-18-2007 01:16 PM

Subject:

Response to Inquiry

Comments:

Hi Carol,

It looks as though Lily did respond to your inquiry same day but for some reason it did not submit. I just send this to you.

We look forward to your approval of this filing.

Thanks,

Gina

Note To Filer

Created By:

Carol Stiffler on 07-18-2007 01:05 PM

Subject:

Status of filing

Comments:

I don't show that I ever received a response to my objection letter. Until I do, I can't approve the filing.

Note To Reviewer

Created By:

Lilia Francisco on 07-18-2007 12:09 PM

Subject:

Status of Filing

Comments:

Dear Carol,

I am just checking on the status of this filing.

Looking forward to the approval of this filing.

Thank you,

Lilia Francisco

415-899-4537

Rate Information

Rate data does NOT apply to filing.

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Filing Attachments
Approved	Rate Rule Filing Schedule	PC RRFS-1	Replacement	FARWC0106	Rate Rule Filing Schedule.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.)

1.	This filing transmittal is part of Company Tracking #	FARWC0107
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a.	Rate Change by Company (As Proposed)
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Company Name	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)
Firemans' Fund Ins Co	-1.7%	-1,628	33	95,740	9.25%	3.87%
National Surety	-1.7%	-263	31	15,489	5.43%	-8.07%
Associated Indemnity	-1.7%	-1,175	53	69,110	9.16%	3.91%
The American Ins Co	-1.7%	-5,581	148	328,320	9.28%	-6.40%
American Automobile	-1.7%	-904	36	53,183	10.91%	-7.13%

4b.	
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Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate impact for this filing	-1.7%	
5b.	Effect of Rate Filing – Written premium change for this program	23,266	
5c.	Effect of Rate Filing – Number of policyholders affected	301	

6.	Overall percentage of last rate revision	-0.5%
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7.	Effective Date of last rate revision	07-01-2006
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01		<input 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	

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07-19-2007
Comments:			
Attachment:	Revised P & C Transmittal and RRFS.pdf		
Satisfied -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	07-19-2007
Comments:			
Attachment:	AR Reference Filing Adoption & Calc LCM.pdf		
Satisfied -Name:	NAIC loss cost data entry document	Review Status: Approved	07-19-2007
Comments:			
Attachment:	NAIC Loss Cost Data Entry Doc.pdf		

Property & Casualty Transmittal Document

Reset Form

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:	
	<input type="checkbox"/> New Business <input type="checkbox"/> Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
	h. Subject Codes	

3. Group Name	Fireman's Fund Insurance Companies				Group NAIC #	0761
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Fireman's Fund Insurance Company		21873				
National Surety Corporation		21881				
The American Insurance Company		21857				
Associated Indemnity Corporation		21865				
The American Automobile Insurance Comp		21849				

5. Company Tracking Number	FARWC0107
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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
Lilia Francisco	Regulatory Filings Analyst	800-227-1700 x 4537	866-260-0671	lfranci1@ffic.com
7. Signature of authorized filer		Lilia Francisco		
8. Please print name of authorized filer				

Digitally signed by Lilia Francisco
DN: cn=Lilia Francisco, c=US, o=Governance, email=lfranci1@ffic.com
Date: 2007.05.01 10:40:43 -0700

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)	16.0004 Standard WC
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input 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)
14. Effective Date(s) Requested	New: 07-01-2007 Renewal: 07-01-2007
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	AR-2007-04, Item AR-2007-01
18. Company's Date of Filing	
19. Status of filing in domicile	<input 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 # FARWC0107

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

We would like to notify the Department of our intention to adopt NCCI's revised Workers' Compensation Loss Costs filed on our behalf under NCCI Approval Circular Number AR-2007-04, Item-AR-2007-01 effective July 1, 2007.

Our overall rate level change is -1.7%.

