

SERFF Tracking Number: ARKS-125456168 State: Arkansas  
Filing Company: 10690 - Allied World National Assurance Company State Tracking Number: #26381 \$100  
Company Tracking Number: D&O-2007-001-R  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0006 Directors & Officers Liability  
Product Name: Liability  
Project Name/Number: /

## Filing at a Glance

Company: 10690 - Allied World National Assurance Company

Product Name: Liability SERFF Tr Num: ARKS-125456168 State: Arkansas  
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #26381 \$100  
Made/Occurrence

Sub-TOI: 17.0006 Directors & Officers Liability Co Tr Num: D&O-2007-001-R State Status: Fees verified and received

Filing Type: Rate/Rule Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Disposition Date: 01/25/2008

Date Submitted: 01/25/2008 Disposition Status: Filed

Effective Date Requested (New): Effective Date (New):

Effective Date Requested (Renewal): Effective Date (Renewal):

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/01/2008

Deemer Date:

State Status Changed: 02/01/2008

Corresponding Filing Tracking Number:

Filing Description:

## Company and Contact

### Filing Contact Information

NA NA,

NA@NA.com

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NA (123) 555-4567 [Phone]  
NA, AR 00000

**Filing Company Information**

10690 - Allied World National Assurance CoCode: 10690 State of Domicile: New Hampshire  
Company  
25 Chestnut Street Group Code: Company Type: Property &  
Casualty  
Suite 105  
Haddonfield, NJ 08033 Group Name: State ID Number:  
(856) 216-0220 ext. [Phone] FEIN Number: 02-0493244  
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## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	02/01/2008	02/01/2008

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## Disposition

Disposition Date: 01/25/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125456168 State: Arkansas  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	ARKS-125456168		No

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TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0006 Directors & Officers Liability  
Product Name: Liability  
Project Name/Number: /

## Rate Information

Rate data does NOT apply to filing.

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Company  
Company Tracking Number: D&O-2007-001-R  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0006 Directors & Officers Liability  
Product Name: Liability  
Project Name/Number: /

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** ARKS-125456168

02/04/2008

**Comments:**

**Attachment:**

ARKS-125456168.pdf



**WESTMONT ASSOCIATES, INC.**

**FILED**

ER

JAN 25 2008  
PROPERTY AND CASUALTY DIVISION  
RECEIVED  
ARKANSAS INSURANCE DEPT.  
INFORMATIONAL FILING JAN 25 2008  
Pursuant to Act 478 of 1999  
Commercial Lines Rate Determination  
ARKANSAS INSURANCE DEPARTMENT

January 3, 2008

The Honorable Julie Benafield-Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West 3rd Street  
Little Rock, AR 72201-1904

Attn: Property and Casualty Division

RE: **Allied World National Assurance Company**  
**NAIC #: 10690/FEIN #: 02-0493244**  
**Primary D&O Product Submission**  
**New Program**  
**Effective Date: Upon Approval/or Acknowledgement**  
**Filing Number: D&O-2007-001-R**

example  
C# 26381  
\$100.00  
ARNS-125456168

Dear Commissioner Benafield-Bowman :

Enclosed please find attached the Company's Primary Directors and Officers new program submission for your review and approval. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed. This filing represents a new product for the Company in your jurisdiction and does not replace any previously filed rates or rules.

The Company is filing to introduce their Primary D&O Program in your state. Please find attached the following information for your review:

- Rating Manual Pages

The forms to be used in coordination with the attached filing have been submitted under a separate cover letter as Company filing number D&O-2007-001-F.

Your approval and/or acknowledgement of this submission is respectfully requested. Enclosed please find a self-addressed stamped envelope for your convenience in returning the duplicate copy of this filing, evidencing your approval and/or acknowledgment.

Respectfully submitted,

Meghan Slenkamp  
Assistant Analyst  
meghans@westmontlaw.com

Enclosures

cc: N. Stepanski – Westmont  
K. Colonna – AWNAC



**RECEIVED**

**JAN 07 2008**

**PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT**

October 19, 2007

RE: Allied World National Assurance Company  
NAIC #: 10690  
FEIN #: 02-0493244  
Letter of Authorization  
Filing of Forms, Rates and Rules

To Whom It May Concern:

In accordance with the applicable statutes and regulations of your state, Nancy Stepanski, Wesley Pohler, Jennifer Waldron and Westmont Associates, Inc. are hereby authorized to file form, rate and rule filings on behalf of the Company.

Sincerely,

A handwritten signature in black ink, appearing to read 'John R. Wilkens'.

John R. Wilkens  
AVP - Senior Regulatory & Compliance Specialist

199 Water Street  
16th Floor  
New York, NY 10038  
U.S.A.

T: 212 635 5300  
F: 212 695 5582

E: [info@alliac.com](mailto:info@alliac.com)  
[www.alliac.com](http://www.alliac.com)

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

AR \_\_\_\_\_

**1. Reserved for Insurance Dept. Use Only**

<b>2. Insurance Department Use Only</b>	
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>
None	N/a

4. Company Name(s)	Domicile	NAIC #	FEIN #
Allied World National Assurance Company	NH	10690	02-0493244

RECEIVED

JAN 07 2008

PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT

<b>5. Company Tracking Number</b>	D&O-2007-001-R
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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
Meghan Slenkamp	Analyst, Westmont Associates, Inc.	(856) 216-0220	(856) 216-0303	meghans@westmontlaw.com
25 Chestnut Stree, Suite 105, Haddonfield, NJ 08033				
<b>7. Signature of authorized filer</b>		<i>Meghan Slenkamp</i>		
<b>8. Please print name of authorized filer</b>		Meghan Slenkamp		

**Filing information (see General Instructions for descriptions of these fields)**

<b>9. Type of Insurance (TOI)</b>	Please select from the drop down list. 17.0 - Other Liability
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0006 - Director's & Officers
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	n/a
<b>12. Company Program Title (marketing title)</b>	Primary D&O Product
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____
<b>14. Effective Date(s) Requested</b>	New <input type="checkbox"/> Upon Earliest Approval    Renewal: <input type="checkbox"/> Upon Earliest Approval
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	n/a
<b>17. Reference Organization # &amp; Title</b>	n/a
<b>18. Company's Date of Filing</b>	1/3/08
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document ---

20. This filing transmittal is part of Company Tracking # D&O-2007-001-R

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

Submission of Company's Primary D&O Product.

