

SERFF Tracking Number: ACCD-125449154 State: Arkansas
First Filing Company: Accident Fund General Insurance Company, ... State Tracking Number: #? \$150
Company Tracking Number: ARR-2008-000T
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Adoption of NCCI Item B-1405 Terrorism Risk Insurance Program Reauthorization Act (TRIPRA) of 2007 and Item P-1405 TRIPRA Endorsements/

Filing at a Glance

Companies: Accident Fund General Insurance Company, Accident Fund Insurance Company of America, Accident Fund National Insurance Company

Product Name: Workers Compensation SERFF Tr Num: ACCD-125449154 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #? \$150
Sub-TOI: 16.0004 Standard WC Co Tr Num: ARR-2008-000T State Status: Fees verified
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Disposition Date: 02/04/2008
Authors: Judy Thomas, Kelly Spenski
Date Submitted: 02/04/2008 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Adoption of NCCI Item B-1405 – Terrorism Risk Insurance Program Reauthorization Act (TRIPRA) of 2007 and Item P-1405 TRIPRA Endorsements Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: NCCI Reference Number:
Reference Title: Advisory Org. Circular: Items B-1405 and P-1405
Filing Status Changed: 02/04/2008
State Status Changed: 02/04/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Accident Fund Group is filing to adopt NCCI Item B-1405 – Terrorism Risk Insurance Program Reauthorization Act (TRIPRA) of 2007 and Item P-1405 TRIPRA Endorsements. No other changes are requested.

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 TRIPRA Endorsements/

Company and Contact

Filing Contact Information

Judy Thomas, Regulatory Compliance judy2t@accidentfund.com
 Specialist
 232 South Capitol Avenue (517) 367-1932 [Phone]
 Lansing, MI 48933 (517) 367-2942[FAX]

Filing Company Information

Accident Fund General Insurance Company	CoCode: 12304	State of Domicile: Michigan
232 South Capitol Avenue	Group Code: 572	Company Type:
Lansing, MI 48933	Group Name:	State ID Number:
(517) 367-1687 ext. [Phone]	FEIN Number: 20-3058200	

Accident Fund Insurance Company of America	CoCode: 10166	State of Domicile: Michigan
232 South Capitol Avenue	Group Code: 572	Company Type: Workers'
		Compensation Insurance

Office of the General Counsel		
Lansing, MI 48933	Group Name:	State ID Number:
(517) 367-1932 ext. [Phone]	FEIN Number: 38-3207001	

Accident Fund National Insurance Company	CoCode: 12305	State of Domicile: Michigan
232 South Capitol Avenue	Group Code: 572	Company Type:
Lansing, MI 48933	Group Name:	State ID Number:
(517) 367-1687 ext. [Phone]	FEIN Number: 20-3058291	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$150.00
Retaliatory?	No
Fee Explanation:	\$50 per company for filing, checks being sent via overnight delivery 1Z 461 647 13 9140 1180
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Accident Fund General Insurance Company	\$20.00	02/04/2008	
Accident Fund Insurance Company of America	\$20.00	02/04/2008	
Accident Fund National Insurance Company	\$0.00	02/04/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
5080443	\$50.00	02/01/2008
5000441	\$50.00	02/01/2008
5000511	\$50.00	02/01/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	02/04/2008	02/04/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Possible 1/1/08 Effective Date	Note To Reviewer	Kelly Spenski	02/04/2008	02/04/2008
Possible 1/1/08 approval date	Note To Filer	Carol Stiffler	02/04/2008	02/04/2008

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TRIPRA Endorsements/

Disposition

Disposition Date: 02/04/2008

Effective Date (New): 01/01/2008

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
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
Supporting Document	Expedited Filing Transmittal Document	Approved	Yes

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 02/04/2008

Comments:

Attachment:

Transmittal - Signed.pdf

Satisfied -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 02/04/2008

Comments:

not applicable

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Approved 02/04/2008

Comments:

not applicable

Satisfied -Name: Cover Letter **Review Status:** Approved 02/04/2008

Comments:

Attachment:

Terrorism Filing Letter.pdf

Satisfied -Name: Expedited Filing Transmittal
Document **Review Status:** Approved 02/04/2008

Comments:

Attachment:

Expedited Terrorism Filing Form - Signed.pdf

Property & Casualty Transmittal Document

Reset Form

<p>1. Reserved for Insurance Dept. Use Only</p>	<p>2. Insurance Department Use only</p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

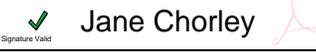
3. Group Name	Group NAIC #
Accident Fund Group	0572

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Accident Fund Insurance Co of America	MI	10166	38-3207001	
Accident Fund General Insurance Co	MI	12304	20-3058200	
Accident Fund National Insurance Co	MI	12305	20-3058291	

