

SERFF Tracking Number: AMST-125847778 State: Arkansas  
Filing Company: American Interstate Insurance Company State Tracking Number: EFT \$25  
Company Tracking Number: 08-0194 AND 08-0195  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Rule Filing  
Project Name/Number: Adopt Item Filing B-1410/08-0194 and 08-0195

## Filing at a Glance

Company: American Interstate Insurance Company

Product Name: Rule Filing

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

SERFF Tr Num: AMST-125847778 State: Arkansas

SERFF Status: Closed

Co Tr Num: 08-0194 AND 08-0195

State Tr Num: EFT \$25

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler

Authors: Cheryl Morott, Angela Lannen, Lisa Ernst, Paul Logue

Disposition Date: 10/14/2008

Date Submitted: 10/14/2008

Disposition Status: Approved

Effective Date Requested (New): 07/01/2010

Effective Date (New): 07/01/2010

Effective Date Requested (Renewal): 07/01/2010

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Adopt Item Filing B-1410

Project Number: 08-0194 and 08-0195

Reference Organization: NCCI

Reference Title: Item Filing B-1410

Filing Status Changed: 10/14/2008

State Status Changed: 10/14/2008

Corresponding Filing Tracking Number:

Filing Description:

Dear Commissioner Bowman:

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number: CIF-2008-33

Advisory Org. Circular: AR-2008-07

Deemer Date:

American Interstate Insurance Company and Silver Oak Casualty, Inc. wish to adopt the rules and supplementary rating information pertaining to NCCI's Circular AR-2008-07, Item Filing B-1410. In accordance with Arkansas' prior approval, thirty-day waiting period regulations, we respectfully request an effective date of July 1, 2001. We will exercise deemer provision on that date unless disapproved within the thirty-day waiting period or any extensions thereof.

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We are enclosing the necessary copies for this filing and the required filing fee of \$25.00. In addition, a self-addressed, stamped envelope for your convenience in replying. Acknowledgement by departmental stamp on a copy of this filing would be appreciated.

If you have any questions, please do not hesitate to contact me at 1-800-256-9052 extension 2112 or e-mail at cmorott@amerisafe.com.

## 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  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Interstate Insurance Company	\$25.00	10/14/2008	23171087

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	10/14/2008	10/14/2008

*SERFF Tracking Number:* AMST-125847778      *State:* Arkansas  
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## **Disposition**

Disposition Date: 10/14/2008

Effective Date (New): 07/01/2010

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMST-125847778 State: Arkansas  
 Filing Company: American Interstate Insurance Company State Tracking Number: EFT \$25  
 Company Tracking Number: 08-0194 AND 08-0195  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: Rule Filing  
 Project Name/Number: Adopt Item Filing B-1410/08-0194 and 08-0195

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Approved	Yes
<b>Supporting Document</b>	Explanatory Memorandum	Approved	Yes
<b>Supporting Document</b>	Copy of check for filing fee	Approved	Yes

*SERFF Tracking Number:* AMST-125847778      *State:* Arkansas  
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*TOI:* 16.0 Workers Compensation      *Sub-TOI:* 16.0004 Standard WC  
*Product Name:* Rule Filing  
*Project Name/Number:* Adopt Item Filing B-1410/08-0194 and 08-0195

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: AMST-125847778 State: Arkansas  
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## Supporting Document Schedules

<p><b>Satisfied -Name:</b> Uniform Transmittal Document-Property &amp; Casualty</p> <p><b>Comments:</b> Please view attached documents.</p> <p><b>Attachments:</b> P&amp;C Transmittal Document..08-0194 and 08-0195.pdf Rate Rule Filing Schedule. 08-0294 and 08-0295.pdf</p>	<p><b>Review Status:</b> Approved 10/14/2008</p>
<p><b>Bypassed -Name:</b> NAIC Loss Cost Filing Document for Workers' Compensation</p> <p><b>Bypass Reason:</b> N/A</p> <p><b>Comments:</b></p>	<p><b>Review Status:</b> Approved 10/14/2008</p>
<p><b>Bypassed -Name:</b> NAIC loss cost data entry document</p> <p><b>Bypass Reason:</b> N/A</p> <p><b>Comments:</b></p>	<p><b>Review Status:</b> Approved 10/14/2008</p>
<p><b>Satisfied -Name:</b> Explanatory Memorandum</p> <p><b>Comments:</b> Please view attached document.</p> <p><b>Attachment:</b> explanatory memorandum 08-0194..08-0195.pdf</p>	<p><b>Review Status:</b> Approved 10/14/2008</p>
<p><b>Satisfied -Name:</b> Copy of check for filing fee</p> <p><b>Comments:</b> Please view attached document.</p> <p><b>Attachment:</b> check for 08-0194 and 08-0195.pdf</p>	<p><b>Review Status:</b> Approved 10/14/2008</p>

### 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: <div style="display: flex; justify-content: space-between;"> <span>New Business</span> <span>Renewal Business</span> </div> f. State Filing #- g. SERFF Filing #- AMST-128547778 h. Subject Codes
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<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>			
	Amerisafe, Inc.	680			
<b>4.</b>	<b>Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
	American Interstate Insurance Company	Louisiana	31895	58-1181498	
	Silver Oak Casualty, Inc.	Louisiana	26869	72-1215354	

