Filing at a Glance

Companies: American Interstate Insurance Company, Silver Oak Casualty, Inc.

Product Name: 07-0034	SERFF Tr Num: AMST-125252304	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: AR-PC-07-025715
Sub-TOI: 16.0004 Standard WC	Co Tr Num: 07-0034	State Status:
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: Kathy Wells	Disposition Date: 08-08-2007
	Date Submitted: 08-06-2007	Disposition Status: Approved
Effective Date Requested (New): 10-01-2007		Effective Date (New): 10-01-2007
Effective Date Requested (Renewal): 10-01-2007		Effective Date (Renewal):

General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number:	Domicile Status Comments:
Reference Organization: NCCI	Reference Number: AR-2005-05
Reference Title: Item Filing B-1387	Advisory Org. Circular: CIF-2007-07
Filing Status Changed: 08-08-2007	
State Status Changed: 08-07-2007	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Dear Commissioner Bowman:

American Interstate Insurance Company and Silver Oak Casualty, Inc. wish to adopt the rules and supplementary rating information pertaining to NCCIs Circular CIF-2007-07, Item Filing B-1387.

We understand the filing fee of $25.00 for each company is required for adoption of NCCIs rules and supplementary rating information. In accordance with Arkansas prior approval, thirty-day waiting period regulations, we respectfully request an effective date of October 1, 2007. We will exercise the deemer provision on that date unless disapproved within the thirty-day waiting period or any extensions thereof. Acknowledgement evidenced by departmental stamp on a copy of this letter would be appreciated.

If you have any questions or require any additional information, please do not hesitate to contact me at (800) 256-9052 extension 2112 or via this e-mail address: bdarnell@amerisafe.com.

Sincerely,

Ben Darnell
Rate Filing Specialist
Regulatory Department

Company and Contact

Filing Contact Information

Kathy Wells, State Filing Coordinator	kwells@amerisafe.com
2301 Highway 190 West	(800) 256-9052 [Phone]
DeRidder, LA 70634	(337) 460-3550[FAX]

Filing Company Information

American Interstate Insurance Company	CoCode: 31895	State of Domicile: Louisiana
2301 Highway 190 West	Group Code: 680	Company Type:
DeRidder, LA 70634	Group Name: Amerisafe, Inc.	State ID Number:
(800) 256-9052 ext. 3323[Phone]	FEIN Number: 58-1181498	

Silver Oak Casualty, Inc.	CoCode: 26869	State of Domicile: Louisiana
2301 Highway 190 West	Group Code: 680	Company Type:
DeRidder, LA 70634	Group Name: Amerisafe, Inc.	State ID Number:
(800) 256-9052 ext. 3323[Phone]	FEIN Number: 72-1215354	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	$25.00 per company,
	American Interstate 25.00 plus Silver Oak 25.00 =50.00
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0200000073	$25.00	08-06-2007
	$0.00	
0003017314	$25.00	08-03-2007
	$0.00	

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08-08-2007	08-08-2007

Disposition

Disposition Date: 08-08-2007
Effective Date (New): 10-01-2007
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 Interstate Insurance Company	0.000%	$0	0	$0	0.000%	0.000%	0.000%
Silver Oak Casualty, Inc.	0.000%	$0	0	$0	0.000%	0.000%	0.000%

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
Rate	Item Filing B-1387	Approved	Yes

Rate Information

Rate data applies to filing.