5. Company Tracking Number	ARR-2008-000T
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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
	Jane Chorley 232 S Capitol Ave Lansing MI 48933	Compliance Advisor	800/395-2366 x7489	517/346-7681	janec@accidentfund.com

7. Signature of authorized filer	 <div style="font-size: small; margin-top: 5px;"> Digitally signed by Jane Chorley DN: cn=Jane Chorley, c=US Date: 2008.02.04 10:24:15 -05'00' </div>
8. Please print name of authorized filer	Jane Chorley

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)	
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)
14. Effective Date(s) Requested	New: Upon Approval Renewal: Upon Approval
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	Item B-1405 and Item P-1405
18. Company's Date of Filing	2/4/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # ARR_2008-000T

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

Accident Fund Group is filing to adopt NCCI Item B-1405 – Terrorism Risk Insurance Program Reauthorization Act (TRIPRA) of 2007 and Item P-1405 TRIPRA Endorsements. There is no change in premium as a result of this item.

Accident Fund wishes to confirm that as a member/subscriber to the National Council on Compensation Insurance (“NCCI”), we adopt and use all rating rules, supplementary rating rules, and all rating plans in addition to all corresponding forms and/or endorsements filed on our behalf by NCCI. Accident Fund understands that any changes filed on our behalf by NCCI are, and will be, filed in accordance with the statutory filing requirements of the Arkansas Insurance Division. •

Accident Fund Group believes this submission is in compliance with the terms of TRIPRA of 2007 and the laws of the state of Arkansas. Your consideration and approval is very much appreciated.

[View Complete Filing Description](#)

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:

checks 5080443, 5000441, and 5000511 being sent overnight today

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.)**

232 S. Capitol Avenue
P.O. Box 40790
Lansing, MI 48901-7990
www.accidentfund.com



February 4, 2008

Arkansas Dept of Insurance
Property & Casualty Division
Attn: Carol Stiffler
1200 West Third Street
Little Rock AR 72201-1904

Re: Accident Fund Insurance Company of America, FEIN 38-3207001, NAIC #10166
Accident Fund General Insurance Company, FEIN 20-3058200, NAIC #12304
Accident Fund National Insurance Company, FEIN 20-3058291, NAIC #12305
Filing #ARR-2008-000T
Workers Compensation Insurance
Proposed Effective Date: Earliest Possible

Dear Ms. Stiffler,

Accident Fund Group is filing to adopt NCCI Item B-1405 – Terrorism Risk Insurance Program Reauthorization Act (TRIPRA) of 2007 and Item P-1405 TRIPRA Endorsements in their entirety. There is no change in premium as a result of this item.

Accident Fund Group believes this submission is in compliance with the terms of TRIPRA of 2007 and the laws of the state of Arkansas. Your consideration and approval is very much appreciated. Any questions relating to this filing should be directed to the undersigned.

Respectfully submitted,

A handwritten signature in black ink that reads "Jane Chorley". The signature is written in a cursive style with a large, looping initial "J" and a long, sweeping tail.

Jane Chorley, Compliance Advisor
Office of the General Counsel
517.367.7489 direct
517.367.7681 desktop fax
janec@accidentfund.com

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) Arkansas

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Accident Fund Insurance Company of America	MI	10166	38-3207001
Accident Fund General Insurance Company	MI	12304	20-3058200
Accident Fund National Insurance Company	MI	12305	20-3058291

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Judy Thomas 232 S Capitol Avenue Lansing, MI 48933	(517) 367-1932	(517)367-2778	judy2t@accidentfund.com

Filing information

Line of Insurance (see attachment)	Workers Compensation
Company Program Title (Marketing title) (if applicable)	N/A
Filing Type ** see note below	Form/Rule
This application is used with:	WC 00 00 00A
Effective Date Requested	Earliest Possible
Filing date	2/4/2008
Company Tracking Number	ARR-2008-000T
Date filing approved in domiciliary state, if applicable	

	<u>Component/Form Name /Description/Synopsis</u>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
01	DTEC Industrial Accidents Premium Endorsements	WC 0 04 21 B	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	WC 00 04 21 A	
02	Terrorism Risk Insurance Program Reauthorization Act Endorsement	WC 00 01 13 A	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	WC 00 01 13	

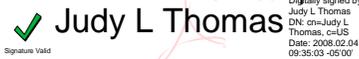
To be complete, a form filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and

Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

 **Judy L Thomas**
Digitally signed by Judy L. Thomas
DN: cn=Judy L. Thomas, c=US
Date: 2008.02.04 09:35:03 -05'00'

Signature

Judy Thomas
Print Name:

Regulatory Compliance Specialist
Title: