

SERFF Tracking Number: LBRM-125936659 State: Arkansas
First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-02507B
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE
Project Name/Number: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE /2008-02507B

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 A 01- SERFF Tr Num: LBRM-125936659 State: Arkansas
01-2009-RULE

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

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

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

Disposition Date: 12/16/2008

Date Submitted: 12/08/2008

Disposition Status: Approved

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

Effective Date (New): 01/01/2009

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

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE

Status of Filing in Domicile:

Project Number: 2008-02507B

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/16/2008

State Status Changed: 12/11/2008

Deemer Date:

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.

With this submission, we wish to file our revised Dividend Plan A 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.

SERFF Tracking Number: LBRM-125936659 State: Arkansas
 First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 2008-02507B
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE
 Project Name/Number: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE /2008-02507B

Company and Contact

Filing Contact Information

Daniel Francis, State Filing Analyst daniel.francis@libertymutual.com
 62 Maple Avenue (800) 826-6189 [Phone]
 Keene, NH 03431 (603) 352-9252[FAX]

Filing Company Information

America First Insurance Company	CoCode: 12696	State of Domicile: New Hampshire
62 Maple Ave.	Group Code: 111	Company Type: P & C
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 58-0953149	

Peerless Indemnity Insurance Company	CoCode: 18333	State of Domicile: Illinois
62 Maple Ave.	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 13-2919779	

Peerless Insurance Company	CoCode: 24198	State of Domicile: New Hampshire
62 Maple Avenue	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 02-0177030	

The Netherlands Insurance Company	CoCode: 24171	State of Domicile: New Hampshire
62 Maple Avenue	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 02-0342937	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00

SERFF Tracking Number: LBRM-125936659 *State:* Arkansas
First Filing Company: America First Insurance Company, ... *State Tracking Number:* EFT \$50
Company Tracking Number: 2008-02507B
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE
Project Name/Number: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE /2008-02507B

Retaliatory? No
Fee Explanation: \$50.00 PER FILING
Per Company: No

SERFF Tracking Number: LBRM-125936659 State: Arkansas
First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-02507B
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE
Project Name/Number: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE /2008-02507B

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
America First Insurance Company	\$50.00	12/08/2008	24394359
Peerless Indemnity Insurance Company	\$0.00	12/08/2008	
Peerless Insurance Company	\$0.00	12/08/2008	
The Netherlands Insurance Company	\$0.00	12/08/2008	

SERFF Tracking Number: LBRM-125936659 State: Arkansas
 First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 2008-02507B
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE
 Project Name/Number: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE /2008-02507B

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	12/16/2008	12/16/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	12/11/2008	12/11/2008	Daniel Francis	12/15/2008	12/15/2008
Industry Response						

SERFF Tracking Number: LBRM-125936659 State: Arkansas
First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-02507B
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE
Project Name/Number: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE /2008-02507B

Disposition

Disposition Date: 12/16/2008
Effective Date (New): 01/01/2009
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

SERFF Tracking Number: LBRM-125936659 State: Arkansas
 First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 2008-02507B
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE
 Project Name/Number: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE /2008-02507B

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
Supporting Document	COVER LETTER	Approved	Yes
Rate	DIVIDEND PLAN A	Approved	Yes

SERFF Tracking Number: LBRM-125936659 *State:* Arkansas
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Company Tracking Number: 2008-02507B
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE
Project Name/Number: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE /2008-02507B

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 12/11/2008

Submitted Date 12/11/2008

Respond By Date

Dear Daniel Francis,

This will acknowledge receipt of the captioned filing.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

SERFF Tracking Number: LBRM-125936659 *State:* Arkansas
First Filing Company: America First Insurance Company, ... *State Tracking Number:* EFT \$50
Company Tracking Number: 2008-02507B
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE
Project Name/Number: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE /2008-02507B

Attachment "8-82 Participating or Dividend Plans for WC.doc" is not a PDF document and cannot be reproduced here.

SERFF Tracking Number: LBRM-125936659 State: Arkansas
First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-02507B
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE
Project Name/Number: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE /2008-02507B

Response Letter

Response Letter Status Submitted to State
Response Letter Date 12/15/2008
Submitted Date 12/15/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: Carol,

Per your objection, we filed and received approval for our Participating Endorsement form 141-383 (3/85) under SERFF Tracking Number LBRM-125790251, as the companion filing for our original AR Dividend Plan rule filing referenced in my cover letter.

Please let me know if you have any other questions.

Thanks,
Dan Francis

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Daniel Francis

SERFF Tracking Number: LBRM-125936659 *State:* Arkansas
First Filing Company: America First Insurance Company, ... *State Tracking Number:* EFT \$50
Company Tracking Number: 2008-02507B
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE
Project Name/Number: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE /2008-02507B

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LBRM-125936659 State: Arkansas
 First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 2008-02507B
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE
 Project Name/Number: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE /2008-02507B

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	DIVIDEND PLAN A	DIVIDEND PLAN A	Replacement	LBRM-125789771 WC Dividend Plan A_Revised.pdf

SERFF Tracking Number: LBRM-125936659 State: Arkansas
 First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 2008-02507B
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE
 Project Name/Number: AR-WC-DIVIDEND PLAN A 01-01-2009-RULE /2008-02507B

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Approved 12/16/2008

Comments:

Uniform Transmittal Document-Property & Casualty

Attachment:

Property and Casualty Filing Transmittal Document.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation
Review Status: Approved 12/16/2008

Bypass Reason: NA - RULE ONLY

Comments:

Bypassed -Name: NAIC loss cost data entry document
Review Status: Approved 12/16/2008

Bypass Reason: NA - RULE ONLY

Comments:

Satisfied -Name: COVER LETTER
Review Status: Approved 12/16/2008

Comments:

COVER LETTER

Attachment:

2008-02507B.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 #
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	2008-02507B
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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	12/08/2008	
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 #	2008-02507B
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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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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 A 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

December 8, 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#: 2008-02507B

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 A 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