

SERFF Tracking Number: AGNY-125932134 State: Arkansas  
First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: AIC-08-WC-17  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Credit Rating Downgrade Endorsement 102000319  
Project Name/Number: /

## Filing at a Glance

Companies: American Home Assurance Company, American International South Insurance Company, AIG Casualty Company, Commerce and Industry Insurance Company, Granite State Insurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., New Hampshire Insurance Company, The Insurance Company of the State of Pennsylvania

Product Name: Credit Rating Downgrade Endorsement 102000319  
TOI: 16.0 Workers Compensation  
Sub-TOI: 16.0004 Standard WC  
Filing Type: Form

SERFF Tr Num: AGNY-125932134 State: Arkansas  
SERFF Status: Closed  
Co Tr Num: AIC-08-WC-17  
Co Status:

State Tr Num: EFT \$50  
State Status: Fees verified and received  
Reviewer(s): Betty Montesi, Carol Stiffler  
Disposition Date: 12/08/2008  
Disposition Status: Approved

Effective Date Requested (New): On Approval  
Effective Date Requested (Renewal): On Approval  
State Filing Description:

Effective Date (New): 12/08/2008  
Effective Date (Renewal):

## General Information

Project Name:  
Project Number:

Reference Organization: N/A  
Reference Title: N/A  
Filing Status Changed: 12/08/2008  
State Status Changed: 12/05/2008  
Corresponding Filing Tracking Number:  
Filing Description:

Status of Filing in Domicile: Pending  
Domicile Status Comments: This filing is being submitted simultaneously in all states.  
Reference Number: N/A  
Advisory Org. Circular: N/A  
Deemer Date:

The referenced companies (the "Companies") submit the attached Credit Rating Downgrade Endorsement – Form No. WC 99 00 53 (11/08) to be used with Workers' Compensation and Employers' Liability policies. The substance of the endorsement was created collaboratively with our brokers and insureds. Understandably, our brokers and clients are

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extremely concerned about the recent developments of the Companies' parent, American International Group, Inc. The creation and use of this endorsement is an attempt to allay such concerns. Upon the request of the insured, the endorsement will be issued, at no charge to the insured.

We wish to make this filing effective on the earliest date permitted by your Department.

## Company and Contact

### Filing Contact Information

Walter Murphy, Filings Analyst  
 175 Water Street  
 New York, NY 10038  
 Walter.Murphy@AIG.com  
 (212) 458-2192 [Phone]  
 (212) 458-7077[FAX]

### Filing Company Information

American Home Assurance Company  
 70 Pine Street  
 New York, NY 10270  
 (212) 770-7000 ext. [Phone]

CoCode: 19380  
 Group Code:  
 Group Name:  
 FEIN Number: 13-5124990  
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State of Domicile: New York  
 Company Type:  
 State ID Number:

American International South Insurance  
 Company  
 70 Pine Street  
 New York, NY 10270  
 (212) 770-7000 ext. [Phone]

CoCode: 40258  
 Group Code:  
 Group Name:  
 FEIN Number: 02-6008643  
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State of Domicile: Pennsylvania  
 Company Type:  
 State ID Number:

AIG Casualty Company  
 70 Pine Street  
 New York, NY 10270  
 (212) 770-7000 ext. [Phone]

CoCode: 19402  
 Group Code:  
 Group Name:  
 FEIN Number: 25-1118791  
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State of Domicile: Pennsylvania  
 Company Type:  
 State ID Number:

Commerce and Industry Insurance Company  
 70 Pine Street  
 New York, NY 10270  
 (212) 770-7000 ext. [Phone]

CoCode: 19410  
 Group Code:  
 Group Name:  
 FEIN Number: 13-1938623  
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State of Domicile: New York  
 Company Type:  
 State ID Number:

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Granite State Insurance Company CoCode: 23809 State of Domicile: Pennsylvania  
70 Pine Street Group Code: Company Type:  
New York, NY 10270 Group Name: State ID Number:  
(212) 770-7000 ext. [Phone] FEIN Number: 02-0140690  
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National Union Fire Insurance Company of CoCode: 19445 State of Domicile: Pennsylvania  
Pittsburgh, Pa. Group Code: Company Type:  
70 Pine Street Group Name: State ID Number:  
New York, NY 10270 FEIN Number: 25-0687550  
(212) 770-7000 ext. [Phone] -----

New Hampshire Insurance Company CoCode: 23841 State of Domicile: Pennsylvania  
70 Pine Street Group Code: Company Type:  
New York, NY 10270 Group Name: State ID Number:  
(212) 770-7000 ext. [Phone] FEIN Number: 02-0172170  
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The Insurance Company of the State of CoCode: 19429 State of Domicile: Pennsylvania  
Pennsylvania Group Code: Company Type:  
70 Pine Street Group Name: State ID Number:  
New York, NY 10270 FEIN Number: 13-5540698  
(212) 770-7000 ext. [Phone] -----

