

SERFF Tracking Number: ARKS-125458710 State: Arkansas
Filing Company: 10690 - Allied World National Assurance State Tracking Number: #1821 \$100
Company
Company Tracking Number: EXDO-2007-003-R
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess
Product Name: n/a
Project Name/Number: /

Filing at a Glance

Company: 10690 - Allied World National Assurance Company

Product Name: n/a

SERFF Tr Num: ARKS-125458710 State: Arkansas

TOI: 17.0 Other Liability - Claims

SERFF Status: Closed

State Tr Num: #1821 \$100

Made/Occurrence

Sub-TOI: 17.0020 Commercial Umbrella & Excess

Co Tr Num: EXDO-2007-003-R

State Status: Fees verified and received

Filing Type: Rate/Rule

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author:

Disposition Date: 01/14/2008

Date Submitted: 01/28/2008

Disposition Status: Exempt from Review

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: 02/04/2008

Deemer Date:

State Status Changed: 02/01/2008

Corresponding Filing Tracking Number:

Filing Description:

Company and Contact

Filing Contact Information

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Product Name: n/a
Project Name/Number: /

NA NA, NA@NA.com
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

SERFF Tracking Number: ARKS-125458710 State: Arkansas
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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
Exempt from Review	Edith Roberts	02/04/2008	02/04/2008

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Product Name: n/a
Project Name/Number: /

Disposition

Disposition Date: 01/14/2008

Effective Date (New):

Effective Date (Renewal):

Status: Exempt from Review

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125458710 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	ARKS-125458710		No

SERFF Tracking Number: ARKS-125458710 *State:* Arkansas
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Product Name: n/a
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

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Company
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Product Name: n/a
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125458710

02/04/2008

Comments:

Attachment:

ARKS-125458710.pdf



WESTMONT ASSOCIATES, INC.

OK #1821
\$100

ER

January 10, 2008

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

ARKS-1251158710

FILED
INFORMATIONAL FILING
Pursuant to Act 458 of 1999
Commercial Lines Rate Deregulation

**PROPERTY AND CASUALTY
ARKANSAS INSURANCE DEPT.**

Jan 14 2008

RECEIVED

JAN 14 2008

**PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT**

Attn: Property and Casualty Division

RE: **Allied World National Assurance Company**
NAIC #: 10690 FEIN #: 02-0493244
Excess Directors and Officers Liability Insurance Program
Rate Filing
Effective Date: Upon Approval
Filing Number: EXDO-2007-003-R

Waldron

Dear Commissioner Benafield-Bowman:

Enclosed please find attached Allied World National Assurance Company's ("NUIC") Excess Directors and Officers Liability Insurance Program Rate filing for your review and approval. A letter permitting Westmont Associates, Inc. to submit this filing on AWNAC's behalf is enclosed.

AWNAC is introducing its Excess Directors and Officers Insurance Program in your state. This is a new program and does not replace any currently filed rates in your jurisdiction. Please find attached the following information for your review:

- Excess Directors and Officers Insurance Program Rating Plan

Please note that a corresponding form filing has been submitted under Company Filing #: EXDO-2007-003-F.

Your approval and/or acknowledgment 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,

Jennifer Waldron

Jennifer Waldron
Supervisor
jenb@westmontlaw.com

Enclosures

cc: N. Stepanski – Westmont
J. Wilkens – AWNAC



January 1, 2008

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

RECEIVED

JAN 14 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

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 cursive script that reads '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. 212 633 5532

E. info@awac.com
www.awac.com

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

AR _____

1. Reserved for Insurance Dept. Use Only

2. Insurance Department Use Only

a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
RECEIVED	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	JAN 14 2008
Renewal Business	
f. State Filing #:	PROPERTY AND CASUALTY DIVISION ARKANSAS INSURANCE DEPARTMENT
g. SERFF Filing #:	
h. Subject Codes	

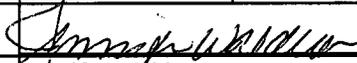
3. Group Name	Group NAIC #
None	n/a

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

5. Company Tracking Number	EXDO-2007-003-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
Jennifer Waldron Westmont Associates, Inc.	Supervisor	(856) 216-0220	(856) 216-0303	jenb@westmontlaw.com
25 Chestnut St., Suite 105 Haddonfield, NJ 08033				