Filing Method:	
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	-6.200%
Effective Date of Last Rate Revision:	07-01-2007
Filing Method of Last Filing:	prior approval

Company Rate Information

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 Interstate Insurance Company	0.000%	$0	0	$0	0.000%	0.000%	0.000%
Silver Oak Casualty, Inc.	0.000%	$0	0	$0	0.000%	0.000%	0.000%

Overall Rate Information for Multiple Company Filings

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

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
Approved	Item Filing B-1387		New		AIIC Rate Pages.pdf

WC LOSS COST / RATES **AMERICAN INTERSTATE** EFFECTIVE **7/1/2007**

ARKANSAS LCM **1.40** LOSS COST **7/1/2007**

UPDATED **10/1/2007**

CLASS CODE	SUFFIX	LOSS COST	LCM 1.40 RATE
0005		3.35	4.69
0008		2.03	2.84
0016		4.27	5.98
0034		2.88	4.03
0035		1.71	2.39
0036		2.82	3.95
0037		3.03	4.24
0042		4.96	6.94
0050		3.74	5.24
0059		0.20	0.28
0065		0.04	0.06
0066		0.04	0.06
0067		0.04	0.06
0079		2.20	3.08
0083		5.83	8.16
0106		9.78	13.69
0113		3.28	4.59
0170		1.80	2.52
0251		3.68	5.15
0400		5.87	8.22
0401		8.50	11.90
0771		0.22	0.31
0908		88.00	123.20
0913		233.00	326.20
0917		2.60	3.64
1005		6.55	9.17
1016		23.34	32.68
1164		4.92	6.89
1165		4.79	6.71
1320		1.98	2.77
1322		8.10	11.34
1430		3.66	5.12
1438		1.88	2.63
1452		1.28	1.79
1463		7.91	11.07
1472		2.40	3.36
1624		5.28	7.39
1642		2.63	3.68
1654		5.64	7.90
1655		3.17	4.44
1699		1.46	2.04
1701		2.43	3.40
1710		4.56	6.38
1741		1.22	1.71
1745		1.98	2.77
1747		1.67	2.34
1748		3.98	5.57
1803		3.78	5.29
1852		1.53	2.14
1853		1.83	2.56
1860		1.06	1.48
1924		2.24	3.14
1925		1.86	2.60
2001		1.68	2.35
2002		2.32	3.25

CLASS CODE	SUFFIX	LOSS COST -	LCM 1.40 RATE
2003		1.95	2.73
2014		3.70	5.18
2016		1.68	2.35
2021		2.30	3.22
2039		3.19	4.47
2041		2.78	3.89
2065		0.84	1.18
2070		3.49	4.89
2081		3.01	4.21
2089		1.90	2.66
2095		2.24	3.14
2105		1.73	2.42
2110		1.58	2.21
2111		1.42	1.99
2112		1.78	2.49
2114		2.17	3.04
2121		1.37	1.92
2130		2.02	2.83
2131		1.24	1.74
2143		1.52	2.13
2157		2.62	3.67
2172		1.47	2.06
2174		1.95	2.73
2211		3.64	5.10
2220		1.40	1.96
2286		1.03	1.44
2288		3.21	4.49
2300		1.49	2.09
2302		1.31	1.83
2305		1.71	2.39
2361		0.95	1.33
2362		1.27	1.78
2380		4.33	6.06
2386		0.83	1.16
2388		1.34	1.88
2402		1.60	2.24
2413		1.28	1.79
2416		1.33	1.86
2417		1.22	1.71
2501		1.05	1.47
2503		0.94	1.32
2534		1.66	2.32
2570		3.36	4.70
2585		1.85	2.59
2586		0.70	0.98
2587		1.52	2.13
2589		1.12	1.57
2600		3.41	4.77
2623		1.76	2.46
2651		1.57	2.20
2660		1.09	1.53
2670		1.64	2.30
2683		1.42	1.99
2688		2.02	2.83
2701		5.40	7.56