The following items are enclosed in support of this filing:

Arkansas's State Filing Forms

- Reference Filing Adoption Forms
- Calculation of Company Loss Cost Multiplier
- NAIC Loss Cost Data Entry Document
- Rate/Rule Filing Schedule

Filing Support Exhibits

- Explanatory Memorandum and Support Exhibits

We look forward to the Department's approval, with a proposed effective date of July 1, 2007.

Sincerely,

Lilia B. Francisco
Regulatory Filings Analyst
Fireman's Fund Insurance Company
(800) 227-1700 x 4537 (office)
(866) 290-0671 (fax)
lfranci1@ffic.com

[View Complete Filing Description](#)

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]

Check #:
Amount:

Check will come from other location.

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.)**

PC TD-1 pg 2 of 2

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.)

1.	This filing transmittal is part of Company Tracking #	FARWC0107
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a. Rate Change by Company (As Proposed)

Company Name	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)
Firemans' Fund Ins Co	-1.7%	-1,628	33	95,740	9.25%	3.87%
National Surety	-1.7%	-263	31	15,489	5.43%	-8.07%
Associated Indemnity	-1.7%	-1,175	53	69,110	9.16%	3.91%
The American Ins Co	-1.7%	-5,581	148	328,320	9.28%	-6.40%
American Automobile	-1.7%	-904	36	53,183	10.91%	-7.13%

4b.

Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate impact for this filing	-1.7%	
5b.	Effect of Rate Filing – Written premium change for this program	23,266	
5c.	Effect of Rate Filing – Number of policyholders affected	301	

6.	Overall percentage of last rate revision	-0.5%
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7.	Effective Date of last rate revision	07-01-2006
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01		<input 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	

ARKANSAS INSURANCE DEPARTMENT
 WORKERS COMPENSATION INSURER RATE FILING
 ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
 LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE 05/01/2007

Page 1 of 2

1. INSURER NAME Fireman's Fund
 ADDRESS 777 San Marin Drive
Novato, CA 94998
- PERSON RESPONSIBLE FOR FILING Lilia Francisco
 TITLE Regulatory Analyst TELEPHONE NO. 415-899-4537
2. INSURER NAIC NO. 761-21873 GROUP NO. _____
3. ADVISORY ORGANIZATION NCCI
4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2007-04

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE	<u>-1.7</u>	%	EFFECTIVE DATE	<u>7/1/2007</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>-1.7</u>	%	EFFECTIVE DATE	<u>7/1/2007</u>
7. A. PRIOR RATE LEVEL CHANGE	<u>-0.5</u>	%	EFFECTIVE DATE	<u>07/01/2006</u>
B. PRIOR PREMIUM LEVEL CHANGE	<u>-0.5</u>	%	EFFECTIVE DATE	<u>07/01/2006</u>

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
 (Use separate Summary for each insurer-selected loss cost multiplier.)

9. Check **one** of the following:

- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.
- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

ARKANSAS INSURANCE DEPARTMENT

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM
CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME Fireman's Fund DATE 05/01/2007
NAIC NO. 761-21873 GROUP NO. _____

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
 Yes No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.
2. Loss Cost Modification:
 A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing (CHECK ONE):
 Without modification (factor = 1.000).
 With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.)
 B. Loss Cost Modification expressed as a Factor 0.800 (see examples below)

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)
 PROJECTED EXPENSES: Compared to standard premium at company rates.

	Selected Provisions	
A. Total Production Expense	10.0	
B. General Expense	8.7	
C. Taxes, Licenses and Fees	8.5	%
D. Underwriting Profit and Contingencies*	3.4	%
E. Other	0.0	%
F. TOTAL	30.5	%

