

SERFF Tracking Number: LBRM-125917951 State: Arkansas
First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-02507A
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: AR-WC-DIVIDEND PLAN AA-RULE
Project Name/Number: AR-WC-DIVIDEND PLAN AA-RULE/2008-02507A

Filing at a Glance

Companies: America First Insurance Company, Peerless Indemnity Insurance Company, Peerless Insurance Company, The Netherlands Insurance Company

Product Name: AR-WC-DIVIDEND PLAN AA- SERFF Tr Num: LBRM-125917951 State: Arkansas
RULE

TOI: 16.0 Workers Compensation
Sub-TOI: 16.0004 Standard WC

SERFF Status: Closed
Co Tr Num: 2008-02507A

State Tr Num: EFT \$50
State Status: Fees verified and
received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol
Stiffler

Author: Daniel Francis
Date Submitted: 11/24/2008

Disposition Date: 11/24/2008
Disposition Status: Accepted For
Informational Purposes

Effective Date Requested (New): 01/01/2009
Effective Date Requested (Renewal): 01/01/2009

Effective Date (New):
Effective Date (Renewal):

State Filing Description:

General Information

Project Name: AR-WC-DIVIDEND PLAN AA-RULE

Project Number: 2008-02507A

Reference Organization:

Reference Title:

Filing Status Changed: 11/24/2008

State Status Changed: 11/24/2008

Corresponding Filing Tracking Number:

Filing Description:

Effective January 1, 2009 for new and renewal business we wish to file revisions to our Workers Compensation Program.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

With this submission, we wish to file our revised Dividend Plan AA to be used with the above mentioned companies.

This plan was previously approved under SERFF Tracking #: LBRM-125789771.

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 PER FILING = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
America First Insurance Company	\$50.00	11/24/2008	24116478
Peerless Indemnity Insurance Company	\$0.00	11/24/2008	
Peerless Insurance Company	\$0.00	11/24/2008	
The Netherlands Insurance Company	\$0.00	11/24/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Carol Stiffler Informational Purposes		11/24/2008	11/24/2008

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Disposition

Disposition Date: 11/24/2008

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment: Dividend plans are not required to be filed. This filing is accepted for informational purposes.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Accepted for Informational Purposes	Yes
Supporting Document	NAIC loss cost data entry document	Accepted for Informational Purposes	Yes
Supporting Document	COVER LETTER	Accepted for Informational Purposes	Yes
Rate	DIVIDEND PLAN AA	Accepted for Informational Purposes	Yes

SERFF Tracking Number: LBRM-125917951 *State:* Arkansas
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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	DIVIDEND PLAN AA	DIVIDEND PLAN AA	Replacement	LBRM-125789771 WC Dividend Plan AA_Revised_AR.pdf

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Supporting Document Schedules

<p>Satisfied -Name: Uniform Transmittal Document-Property & Casualty</p> <p>Comments: Uniform Transmittal Document-Property & Casualty</p> <p>Attachment: Property and Casualty Filing Transmittal Document.pdf</p>	<p>Review Status: Accepted for Informational Purposes 11/24/2008</p>
<p>Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation</p> <p>Bypass Reason: NA - RULE ONLY</p> <p>Comments:</p>	<p>Review Status: Accepted for Informational Purposes 11/24/2008</p>
<p>Bypassed -Name: NAIC loss cost data entry document</p> <p>Bypass Reason: NA - RULE ONLY</p> <p>Comments:</p>	<p>Review Status: Accepted for Informational Purposes 11/24/2008</p>
<p>Satisfied -Name: COVER LETTER</p> <p>Comments: COVER LETTER</p> <p>Attachment: 2008-02507A.pdf</p>	<p>Review Status: Accepted for Informational Purposes 11/24/2008</p>

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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> </table>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

3. Group Name	Group NAIC #
LIBERTY MUTUAL AGENCY MARKETS	111

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
PEERLESS INSURANCE COMPANY	NH	111-24198	02-0177030	
PEERLESS INDEMNITY INSURANCE CO	IL	111-18333	13-2919779	
THE NETHERLANDS INSURANCE CO	NH	111-02291	02-0342937	
AMERICA FIRST INSURANCE CO	NH	111-12696	58-0953149	

5. Company Tracking Number	2008-02507A
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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
	DANIEL FRANCIS	ANALYST, REGULATORY FILING AM	800-826-6289 x83824	603-352-9252	daniel.francis@libertymutual.com
	62 MAPLE AVE, KEENE NH 03431				
7.	Signature of authorized filer				
8.	Please print name of authorized filer		DANIEL FRANCIS		

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]	NA
12. Company Program Title (Marketing title)	WORKERS COMPENSATION
13. Filing Type	<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)

Effective March 1, 2007

14. Effective Date(s) Requested	New: 01/01/2009	Renewal: 01/01/2009
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16. Reference Organization (if applicable)	NA	
17. Reference Organization # & Title	NA	
18. Company's Date of Filing	11/24/2008	
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 #	2008-02507A
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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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With this submission, we wish to file our revised Dividend Plan AA to be used with the above mentioned companies. This plan was previously approved under SERFF Tracking #: LBRM-125789771.

Attached, please find our Dividend Plan along with the required filing forms, and the \$50.00 filing fee.

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 #: NA
Amount: \$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.)**



**America First
Insurance™**

Member of Liberty Mutual Group

62 Maple Avenue
Keene, NH 03431
603-352-3221

November 24, 2008

Hon. Julie Benafield Bowman
Commissioner Of Insurance
Arkansas Insurance Department
1200 West Third St
Little Rock, AR 72201-1904

Attn: Mr. Bill Lacy, Director
Property and Casualty Division

RE: Workers Compensation
Rule Filing
PEERLESS INSURANCE COMPANY
NAIC #: 111-24198
THE NETHERLANDS INSURANCE COMPANY
NAIC #: 111-24171
AMERICA FIRST INSURANCE COMPANY
NAIC #: 111-12696
PEERLESS INDEMNITY INSURANCE COMPANY
NAIC #: 111-18333
Company Filing#: 2008-02507A

Dear Mr. Lacy:

Effective January 1, 2009 for new and renewal business we wish to file revisions to our Workers Compensation Program.

With this submission, we wish to file our revised Dividend Plan AA to be used with the above mentioned companies. This plan was previously approved under SERFF Tracking #: LBRM-125789771.

Attached, please find our Dividend Plan along with the required filing forms, and the \$50.00 filing fee.

Questions regarding the enclosed filing should be directed to me at 603-358-3824 or 800-826-6189 ext. 83824.

Sincerely,

Daniel Francis
Analyst, Regulatory Filing, AM
E-mail daniel.francis@libertyram.com
Fax (603) 352-9252