WC LOSS COST / RATES **AMERICAN INTERSTATE** EFFECTIVE **7/1/2007**

ARKANSAS LCM **1.40** LOSS COST **7/1/2007**

UPDATED **10/1/2007**

CLASS CODE	SUFFIX	LOSS COST -	LCM 1.40 RATE
2702		18.62	26.07
2710		5.78	8.09
2714		3.51	4.91
2719		7.52	10.53
2731		2.56	3.58
2735		2.09	2.93
2759		5.22	7.31
2790		0.98	1.37
2802		4.53	6.34
2812		3.05	4.27
2835		1.17	1.64
2836		1.66	2.32
2841		2.89	4.05
2881		1.59	2.23
2883		3.02	4.23
2913		2.11	2.95
2915		2.69	3.77
2916		1.70	2.38
2923		1.43	2.00
2942		1.70	2.38
2960		2.09	2.93
3004		1.79	2.51
3018		2.15	3.01
3022		2.32	3.25
3027		2.08	2.91
3028		2.21	3.09
3030		2.91	4.07
3040		2.88	4.03
3041		2.49	3.49
3042		2.28	3.19
3064		3.22	4.51
3069		4.69	6.57
3076		1.94	2.72
3081		1.78	2.49
3082		2.81	3.93
3085		2.07	2.90
3110		2.11	2.95
3111		2.11	2.95
3113		1.52	2.13
3114		1.79	2.51
3118		1.00	1.40
3119		0.75	1.05
3122		0.80	1.12
3126		1.36	1.90
3131		0.63	0.88
3132		1.44	2.02
3145		1.34	1.88
3146		1.81	2.53
3169		1.84	2.58
3175		1.99	2.79
3179		1.66	2.32
3180		1.49	2.09
3188		0.99	1.39
3220		1.41	1.97
3223		2.29	3.21

CLASS CODE	SUFFIX	LOSS COST -	LCM 1.40 RATE
3224		1.85	2.59
3227		1.22	1.71
3240		2.34	3.28
3241		2.05	2.87
3255		1.83	2.56
3257		1.89	2.65
3270		3.08	4.31
3300		2.56	3.58
3303		2.54	3.56
3307		2.47	3.46
3315		1.84	2.58
3334		1.73	2.42
3336		1.70	2.38
3365		6.72	9.41
3372		1.91	2.67
3373		2.35	3.29
3383		0.68	0.95
3385		0.62	0.87
3400		1.81	2.53
3507		2.04	2.86
3515		1.65	2.31
3548		0.86	1.20
3559		1.52	2.13
3574		0.83	1.16
3581		0.85	1.19
3612		1.55	2.17
3620		4.20	5.88
3629		1.33	1.86
3632		2.16	3.02
3634		1.33	1.86
3635		1.24	1.74
3638		1.11	1.55
3642		0.65	0.91
3643		2.08	2.91
3647		2.25	3.15
3648		1.49	2.09
3681		0.99	1.39
3685		1.30	1.82
3719		2.36	3.30
3724		4.64	6.50
3726		2.44	3.42
3803		1.27	1.78
3807		1.11	1.55
3808		1.91	2.67
3821		2.93	4.10
3822		1.91	2.67
3824		3.37	4.72
3826		0.72	1.01
3827		0.83	1.16
3830		0.80	1.12
3851		2.03	2.84
3865		0.90	1.26
3881		2.64	3.70
4000		5.16	7.22
4021		3.16	4.42

WC LOSS COST / RATES **AMERICAN INTERSTATE** EFFECTIVE **7/1/2007**
ARKANSAS LCM **1.40** LOSS COST **7/1/2007**
UPDATED **10/1/2007**