* Explain how investment income is taken into account. See Exhibit III & IV

4. A. Expected Loss and Loss Adjustment Expense Ratio:
 ELR = 100% - 3F = 69.5 %
 B. ELR in decimal form = 0.695
5. Overall Impact of Expense Constant and Minimum Premiums:
 (A 2.3% impact would be expressed as 1.023.) 1.027
6. Overall Impact of Size-of-Risk Discounts plus Expense Gradation
 Recognition in Retrospective Rating:
 (An 8.67% average discount would be expressed as 0.914.) 0.896
7. Company Formula Loss Cost Multiplier:
 (2B / [6-3F] x 5) = 1.319
8. Company Selected Loss Cost Multiplier = 1.319
 Explain any differences between 7 and 8:

- | | | |
|--|--------------------------|-------------------------------------|
| | Yes | No |
| 9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

ARKANSAS INSURANCE DEPARTMENT
 WORKERS COMPENSATION INSURER RATE FILING
 ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
 LOSS COSTS REFERENCE FILING ADOPTION FORM

7/1/2007

DATE 05/01/2007

Page 1 of 2

1. INSURER NAME Associated Indemnity
 ADDRESS 777 San Marin Drive
Novato, CA 94998
- PERSON RESPONSIBLE FOR FILING Lilia Francisco
 TITLE Regulatory Analyst TELEPHONE N 415-899-4537
2. INSURER NAIC NO. 761-21881 GROUP NO. _____
3. ADVISORY ORGANIZATION NCCI
4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2007-04

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE	<u>-1.7</u>	%	EFFECTIVE DATE	<u>7/1/2007</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>-1.7</u>	%	EFFECTIVE DATE	<u>7/1/2007</u>
7. A. PRIOR RATE LEVEL CHANGE	<u>-0.5</u>	%	EFFECTIVE DATE	<u>07/01/2006</u>
B. PRIOR PREMIUM LEVEL CHANGE	<u>-0.5</u>	%	EFFECTIVE DATE	<u>07/01/2006</u>

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
 (Use separate Summary for each insurer-selected loss cost multiplier.)

9. Check one of the following:

- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.
- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

ARKANSAS INSURANCE DEPARTMENT

Page 2 of 2

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM
CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME National Surety Corporation DATE 05/01/2007
NAIC NO. 761-21873 GROUP NO. _____

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
 Yes No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2. Loss Cost Modification:

- A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing
(CHECK ONE):

Without modification (factor = 1.000).

With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.)

- B. Loss Cost Modification expressed as a Factor 0.900 (see examples below)

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

	Selected Provisions	
A. Total Production Expense	<u>10.0</u>	
B. General Expense	<u>8.7</u>	
C. Taxes, Licenses and Fees	<u>8.5</u>	%
D. Underwriting Profit and Contingencies*	<u>3.4</u>	%
E. Other (Companywide LAEs differential to industrywide LAEs)	<u>0.0</u>	%
F. TOTAL	<u>30.5</u>	%

* Explain how investment income is taken into account. See Exhibit III & IV

4. A. Expected Loss and Loss Adjustment Expense Ratio:
ELR = 100% - 3F = 69.5 %
- B. ELR in decimal form = 0.695

5. Overall Impact of Expense Constant and Minimum Premiums:
(A 2.3% impact would be expressed as 1.023.)

1.027

6. Overall Impact of Size-of-Risk Discounts plus Expense Gradation
Recognition in Retrospective Rating:
(An 8.67% average discount would be expressed as 0.914.)

0.896

7. Company Formula Loss Cost Multiplier:
(2B / [6-3F] x 5) =

1.483

8. Company Selected Loss Cost Multiplier =
Explain any differences between 7 and 8:

1.483

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

ARKANSAS INSURANCE DEPARTMENT
 WORKERS COMPENSATION INSURER RATE FILING
 ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
 LOSS COSTS REFERENCE FILING ADOPTION FORM

7/1/2007

DATE 05/01/2007

Page 1 of 2

1. INSURER NAME Fireman's Fund
 ADDRESS 777 San Marin Drive
Novato, CA 94998
- PERSON RESPONSIBLE FOR FILING Lilia Francisco
 TITLE Regulatory Analyst TELEPHONE NC 415-899-4537
2. INSURER NAIC NO. 761-21865 GROUP NO. _____
3. ADVISORY ORGANIZATION NCCI
4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2007-04

