

SERFF Tracking Number: AMLX-125885366 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$50
Company Tracking Number: ML AR0259001F01
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Multi-Peril 2008
Project Name/Number: VLCW02 - Cancellation and Non-Renewal Notice - Extension Endorsement/ML AR0259001F01

Filing at a Glance

Company: American Alternative Insurance Corporation

Product Name: Commercial Multi-Peril 2008 SERFF Tr Num: AMLX-125885366 State: Arkansas
TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: ML AR0259001F01 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
Author: SPI Disposition Date: 11/05/2008
AmericanAlternativeInsurance
Date Submitted: 11/03/2008 Disposition Status: Approved
Effective Date Requested (New): 12/03/2008 Effective Date (New): 12/03/2008
Effective Date Requested (Renewal): Effective Date (Renewal): 12/03/2008

State Filing Description:

General Information

Project Name: VLCW02 - Cancellation and Non-Renewal Notice - Extension Endorsement Status of Filing in Domicile:
Project Number: ML AR0259001F01 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 11/05/2008
State Status Changed: 11/05/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

American Alternative Insurance Corporation is submitting for your review and approval, the enclosed multi-peril form filing.

The purpose of this filing is to introduce revised endorsement VLCW02 (09/07) Cancellation And Non-Renewal Notice - Extension Endorsement. The endorsement was revised to also apply to non-renewal. It will be used to increase the

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number of days notice that we will give the insured prior to non-renewal. The notice timeframe will be increased beyond the minimum required by statute.

We propose that this filing apply to all policies effective on or after December 3, 2008.

Should you have any questions or need any additional information, please do not hesitate to ask. Thank you in advance for your prompt attention to this filing.

Sincerely,

Melissa Jacobson
State Filing Analyst
mjacobson@munichreamerica.com
(609) 243-4840

Company and Contact

Filing Contact Information

Melissa Jacobson, State Filing Analyst mjacobson@munichreamerica.com
555 College Road East (800) 305-4954 [Phone]
Princeton, NJ 08543-5241 (609) 275-2147[FAX]

Filing Company Information

American Alternative Insurance Corporation CoCode: 19720 State of Domicile: Delaware
555 College Road East Group Code: 361 Company Type:
Princeton,, NJ 08543-5241 Group Name: Munich Re Group State ID Number:
(800) 305-4954 ext. [Phone] FEIN Number: 52-2048110

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00

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Project Name/Number: VLCW02 - Cancellation and Non-Renewal Notice - Extension Endorsement/ML AR0259001F01
Retaliatory? No
Fee Explanation: E-check # 1700000691 Invoice # MJ-091508b
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Alternative Insurance Corporation	\$50.00	11/03/2008	23670802

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/05/2008	11/05/2008

SERFF Tracking Number: *AMLX-125885366* *State:* *Arkansas*
Filing Company: *American Alternative Insurance Corporation* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *ML AR0259001F01*
TOI: *35.0 Interline Filings* *Sub-TOI:* *35.0002 Commercial Interline Filings*
Product Name: *Commercial Multi-Peril 2008*
Project Name/Number: *VLCW02 - Cancellation and Non-Renewal Notice - Extension Endorsement/ML AR0259001F01*

Disposition

Disposition Date: 11/05/2008

Effective Date (New): 12/03/2008

Effective Date (Renewal): 12/03/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLX-125885366 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - FORM FILING ABSTRACT F-1	Approved	Yes
Supporting Document	AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03))	Approved	Yes
Supporting Document	AR - NAIC FORM FILING SCHEDULE	Approved	Yes
Form	Cancellation and Non-Renewal Notice - Extension Endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Cancellation and Non-Renewal Notice - Extension Endorsement	VLCW02	(09/08)	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 VLCW02 Previous Filing #:		VLCW02.PD F



CANCELLATION AND NON-RENEWAL NOTICE - EXTENSION ENDORSEMENT

Named Insured	Endorsement Number
Policy Number	Endorsement Effective
Countersigned by (Authorized Representative)	

The above is required to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

This endorsement modifies the **COMMON POLICY CONDITIONS**

The **CANCELLATION CONDITION** of your policy is amended as follows, superseding any provision to the contrary:

In the event of cancellation by us for any reason other than nonpayment of premium, our obligation to notify the First Named Insured is increased to a total of _____ **DAYS** before the effective date of such cancellation.

The **NON-RENEWAL CONDITION** of your policy is amended as follows, superseding any provision to the contrary:

In the event of non-renewal by us for any reason, our obligation to notify the First Named Insured is increased to a total of _____ **DAYS** before the effective date of such non-renewal.