CLASS CODE	SUFFIX	LOSS COST -	LCM 1.40 RATE
4024		1.18	1.65
4034		4.80	6.72
4036		1.83	2.56
4038		1.49	2.09
4053		2.26	3.16
4061		3.01	4.21
4062		2.19	3.07
4101		1.39	1.95
4111		1.64	2.30
4112		0.67	0.94
4113		1.18	1.65
4114		1.68	2.35
4130		3.91	5.47
4131		1.90	2.66
4133		1.80	2.52
4150		0.92	1.29
4206		2.76	3.86
4207		0.80	1.12
4239		0.92	1.29
4240		2.04	2.86
4243		1.00	1.40
4244		1.65	2.31
4250		1.03	1.44
4251		1.16	1.62
4263		1.67	2.34
4273		1.13	1.58
4279		1.22	1.71
4282		1.50	2.10
4283		1.63	2.28
4299		1.05	1.47
4304		1.96	2.74
4307		1.90	2.66
4351		0.76	1.06
4352		0.72	1.01
4360		0.56	0.78
4361		0.95	1.33
4362		0.74	1.04
4410		2.04	2.86
4420		2.42	3.39
4431		1.04	1.46
4432		1.12	1.57
4439		1.30	1.82
4452		2.40	3.36
4459		1.46	2.04
4470		1.58	2.21
4484		1.64	2.30
4493		1.95	2.73
4511		0.48	0.67
4557		1.28	1.79
4558		1.31	1.83
4561		1.29	1.81
4568		1.85	2.59

CLASS CODE	SUFFIX	LOSS COST -	LCM 1.40 RATE
4581		1.17	1.64
4583		3.22	4.51
4611		0.66	0.92
4635		2.71	3.79
4653		0.94	1.32
4665		4.74	6.64
4670		3.02	4.23
4683		3.28	4.59
4686		0.80	1.12
4692		0.26	0.36
4693		0.61	0.85
4703		1.60	2.24
4717		1.71	2.39
4720		2.83	3.96
4740		1.04	1.46
4741		1.25	1.75
4751		1.33	1.86
4771		1.24	1.74
4777		1.20	1.68
4825		0.53	0.74
4828		1.00	1.40
4829		1.08	1.51
4902		1.20	1.68
4923		0.79	1.11
5020		3.97	5.56
5022		4.38	6.13
5037		12.03	16.84
5040		13.86	19.40
5057		11.33	15.86
5059		15.97	22.36
5069		15.30	21.42
5102		2.96	4.14
5146		3.52	4.93
5160		3.01	4.21
5183		2.26	3.16
5188		3.76	5.26
5190		2.21	3.09
5191		1.26	1.76
5192		2.79	3.91
5213		5.35	7.49
5215		2.79	3.91
5221		2.84	3.98
5222		6.98	9.77
5223		3.84	5.38
5348		2.66	3.72
5402		3.50	4.90
5403		7.16	10.02
5437		3.27	4.58
5443		2.59	3.63
5445		3.31	4.63
5462		4.32	6.05
5472		3.57	5.00

WC LOSS COST / RATES **AMERICAN INTERSTATE** EFFECTIVE **7/1/2007**

ARKANSAS LCM **1.40** LOSS COST **7/1/2007**

UPDATED **10/1/2007**

CLASS CODE	SUFFIX	LOSS COST -	LCM 1.40 RATE
5473		3.64	5.10
5474		5.06	7.08
5478		3.10	4.34
5479		7.19	10.07
5480		7.03	9.84
5491		1.51	2.11
5506		3.08	4.31
5507		4.06	5.68
5508		5.16	7.22
5535		4.69	6.57
5537		3.89	5.45
5551		10.17	14.24
5606		1.37	1.92
5610		4.86	6.80
5645		8.07	11.30
5651		6.57	9.20
5703		71.94	100.72
5705		3.52	4.93
5951		0.26	0.36
6003		7.20	10.08
6005		4.77	6.68
6017		2.97	4.16
6018		1.50	2.10
6045		2.04	2.86
6204		6.70	9.38
6206		5.19	7.27
6213		8.09	11.33
6214		1.92	2.69
6216		3.64	5.10
6217		3.39	4.75
6229		2.84	3.98
6233		5.24	7.34
6235		7.81	10.93
6236		8.94	12.52
6237		2.50	3.50
6251		5.33	7.46
6252		4.82	6.75
6260		3.64	5.10
6306		3.83	5.36
6319		3.81	5.33
6325		3.55	4.97
6400		4.82	6.75
6504		1.70	2.38
6702	M	5.08	7.11
6703	M	9.13	12.78
6704	M	5.64	7.90
6801	F	10.08	14.11
6811		3.81	5.33
6824	F	17.41	24.37
6826	F	8.38	11.73
6834		2.97	4.16
6836		6.56	9.18
6843	F	11.48	16.07
6845	F	13.57	19.00
6854		3.72	5.21