7. Signature of authorized filer	
8. Please print name of authorized filer	Jennifer Waldron

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

9. Type of Insurance (TOI),	Please select from the drop down list. 17.0 Other Liability	
10. Sub-Type of Insurance (Sub-TOI)	17.0020 - Commercial Umbrella/Excess	
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	N/A	
12. Company Program Title (marketing title)	Excess Directors and Officers Liability Insurance Program	
13. Filing Type	<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: _____	
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)	n/a	
17. Reference Organization # & Title	n/a	
18. Company's Date of Filing	1/10/08	
19. Status of filing in domicile	<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 # EXDO-2007-003-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 Excess Directors and Officers Liability Rate and Rule Filing

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 #: 1821
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.	This filing transmittal is part of Company Tracking #	EXDO-2007-003-R
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	EXDO-2007-003-F
-----------	---	-----------------

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File & 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)
Allied World National Assurance Company	0 - New Program	0 - New Program	0 - New Program	0 - 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
n/a						

Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate impact for this filing	0 - New Program	
5b.	Effect of Rate Filing - Written premium change for this program	0 - New Program	
5c.	Effect of Rate Filing - Number of policyholders affected	0 - New Program	

6.	Overall percentage of last rate revision	N/A
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7.	Effective Date of last rate revision	N/A
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Directors and 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	

EXCESS DIRECTORS AND OFFICERS LIABILITY RATING PLAN

(including Excess Directors and Officers Insurance for commercial, non-profit, banks, securities brokerage firms and insurance companies)

I. RATE PLAN

The following equation is used to calculate excess premiums:

$$XP = PP \times [(ILFb - ILFa) / ILFa] \times Priv$$

Where:

XP = Excess Premium

PP = Total premium being paid by the insured for the underlying layer or layers

ILFa = Increased limits factor for the attachment point of the policy

ILFb = Increased limits factor for the upper limit of the policy

Priv = Discount factor if the risk is privately held, varying by layer as follows:

Under \$5 million	.90
\$5 million to \$9.9 million	.80
\$10 million and over	.75

II. INCREASED LIMITS FACTORS

<u>Limit of Liability</u>	<u>Factor</u>
\$ 1,000,000	1.000 X Base Premium
2,000,000	1.800 X Base Premium
3,000,000	2.560 X Base Premium
4,000,000	3.282 X Base Premium
5,000,000	3.968 X Base Premium
10,000,000	7.226 X Base Premium
15,000,000	10.321 X Base Premium
20,000,000	13.261 X Base Premium
25,000,000	15.908 X Base Premium
30,000,000	18.289 X Base Premium
35,000,000	20.433 X Base Premium
40,000,000	22.255 X Base Premium
45,000,000	23.811 X Base Premium
50,000,000	25.218 X Base Premium

60,000,000	27.327 X Base Premium
70,000,000	28.910 X Base Premium
80,000,000	30.176 X Base Premium
90,000,000	31.189 X Base Premium
100,000,000	31.999 X Base Premium
110,000,000	32.647 X Base Premium
120,000,000	33.166 X Base Premium
130,000,000	33.580 X Base Premium
140,000,000	33.912 X Base Premium
150,000,000	34.178 X base Premium
160,000,000	34.417 X Base Premium
170,000,000	34.632 X Base Premium
180,000,000	34.825 X Base Premium
190,000,000	34.999 X Base Premium
200,000,000	35.156 X Base Premium
200,000,000+	Add 0.015 Per Million

Interpolate for limits between those listed above.

III. SCHEDULE RATING PLAN

INDUSTRY TYPE MODIFIERS

All Classes

- | | |
|---------------------|------------|
| 1. Profit/NonProfit | .75 - 1.25 |
| 2. Industry | .75 - 1.25 |

COMPANY SPECIAL MODIFIERS

All Classes

- | | |
|---|------------|
| 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%.

IV. NON-INDEMNIFIABLE LOSS COVERAGE ONLY

Apply a rating factor of .70 to the base premium rate.

**V. NON-INDEMNIFIABLE LOSS COVERAGE ONLY WITH DROP DOWN
COVERAGES FOR A DIC EVENT**

Apply a rating factor of .80 to the base premium rate.