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

- | | | | | |
|----------------------------------|-------------|---|----------------|-------------------|
| 6. A. PROPOSED RATE LEVEL CHANGE | <u>-1.7</u> | % | EFFECTIVE DATE | <u>7/1/2007</u> |
| B. PROPOSED PREMIUM LEVEL CHANGE | <u>-1.7</u> | % | EFFECTIVE DATE | <u>7/1/2007</u> |
| 7. A. PRIOR RATE LEVEL CHANGE | <u>-0.5</u> | % | EFFECTIVE DATE | <u>07/01/2006</u> |
| B. PRIOR PREMIUM LEVEL CHANGE | <u>-0.5</u> | % | EFFECTIVE DATE | <u>07/01/2006</u> |

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
 (Use separate Summary for each insurer-selected loss cost multiplier.)

9. Check one of the following:

The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

ARKANSAS INSURANCE DEPARTMENT

Page 2 of 2

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM
CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME Associated Indemnity DATE 05/01/2007
NAIC NO. 761-21865 GROUP NO. _____

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
 Yes No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2. Loss Cost Modification:

- A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing

(CHECK ONE):

 Without modification (factor = 1.000). With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

- B. Loss Cost Modification expressed as a Factor
- 1.150
- (see examples below)

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

Selected Provisions

A. Total Production Expense	<u>10.0</u>	
B. General Expense	<u>8.7</u>	
C. Taxes, Licenses and Fees	<u>8.5</u>	%
D. Underwriting Profit and Contingencies*	<u>3.4</u>	%
E. Other (Companywide LAEs differential to industrywide LAEs)	<u>0.0</u>	%
F. TOTAL	<u>30.5</u>	%

* Explain how investment income is taken into account. See Exhibit III & IV

4. A. Expected Loss and Loss Adjustment Expense Ratio:

ELR = 100% - 3F =

69.5 %

- B. ELR in decimal form =

0.695

5. Overall Impact of Expense Constant and Minimum Premiums:

(A 2.3% impact would be expressed as 1.023.)

1.027

6. Overall Impact of Size-of-Risk Discounts plus Expense Gradation

Recognition in Retrospective Rating:

(An 8.67% average discount would be expressed as 0.914.)

0.896

7. Company Formula Loss Cost Multiplier:

(2B / [6-3F] x 5) =

1.896

8. Company Selected Loss Cost Multiplier =

Explain any differences between 7 and 8:

1.896

- | | | |
|--|--------------------------|-------------------------------------|
| 9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. | Yes | No |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

ARKANSAS INSURANCE DEPARTMENT
WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE 05/01/2007

Page 1 of 2

1. INSURER NAME American Automobile
 ADDRESS 777 San Marin Drive
Novato, CA 94998
- PERSON RESPONSIBLE FOR FILING Lilia Francisco
 TITLE Regulatory Analyst TELEPHONE 415-899-4537
2. INSURER NAIC NO. 761-21849 GROUP NO. _____
3. ADVISORY ORGANIZATION NCCI
4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2007-04

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE	<u>-1.7</u>	%	EFFECTIVE DATE	<u>7/1/2007</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>-1.7</u>	%	EFFECTIVE DATE	<u>7/1/2007</u>
7. A. PRIOR RATE LEVEL CHANGE	<u>-0.5</u>	%	EFFECTIVE DATE	<u>07/01/2006</u>
B. PRIOR PREMIUM LEVEL CHANGE	<u>-0.5</u>	%	EFFECTIVE DATE	<u>07/01/2006</u>

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
 (Use separate Summary for each insurer-selected loss cost multiplier.)