CLASS CODE	SUFFIX	LOSS COST -	LCM 1.40 RATE
6872	F	15.60	21.84
6874	F	27.78	38.89
6882		4.14	5.80
6884		9.09	12.73
7016	M	3.78	5.29
7024	M	4.20	5.88
7038	M	4.47	6.26
7046	M	20.22	28.31
7047	M	6.80	9.52
7050	M	8.04	11.26
7090	M	4.97	6.96
7098	M	22.47	31.46
7099	M	36.36	50.90
7133		2.42	3.39
7151	M	2.94	4.12
7152	M	5.29	7.41
7153	M	3.27	4.58
7222		6.90	9.66
7228		5.40	7.56
7229		5.36	7.50
7230		2.65	3.71
7231		5.91	8.27
7232		9.76	13.66
7309	F	19.14	26.80
7313	F	4.42	6.19
7317	F	7.12	9.97
7327	F	15.61	21.85
7333	M	5.13	7.18
7335	M	5.70	7.98
7337	M	9.22	12.91
7350	F	16.83	23.56
7360		4.12	5.77
7370		3.59	5.03
7380		2.88	4.03
7382		1.97	2.76
7390		2.48	3.47
7394	M	10.07	14.10
7395	M	11.19	15.67
7398	M	18.11	25.35
7403		2.00	2.80
7405		1.05	1.47
7420		14.72	20.61
7421		1.57	2.20
7422		1.67	2.34
7423		2.00	2.80
7425		2.37	3.32
7431		1.32	1.85
7445		0.57	0.80
7453		0.71	0.99
7502		2.07	2.90
7515		0.75	1.05
7520		2.12	2.97
7538		6.75	9.45
7539		4.37	6.12
7540		2.86	4.00

CLASS CODE	SUFFIX	LOSS COST -	LCM 1.40 RATE
7580		1.44	2.02
7590		3.11	4.35
7600		2.11	2.95
7601		8.37	11.72
7605		2.34	3.28
7610		0.34	0.48
7611		4.11	5.75
7612		11.58	16.21
7613		3.27	4.58
7705		1.94	2.72
7710		4.70	6.58
7711		4.70	6.58
7720		1.94	2.72
7855		4.18	5.85
8001		1.73	2.42
8002		2.28	3.19
8006		1.59	2.23
8008		0.83	1.16
8010		1.52	2.13
8013		0.35	0.49
8015		0.49	0.69
8017		0.85	1.19
8018		1.89	2.65
8021		1.22	1.71
8031		2.22	3.11
8032		1.14	1.60
8033		1.38	1.93
8039		1.03	1.44
8044		2.25	3.15
8045		0.32	0.45
8046		2.02	2.83
8047		0.87	1.22
8058		2.05	2.87
8072		0.46	0.64
8102		1.88	2.63
8103		3.33	4.66
8105		3.26	4.56
8106		3.10	4.34
8107		2.85	3.99
8111		2.25	3.15
8116		3.23	4.52
8203		4.36	6.10
8204		4.35	6.09
8209		2.16	3.02
8215		3.89	5.45
8227		3.04	4.26
8232		4.53	6.34
8233		3.37	4.72
8235		2.88	4.03
8263		6.48	9.07
8264		2.87	4.02
8265		6.85	9.59