<b>5. Company Tracking Number</b>	08-0194 and 09-0195
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<b>Contact Info of Filer(s) or Corporate Officer(s)</b>		<b>Include toll-free number</b>			
<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Cheryl Morott, 2301 Highway 190 West, DeRidder, LA 70634	Rate Filing Specialist	800-256-9052 extension 2112	337-460-3550	cmorott@amerisafe.com
<b>7.</b>	<b>Signature of authorized filer</b>		<i>Cheryl Morott</i>		
<b>8.</b>	<b>Please print name of authorized filer</b>		Cheryl Morott		

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	16.000 - Workers' Compensation
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	16.004- Standard Workers' Compensation
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing title)</b>	Rule Filing
<b>13.</b>	<b>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.</b>	<b>Effective Date(s) Requested</b>	New: July 1, 2010      Renewal: July 1, 2010
<b>15.</b>	<b>Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	NCCI Circular CIF-2008-33
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	NCCI- Item B-1410- Revisions to Basic Manual Classifications and Appendix E-Classifications by Hazard Codes
<b>18.</b>	<b>Company's Date of Filing</b>	October 7, 2008
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

# Property & Casualty Transmittal Document-

20. This filing transmittal is part of Company Tracking #

08-0194 and 08-0195

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

RE: American Interstate Insurance Company - NAIC # 31895  
Silver Oak Casualty, Inc. -NAIC # 26869  
Workers' Compensation Rule Filing  
Adoption of NCCI Circular AR-2008-07  
NCCI - Circular CIF-2008-33-Item Filing B-1410 - Revisions to Basic Manual Classifications and Appendix E-Classifications by Hazard Group  
Company Filing 08-0194 and 08-0195

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 AR-2008-07, Item Filing B-1410. In accordance with Arkansas' prior approval, thirty-day waiting period regulations, we respectfully request an effective date of July 1, 2001. We will exercise deemer provision on that date unless disapproved within the thirty-day waiting period or any extensions thereof.

We are enclosing the necessary copies for this filing and the required filing fee of \$25.00. In addition, a self-addressed, stamped envelope for your convenience in replying. Acknowledgement by departmental stamp on a copy of this filing would be appreciated.

If you have any questions, please do not hesitate to contact me at 1-800-256-9052 extension 2112 or e-mail at cmorott@amerisafe.com.

Sincerely,

Cheryl Morott  
Rate Filing Services Specialist  
Regulatory Department

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: \$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.)

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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	08-0194 and 08-0195
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<b>2.</b>	<b>This filing corresponds to form filing number (Company tracking number of form filing, if applicable)</b>	None
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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>	Prior Approval
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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 Insurance Company	0%	0%	9,144,288	423	9,144,288	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)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing - Written premium change for this program		
5d.	Effect of Rate Filing - Number of policyholders affected		

6.	Overall percentage of last rate revision	
7.	Effective Date of last rate revision	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

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	

**Arkansas  
EXPLANATORY MEMORANDUM**

**Filing Number:** 08-0194 and 08-0195

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

**Address:** 2301 Highway 190 West  
DeRidder, LA 70634

**NAIC Number:** 0680-31895 and 0680-26869

**State:** Arkansas

**Addressed to:** Julie Benefield Bowman  
Insurance Commissioner  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

**Date of Filing:** 10/7/08

**Line of Insurance:** Workers' Compensation

**Explanation of Filing:** Adopt the rules and supplementary rating information pertaining to NCCI's Circular CIF-2008-33, Item Filing B-1410 with an effective date of July 1, 2010. In accordance with Arkansas' prior approval, 30-day waiting period regulations, we will exercise deemer provision on that date unless disapproved within the 30-day waiting period or any extensions thereof.

**State Filing Forms Attached:** Property & Casualty Transmittal [2 pages]  
Rate/Rule Filing Schedule  
Explanatory Memorandum  
Check for filing fees.

**Copies:** 1

**Return Envelope:** 0

**Filing Requirements:** Prior Approval

**Proposed Effective Date:** 1-Jul-10

**Check Enclosed:** \$25.00

**Contact Person:** Cheryl Morott  
Rates Filing Services Specialist

**Phone number:** 1-800-256-9052 ext.2112      E-mail: cmorott@amerisafe.com

# American Interstate Insurance Co., Inc

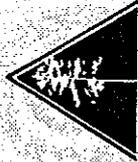
VENDOR ARKANSAS

CHECK NO. 0003021697

VCH. NO.	INVOICE NO.	DESCRIPTION	NET AMT.
0000326944	CO# 08-0194 - 08-0195	ADOPT ITEM FILING B-1410 ALLIC & SOCI	25.00

CHECK TOTAL \$\*\*\*\*\*25.00

THE CHECK IS VOID WITHOUT A COLORED BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW



**American Interstate Insurance Co., Inc**  
 2301 Hwy 190 West  
 DeRidder, La. 70634  
 337-463-9052

Comerica  
 Comerica Bank - Texas  
 Dallas, Texas

Check No.	Check Date	Vendor No.
0003021697	10/08/2008	ARKANSAS

32.75 — 744  
 1110

CHECK AMOUNT  
 \$\*\*\*\*\*25.00

PAY Twenty Five Dollars And No Cents

TO THE ORDER OF