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 #: 26381  
Amount: \$100.00

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.)

### RATE/RULE FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	<b>This filing transmittal is part of Company Tracking #</b>	D&O-2007-001-R
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2.	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	D&O-2007-001-F
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Rate Increase                     
  Rate Decrease                     
  Rate Neutral (0%)

3.	<b>Filing Method</b> (Prior Approval, File & Use, Flex Band, etc.)	File and Use
----	--	--------------

4a. Rate Change by Company (As Proposed)						
Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
AWNAC	N/a new program					

4b. Rate Change by Company (As Accepted) For State Use Only						
Company Name	Overall % Rate Impact	Written premium change for this program	S of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate impact for this filing	n/a - new program	
5b.	Effect of Rate Filing - Written premium change for this program	n/a - new program	
5c.	Effect of Rate Filing - Number of policyholders affected	n/a - new program	
6.	Overall percentage of last rate revision	n/a	
7.	Effective Date of last rate revision	n/a	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	n/a	

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Directors & Officers Liability Rating Plan	<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	

## DIRECTORS AND OFFICERS LIABILITY RATING PLAN

### I. BASE PREMIUM

<u>Total Assets (000)</u>		
<u>From</u>	<u>To</u>	<u>Base Premium</u>
0	1,000	4,000
1,001	2,500	5,000
2,501	5,000	7,000
5,001	10,000	8,000
10,001	25,000	10,000
25,001	50,000	15,000
50,001	100,000	16,000
100,001	150,000	19,000
150,001	250,000	22,000
250,001	500,000	25,000
500,001	750,000	26,000
750,001	1,000,000	31,000
1,000,001	1,500,000	32,000
1,500,001	2,000,000	34,000
2,000,001	3,000,000	38,000
3,000,001	5,000,000	40,000
5,000,001	10,000,000	43,000
10,000,001	15,000,000	58,000
15,000,001	30,000,000	71,000
>30,000,001		Refer To Company

### II. INCREASED LIMITS FACTORS

<u>Limit of Liability</u>	<u>Factor</u>
1,000,000	1.000
2,000,000	1.800
3,000,000	2.560
4,000,000	3.282
5,000,000	3.968
10,000,000	7.226
15,000,000	10.321
20,000,000	13.261
25,000,000	15.908
>25,000,000	Refer to Company

### III. RETENTION FACTORS

<u>Retention</u>	<u>Policy Limit</u>				
	<u>5M</u>	<u>10M</u>	<u>15M</u>	<u>20M</u>	<u>25M</u>
100,000	1.152	1.084	1.059	1.046	1.038
250,000	1.117	1.064	1.045	1.035	1.029
500,000	1.059	1.032	1.023	1.018	1.015
750,000	1.000	1.000	1.000	1.000	1.000
1,000,000	0.943	0.969	0.978	0.983	0.986
1,500,000	0.833	0.908	0.936	0.950	0.958
2,000,000	0.728	0.851	0.896	0.919	0.932

For a retention greater than 2,000,000, Refer to Company

### IV. DISCOUNT FACTORS FOR PRIVATE COMPANIES

<u>Layer From Ground Up</u>	<u>Factor</u>
< \$5MM	0.90
>= \$5MM and < \$10MM	0.80
>= \$10MM	0.75

### V. DISCOVERY (EXTENDED REPORTING PROVISION)

1 year, 2 year and 3 year options	<u>Factor</u>
	0.75 - 1.50

### VI. SCHEDULE RATING PLAN

#### INDUSTRY TYPE MODIFIERS

	<u>All Classes</u>
1. Industry Type	.75 - 1.25

#### COMPANY SPECIAL MODIFIERS

	<u>All Classes</u>
1. Years in Business:	.75 - 1.25
2. Board Structure (e.g audit committee etc.)	.75 - 1.25

- |                                    |            |
|------------------------------------|------------|
| 3. Management Experience/Expertise | .75 - 1.25 |
| 4. Director/Officer % Stock        | .75 - 1.25 |

**EVENT SPECIAL MODIFIERS**

All Classes

- |   |            |
|---|------------|
| 1. Recent SEC Offering                    | .75 - 1.25 |
| 2. Litigation                             | .75 - 1.25 |
| 3. Transactional Exposure (e.g. M&A etc.) | .75 - 1.25 |

**BASIC FINANCIAL FACTOR**

All Classes

- |                     |            |
|---------------------|------------|
| 1. Income Statement | .75 - 1.25 |
| 2. Balance Sheet    | .75 - 1.25 |

**SOPHISTICATED FINANCIAL FACTOR**

All Classes

- |                                   |            |
|-----------------------------------|------------|
| 1. Financial Notes                | .75 - 1.25 |
| 2. Cash Flow Statement            | .75 - 1.25 |
| 3. Change in Conditions Statement | .75 - 1.25 |

The total credits or debits under this plan shall not exceed 40%.