CLASS CODE	SUFFIX	LOSS COST -	LCM 1.40 RATE
8279		7.36	10.30
8288		4.80	6.72
8291		1.73	2.42
8292		2.10	2.94
8293		5.81	8.13
8295		4.31	6.03
8304		5.05	7.07
8350		3.67	5.14
8380		2.47	3.46
8381		0.99	1.39
8385		1.90	2.66
8392		2.44	3.42
8393		1.15	1.61
8500		3.57	5.00
8601		0.49	0.69
8606		2.50	3.50
8709		5.86	8.20
8719	F	1.25	1.75
8720		0.84	1.18
8721		0.28	0.39
8726		6.97	9.76
8734	M	0.47	0.66
8737	M	0.43	0.60
8738	M	0.76	1.06
8742		0.35	0.49
8745		3.30	4.62
8748		0.29	0.41
8755		0.20	0.28
8799		0.69	0.97
8800		0.69	0.97
8803		0.06	0.08
8805	M	0.23	0.32
8810		0.17	0.24
8814	M	0.21	0.29
8815	M	0.37	0.52
8820		0.16	0.22
8824		2.01	2.81
8825		1.68	2.35
8826		1.60	2.24
8829		1.91	2.67
8831		2.12	2.97
8832		0.20	0.28
8833		0.79	1.11
8835		1.52	2.13
8842		0.83	1.16
8864		0.83	1.16
8868		0.29	0.41
8869		0.53	0.74
8871		0.18	0.25
8901		0.20	0.28
9012		1.19	1.67
9014		1.65	2.31

WC LOSS COST / RATES **AMERICAN INTERSTATE** EFFECTIVE **7/1/2007**
ARKANSAS LCM **1.40** LOSS COST **7/1/2007**
UPDATED **10/1/2007**

CLASS CODE	SUFFIX	LOSS COST -	LCM 1.40 RATE
9015		1.95	2.73
9016		3.55	4.97
9019		2.33	3.26
9033		1.27	1.78
9040		2.49	3.49
9052		1.25	1.75
9058		1.23	1.72
9059		2.11	2.95
9060		1.27	1.78
9061		0.98	1.37
9063		0.78	1.09
9077	F	2.87	4.02
9082		1.17	1.64
9083		1.05	1.47
9084		1.45	2.03
9089		0.92	1.29
9093		1.04	1.46
9101		2.17	3.04
9102		2.13	2.98
9154		1.74	2.44
9156		1.00	1.40
9170		1.65	2.31
9178		17.92	25.09
9179		31.10	43.54
9180		3.07	4.30
9182		1.91	2.67
9186		38.45	53.83
9220		2.68	3.75
9402		3.70	5.18
9403		4.54	6.36
9410		1.39	1.95
9501		3.45	4.83
9505		2.52	3.53
9516		1.99	2.79
9519		1.73	2.42
9521		3.70	5.18
9522		1.08	1.51
9534		5.29	7.41
9554		6.07	8.50
9586		0.52	0.73
9600		1.14	1.60
9620		0.86	1.20
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CLASS CODE	SUFFIX	LOSS COST -	LCM 1.40 RATE
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Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	08-08-2007

Comments:
Includes P & C Transmittal Document and Rate/Rule Filing Schedule.
Attachment:
Completed AR B-1387 Forms.pdf

		Review Status:	
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	08-08-2007
Bypass Reason:	not required		
Comments:			

		Review Status:	
Bypassed -Name:	NAIC loss cost data entry document	Approved	08-08-2007
Bypass Reason:	not required		
Comments:			

Effective March 1, 2007

Property & Casualty Transmittal Document

Reset Foim

1	Reserved for Insurance Department 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:	
New Business	
Renewal Business	
f. State Filing #-	
g. SERFF Filing #-	
h. Subject Codes	

3.	Group Name				Group NAIC #
	Amerisafe, Inc				0680
4.	**Company Name(s)**	**Domicile**	**NAIC #**	**FEIN #**	**State #**
	American Interstate Insurance Company	Louisiana	31895	58-1181498	
	Silver Oak Casualty, Inc	Louisiana	26869	72-1215354	