9. Check one of the following:

The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

ARKANSAS INSURANCE DEPARTMENT

Page 2 of 2

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM
CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME American Automobile DATE 05/01/2007
NAIC NO. 761-21849 GROUP NO. _____

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
 Yes No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2. Loss Cost Modification:

- A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing

(CHECK ONE):

- Without modification (factor = 1.000).
 With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.)

- B. Loss Cost Modification expressed as a Factor
- 1.000
- (see examples below)

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

	Selected Provisions	
A. Total Production Expense	10.0	
B. General Expense	8.7	
C. Taxes, Licenses and Fees	8.5	%
D. Underwriting Profit and Contingencies*	3.4	%
E. Other (Companywide LAEs differential to industrywide LAEs)	0.0	%
F. TOTAL	30.5	%

* Explain how investment income is taken into account. See Exhibit III & IV

4. A. Expected Loss and Loss Adjustment Expense Ratio:

ELR = 100% - 3F = 69.5 %

- B. ELR in decimal form =
- 0.695

5. Overall Impact of Expense Constant and Minimum Premiums:

(A 2.3% impact would be expressed as 1.023.) 1.027

6. Overall Impact of Size-of-Risk Discounts plus Expense Gradation

Recognition in Retrospective Rating:

(An 8.67% average discount would be expressed as 0.914.) 0.896

7. Company Formula Loss Cost Multiplier:

(2B / [6-3F] x 5) = 1.648

8. Company Selected Loss Cost Multiplier =

Explain any differences between 7 and 8: 1.648

- | | | |
|--|--------------------------|-------------------------------------|
| | Yes | No |
| 9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

ARKANSAS INSURANCE DEPARTMENT
WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE 05/01/2007

Page 1 of 2

1. INSURER NAME The American
 ADDRESS 777 San Marin Drive
Novato, CA 94998
- PERSON RESPONSIBLE FOR FILING Lilia Francisco
 TITLE Regulatory Analyst TELEPHONE NO. 415-899-4537
2. INSURER NAIC NO. 761-21857 GROUP NO. _____
3. ADVISORY ORGANIZATION NCCI
4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2007-04

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE	<u>-1.7</u>	%	EFFECTIVE DATE	<u>7/1/2007</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>-1.7</u>	%	EFFECTIVE DATE	<u>7/1/2007</u>
7. A. PRIOR RATE LEVEL CHANGE	<u>-0.5</u>	%	EFFECTIVE DATE	<u>07/01/2006</u>
B. PRIOR PREMIUM LEVEL CHANGE	<u>-0.5</u>	%	EFFECTIVE DATE	<u>07/01/2006</u>

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
 (Use separate Summary for each insurer-selected loss cost multiplier.)

9. Check one of the following:

The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

ARKANSAS INSURANCE DEPARTMENT

Page 2 of 2

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM
CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME The American DATE 05/01/2007
NAIC NO. 761-21857 GROUP NO. _____

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
 Yes No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2. Loss Cost Modification:

- A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing

(CHECK ONE):

- Without modification (factor = 1.000).
 With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

- B. Loss Cost Modification expressed as a Factor
- 1.000
- (see examples below)

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

Selected Provisions

A. Total Production Expense	<u>10.0</u>	
B. General Expense	<u>8.7</u>	
C. Taxes, Licenses and Fees	<u>8.5</u>	%
D. Underwriting Profit and Contingencies*	<u>3.4</u>	%
E. Other (Companywide LAEs differential to industrywide LAEs)	<u>0.0</u>	%
F. TOTAL	<u>30.5</u>	%

* Explain how investment income is taken into account. See Exhibit III & IV

4. A. Expected Loss and Loss Adjustment Expense Ratio:

ELR = 100% - 3F =

69.5 %

- B. ELR in decimal form =

0.695

5. Overall Impact of Expense Constant and Minimum Premiums:

(A 2.3% impact would be expressed as 1.023.)

1.027

6. Overall Impact of Size-of-Risk Discounts plus Expense Gradation

Recognition in Retrospective Rating:

(An 8.67% average discount would be expressed as 0.914.)

0.896

7. Company Formula Loss Cost Multiplier:

(2B / [6-3F] x 5) =

1.648

8. Company Selected Loss Cost Multiplier =

Explain any differences between 7 and 8:

1.648

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	FARWC0107
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NCCI
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Company Name		Company NAIC Number		
3.	A.	Fireman's Fund Insurance Company	B.	761-21873

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)		
4.	A.	16.0 Workers' Compensation	B.	16.0004 Standard WC

5.			FOR LOSS COSTS ONLY				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
COVERAGE (See Instructions)	Indicated % Rate Level Change	Requested % Rate Level Change	Expected Loss Ratio	Loss Cost Modification Factor	Selected Loss Cost Multiplier	Expense Constant (If Applicable)	Co. Current Loss Cost Multiplier
Workers' Compensation	26%	-1.7%	69.5%	0.800	1.319	\$160	1.269
TOTAL OVERALL EFFECT							

6.		5 Year History						Rate Change History	
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio		
2002	5	0.0%		1384	1177	85.0%	98.3%		
2003	5	24.5%	9/15/03	-7	-1626	24982.5%	108.2%		
2004	7	-0.5%	7/1/04	43	-443	0.0%	54.6%		
2005	8	-1.5%	9/1/05	55	1160	2094.9%	63.5%		
2006	6	-0.5%	7/1/06	45	109	241.4%	41.9%		

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	10.0%
B. General Expense	8.7%
C. Taxes, License & Fees	8.5%
D. Underwriting Profit & Contingencies	3.4%
E. Other (Explain)	0.0%
F. TOTAL	30.5%

8. Y Apply Lost Cost Factors to Future filings? (Y or N)
9. 9.3% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
10. 0.0% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	FARWC0107
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NCCI
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Company Name		Company NAIC Number	
3.	A.	National Surety Corporation	B. 761-21881

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
4.	A.	16.0 Workers' Compensation	B. 16.0004 Standard WC

5.			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers' Compensation	26%	-1.7%	69.5%	0.900	1.483	\$160	1.428
TOTAL OVERALL EFFECT							

6.		5 Year History						Rate Change History	
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio		
2002	1	0.0%		79	-245	0.0%	98.3%		
2003	3	24.5%	9/15/03	0	140	0.0%	108.2%		
2004	7	-0.5%	7/1/04	7	-226	0.0%	54.6%		
2005	3	-1.5%	9/1/05	3	-88	0.0%	63.5%		
2006	5	-0.5%	7/1/06	5	13	273.7%	41.9%		

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	10.0%
B. General Expense	8.7%
C. Taxes, License & Fees	8.5%
D. Underwriting Profit & Contingencies	3.4%
Other (Explain)	0.0%
F. TOTAL	30.5%

8. Y Apply Lost Cost Factors to Future filings? (Y or N)
9. 5.4% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
10. -8.1% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	FARWC0107
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NCCI
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	Company Name	Company NAIC Number
3. A.	Associated Indemnity Corporation	B. 761-21865

	Product Coding Matrix Line of Business (i.e., Type of Insurance)	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4. A.	16.0 Workers' Compensation	B. 16.0004 Standard WC

5.		FOR LOSS COSTS ONLY					
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
COVERAGE (See Instructions)	Indicated % Rate Level Change	Requested % Rate Level Change	Expected Loss Ratio	Loss Cost Modification Factor	Selected Loss Cost Multiplier	Expense Constant (If Applicable)	Co. Current Loss Cost Multiplier
Workers' Compensation	26%	-1.7%	69.5%	1.150	1.896	\$160	1.825
TOTAL OVERALL EFFECT							

6.	5 Year History	Rate Change History					
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	7	0.0%		158	174	110.2%	98.3%
2003	10	24.5%	9/15/03	139	432	311.6%	108.2%
2004	13	-0.5%	7/1/04	149	38	25.8%	54.6%
2005	9	-1.5%	9/1/05	171	58	34.1%	63.5%
2006	8	-0.5%	7/1/06	126	364	287.5%	41.9%