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 1 Form Filing = \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Home Assurance Company	\$50.00	12/05/2008	24354249
American International South Insurance Company	\$0.00	12/05/2008	
AIG Casualty Company	\$0.00	12/05/2008	
Commerce and Industry Insurance Company	\$0.00	12/05/2008	
Granite State Insurance Company	\$0.00	12/05/2008	
National Union Fire Insurance Company of Pittsburgh, Pa.	\$0.00	12/05/2008	
New Hampshire Insurance Company	\$0.00	12/05/2008	
The Insurance Company of the State of Pennsylvania	\$0.00	12/05/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	12/08/2008	12/08/2008

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## Disposition

Disposition Date: 12/08/2008  
Effective Date (New): 12/08/2008  
Effective Date (Renewal):  
Status: Approved  
Comment:

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	Approved	Yes
Form	Credit Rating Downgrade 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	Credit Rating Downgrade Endorsement	WC 99 00 53	11/08	Endorsement/Amendment/Conditions		0.00	WC990053 (11-08) Credit Rating Downgrade Endorsement.pdf

## Credit Rating Downgrade Endorsement

This endorsement changes the policy to which it is attached on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to the preparation of the policy).

This endorsement, effective 12:01 AM / / forms a part of Policy No. WC - -

Issued to:

By:

This policy is amended as follows:

In the event the **Company** receives a financial strength rating below A- by A.M. Best Co., or below BBB by Standard & Poor's Ratings Services (the "**Credit Rating Downgrade**"), this policy may be canceled by the **First Named Insured** referenced on the Information Page by mailing written prior notice to the **Company** or by surrender of this policy to the **Company** or its authorized agent or broker.

If this policy is canceled by the **First Named Insured** within 30 days after such **Credit Rating Downgrade**, then the **Company** shall return the unearned pro rata proportion of the final premium as of the effective date of cancellation.

For the purposes of this endorsement, the following definitions shall apply:

1. **Company** means the insurer as shown on the Information Page of this policy.
2. **First Named Insured** means the first Named Insured or Named Entity as shown on the Information Page of this policy.

To the extent that the provisions of this endorsement conflict with any provisions of (a) this policy and/or (b) endorsements to this policy, the provisions of this endorsement shall apply.

All other terms, conditions, definitions, and exclusions of this policy remain unchanged.

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Authorized Representative

*SERFF Tracking Number:*    *AGNY-125932134*                      *State:*                      *Arkansas*  
*First Filing Company:*    *American Home Assurance Company, ...*                      *State Tracking Number:*    *EFT \$50*  
*Company Tracking Number:*    *AIC-08-WC-17*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*                      *Credit Rating Downgrade Endorsement 102000319*  
*Project Name/Number:*                      /

## **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 12/08/2008

**Comments:**

**Attachments:**

12-05-08 AR PCTD.pdf  
PCTD\_Form Schedule.pdf

## Property & Casualty Transmittal Document (Revised 1/1/06)

### 1. Reserved for Insurance

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### 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	

<b>3. Group Name</b>	<b>Group NAIC #</b>
American International Group, Inc.	012

4. Company Name(s)	Domicile	NAIC #	FEIN #
American Home Assurance Company	NY	19380	13-5124990
American International South Insurance Company	PA	40258	02-6008643
AIG Casualty Company	PA	19402	25-1118791
Commerce and Industry Insurance Company	NY	19410	13-1938623
Granite State Insurance Company	PA	23809	02-0140690
National Union Fire Insurance Company of Pittsburgh, Pa.	PA	19445	25-0687550
New Hampshire Insurance Company	PA	23841	02-0172170
The Insurance Company of the State of Pennsylvania	PA	19429	13-5540698

<b>5. Company Tracking Number</b>	<b>AIC-08-WC-17</b>
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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
	Walter Murphy 175 Water St., 17 <sup>th</sup> Fl. New York, NY 10038	Filings Analyst	212 458-2192	212 458-7077	walter.murphy@AIG.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Walter Murphy		

#### 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)	<b>Credit Rating Downgrade Endorsement</b>			
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			
14.	Effective Date(s) Requested	New:	Upon Approval	Renewal:	Upon Approval
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

## Property & Casualty Transmittal Document---

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AIC-08-TRIPRAWC-03
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The companies (the "Companies") referenced in item 4. submit the Credit Rating Downgrade Endorsement – Form No. WC 99 00 53 (11/08) to be used with Workers' Compensation and Employers' Liability policies. The substance of the endorsement was created collaboratively with our brokers and insureds. Understandably, our brokers and clients are extremely concerned about the recent developments of the Companies' parent, American International Group, Inc. The creation and use of this endorsement is an attempt to allay such concerns. Upon the request of the insured, the endorsement will be issued, at no charge to the insured.

<b>22.</b>	<b>Filing Fees</b> (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]
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**Check #:**   
**Amount:**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

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

## 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>AIC-08-WC-17</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
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	Credit Rating Downgrade Endorsement	WC 99 00 53	<input checked="" 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		
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		