5.	Company Tracking Number	07-0034

Contact Info of Filers) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Ben Darnell 2301 Highway 190 West DeRidder, LA 70634	Rate Filing Specialist	(800) 256-9052	(337) 460-3550	bdarnell@amerisafe.com

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

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

9.	**Type of Insurance (TOI)**	Please select from the drop down list. 16.0000 Workers Comp.
10.	**Sub-Type of Insurance (Sub-TOI)**	16.0004 Standard Workers Comp.
11.	**State Specific Product code(s)(if** applicable)[See State Specific Requirements]	
12.	**Company Program Title** (Marketing title)	
13.	**Filing Type**	☐ Rate/Loss Cost ☒ Rules ☐ Rates/Rules ☐ Forms 1-1 Combination Rates/Rules/F orms ☐ Withdrawal ☐ Other (give description)
14.	Effective Date(s) Requested	New: 10/1/07 Renewal: 10/1/07
15.	Reference Filing?	X Yes ☐ No
16.	Reference Organization (if applicable)	NCCI
17.	Reference Organization # & Title	CIF 2007-07 Item Filing B-1387
18.	Company's Date of Filing	8/3/2007
19.	Status of filing in domicile	☐ Not Filed ☐ Pending ☒ Authorized ☐ Disapproved

Property & Casualty Transmittal Document-

20.	This filing transmittal is part of Company Tracking #	07-0034

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

Dear Commissioner Bowman:

American Interstate Insurance Company and Silver Oak Casualty, Inc. wish to adopt the rules and supplementary rating information pertaining to NCCI's Circular CIF-2007-07, Item Filing B-1387.

We have enclosed the filing fee of $50.00 for adoption of NCCI's rules and supplementary rating information along with the required filing forms. In accordance with Arkansas' prior approval, thirty day waiting period regulations, we respectfully request an effective date of October 1, 2007. We will exercise the deemer provision on that date unless disapproved within the thirty-day waiting period or any extensions thereof. Acknowledgement evidenced by departmental stamp on a copy of this letter would be appreciated.

If you have any questions or require any additional information, please do not hesitate to contact me at (800) 256-9052 extension 2112 or via this e-mail address: bdarnell@amerisafe.com.

Sincerely,

Ben Darnell
Rate Filing Specialist
Regulatory Department

View Complete Filing Description

22.	Filing Fees (Filer must provide check # and fee amount it applicable) If a state requires you to show how you calculated your filing fees, place that calculation below)

Check #
Amount: 50.00

American Interstate - $25.00 plus Silver Oak - $25.00 = $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.)

@ 2007 National Association of Insurance Commissioners

Effective March 1, 2007

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 #**	07-0034
2.	**This filing corresponds to form filing number** (Company tracking number of form filing, if applicable)	

☐ Rate Increase ☐ Rate Decrease ☒ Rate Neutral (0%)

3.	**Filing Method (Prior Approval, File & Use, Flex Band, etc.)**	

4a. Rate Change by Company (As Proposed)

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)
American Interstate	0	0	0	0	0	0	0
Silver Oak	0	0	0	0	0	0	0

4b Rate Change by Company (As Accepted) For State Use Only

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	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	0%	
5b	Overall percentage rate impact for this filing	0%	
5c	Effect of Rate Filing - Written premium change for this program	0	
5d	Effect of Rate Filing - Number of policyholders affected	0	

6.	Overall percentage of last rate revision	-6.2% AIIC & -1.3% SOCI
7.	Effective Date of last rate revision	7/1/07 AIIC & 9/1/06 SOCI
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Item Filing B-1387	☒ New ☐ Replacement ☐ Withdrawn	
02		☐ New ☐ Replacement ☐ Withdrawn	
03		☐ New ☐ Replacement ☐ Withdrawn	

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