7.		
	Expense Constants	Selected Provisions
	A. Total Production Expense	10.0%
	B. General Expense	8.7%
	C. Taxes, License & Fees	8.5%
	D. Underwriting Profit & Contingencies	3.4%
	Other (Explain)	0.0%
	F. TOTAL	30.5%

- 8.** Y Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** 9.2% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
- 10.** 0.0% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	FARWC0107
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NCCI
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Company Name		Company NAIC Number		
3.	A.	The American Insurance Company	B.	761-21857

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)		
4.	A.	16.0 Workers' Compensation	B.	16.0004 Standard WC

5.			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers' Compensation	26%	-1.7%	69.5%	1.000	1.648	\$160	1.587
TOTAL OVERALL EFFECT							

6.		5 Year History	Rate Change History				
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	28	0.0%		788	283	35.9%	98.3%
2003	27	24.5%	9/15/03	272	-4	0.0%	108.2%
2004	31	-0.5%	7/1/04	64	-324	0.0%	54.6%
2005	35	-1.5%	9/1/05	181	213	117.3%	63.5%
2006	26	-0.5%	7/1/06	199	111	55.9%	41.9%

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	10.0%
B. General Expense	8.7%
C. Taxes, License & Fees	8.5%
D. Underwriting Profit & Contingencies	3.4%
Other (Explain)	0.0%
F. TOTAL	30.5%

- 8.** Y Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** 9.3% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
- 10.** -6.4% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	FARWC0107
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NCCI
-----------	---	-------------

Company Name		Company NAIC Number	
3. A.	American Automobile Insurance Company	B.	761-21849

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
4. A.	16.0 Workers' Compensation	B.	16.0004 Standard WC

5.			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers' Compensation	26%	-1.7%	69.5%	1.000	1.648	\$160	1.587
TOTAL OVERALL EFFECT							

6.		5 Year History Rate Change History					
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2002	4	0.0%		14	-14	0.0%	98.3%
2003	4	24.5%	9/15/03	5	-28	0.0%	108.2%
2004	5	-0.5%	7/1/04	3	-50	0.0%	54.6%
2005	5	-1.5%	9/1/05	4	21	542.4%	63.5%
2006	6	-0.5%	7/1/06	11	-25	0.0%	41.9%

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	10.0%
B. General Expense	8.7%
C. Taxes, License & Fees	8.5%
D. Underwriting Profit & Contingencies	3.4%
Other (Explain)	0.0%
F. TOTAL	30.5%

8. Y Apply Lost Cost Factors to Future filings? (Y or N)

9. 10.9% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. -7.1% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

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.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	Uniform Transmittal Document- Property & Casualty	05-01-2007	P & C Transmittal and RRFS.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: 60%; 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 #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input 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)
14. Effective Date(s) Requested	New: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input 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 #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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]

Check #:
Amount:

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.)

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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.)

1.	This filing transmittal is part of Company Tracking #	FARWC0107
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a.	Rate Change by Company (As Proposed)
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Company Name	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)
Firemans' Fund Ins Co	-1.7%	-1,628	33	95,740	9.25%	3.87%
National Surety	-1.7%	-263	31	15,489	5.43%	-8.07%
Associated Indemnity	-1.7%	-1,175	53	69,110	9.16%	3.91%
The American Ins Co	-1.7%	-5,581	148	328,320	9.28%	-6.40%
American Automobile	-1.7%	-904	36	53,183	10.91%	-7.13%

4b.						
Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate impact for this filing	-1.7%	
5b.	Effect of Rate Filing – Written premium change for this program	23,266	
5c.	Effect of Rate Filing – Number of policyholders affected	301	

6.	Overall percentage of last rate revision	-0.5%
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7.	Effective Date of last rate revision	07-01-2006
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01		<input 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	