All other provisions of your policy's **CANCELLATION AND NON-RENEWAL CONDITIONS** remain unchanged.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 11/05/2008

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: AR - FORM FILING ABSTRACT F-
1 **Review Status:** Approved 11/05/2008

Comments:

Attachment:

AR - FORM FILING ABSTRACT F-1.PDF

Satisfied -Name: AR - CERTIFICATE OF
COMPLIANCE - (AID PC SelfCert
(4/30/03)) **Review Status:** Approved 11/05/2008

Comments:

Attachment:

AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4_30_03)).PDF

Satisfied -Name: AR - NAIC FORM FILING
SCHEDULE **Review Status:** Approved 11/05/2008

Comments:

Attachment:

AR - NAIC FORM FILING SCHEDULE.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:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

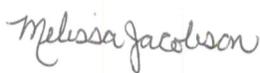
3. Group Name	Group NAIC #
Munich Re Group	0361

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Alternative Insurance Corporation	DE	19720	52-2048110	

5. Company Tracking Number	ML AR0259001F01
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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
	Melissa R. Jacobson 555 College Road East Princeton NJ 08543-5241	State Filing Analyst	800-305-4954 Ext. 4840	609-275-2147	mjacobson@munichreamerica.com

7. Signature of authorized filer	
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8. Please print name of authorized filer	Melissa R. Jacobson
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Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	35.0 Interline Filings
10.	Sub-Type of Insurance (Sub-TOI)	35.0002 Commercial Interline Filings
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	N/A
12.	Company Program Title (Marketing Title)	N/A
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: 12/3/2008 Renewal: 12/3/2008
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	11/3/2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	ML AR0259001F01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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American Alternative Insurance Corporation is submitting for your review and approval, the enclosed multi-peril form filing.

The purpose of this filing is to introduce revised endorsement VLCW02 (09/07) Cancellation And Non-Renewal Notice - Extension Endorsement. The endorsement was revised to also apply to non-renewal. It will be used to increase the number of days notice that we will give the insured prior to non-renewal. The notice timeframe will be increased beyond the minimum required by statute.

We propose that this filing apply to all policies effective on or after December 1, 2008.

Should you have any questions or need any additional information, please do not hesitate to ask. Thank you in advance for your prompt attention to this filing.

Sincerely,

Melissa Jacobson
 State Filing Analyst
 mjacobson@munichreamerica.com
 (609) 243-4840

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]						
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Check #:</td> <td>EFT</td> </tr> <tr> <td>Amount:</td> <td>\$50.00</td> </tr> <tr> <td colspan="2" style="padding-top: 10px;">E-check # 1700000691 Invoice # MJ-091508b</td> </tr> </table> <p style="text-align: center; margin-top: 20px;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>		Check #:	EFT	Amount:	\$50.00	E-check # 1700000691 Invoice # MJ-091508b	
Check #:	EFT						
Amount:	\$50.00						
E-check # 1700000691 Invoice # MJ-091508b							

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

ARKANSAS INSURANCE DEPARTMENT

FORM FILING ABSTRACT

ALL QUESTIONS MUST BE ANSWERED

Page 1 of 2

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 11/3/2008
2. Company Name(s) American Alternative Insurance Corporation
Group Name Munich Re Group NAIC No. 19720 Group No. 0361
3. (a) Annual Statement Line of Business Number (Page 14) 35.0
(b) Class of Business Interline Filing
© Coverages Affected None
4. (a) Name of Advisory Organization, if any ISO
(b) Affiliations with Advisory Organization: Member () Subscriber ()
5. Is this a reference filing? Yes () No () If yes, please provide the following:
(a) Name of Advisory Organization (or Affiliated Company) _____
(b) Date of Filing _____
© Filing Designation Number or Description _____

PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?
Pending in domicile state of Delaware
8. Is the form filed in response to or due to legislation? If so, specify legislation.
No
9. Is the form in response to or due to recent court decisions? If so, give citation.
No

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Melissa Jacobson

Signature

Melissa R. Jacobson

Title

800-305-4954

Telephone Number

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
VLCW02 (06/97)	12/3/2008	VLCW02 (09/08)	Cancellation and Non-Renewal Notice - Extension Endorsement

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)



I, Stephen J. Corbett, Vice President of
 (Name) (Title of Authorized Officer)

American Alternative Insurance Corporation
 (Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? <i>(Yes or No)</i> •	
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If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number • ML AR0259001F01	
Signature of Authorized Officer •	
Name of Authorized Officer •	Stephen J. Corbett
Title of Authorized Officer •	Vice President
Email address of Authorized Officer •	scorbett@munichreamerica.com
Telephone # of Authorized Officer •	609-243-5620 Ext: 5620
Date •	11/3/2008

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	ML AR0259001F01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Cancellation and Non-Renewal Notice - Extension Endorsement	VLCW02 (09/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	VLCW02 (06/97)	
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		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		