

SERFF Tracking Number: GRTA-125494020 State: Arkansas
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$100
Company Tracking Number: WC AR 0802 DEDU
TOI: 16.0 Workers Compensation Sub-TOI: 16.0001 Alternative WC
Product Name: Workers Compensation
Project Name/Number: Work Comp Large Deductible Minimum Aggregate Limit/WC AR 0802 DEDU

Filing at a Glance

Companies: Great American Alliance Insurance Company, Great American Assurance Company, Great American Insurance Company, Great American Insurance Company of New York

Product Name: Workers Compensation SERFF Tr Num: GRTA-125494020 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$100
Sub-TOI: 16.0001 Alternative WC Co Tr Num: WC AR 0802 DEDU State Status: Fees received
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Author: Donna Lansing Disposition Date: 02/22/2008
Date Submitted: 02/19/2008 Disposition Status: Approved
Effective Date Requested (New): 04/01/2008 Effective Date (New): 04/01/2008
Effective Date Requested (Renewal): 04/01/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Work Comp Large Deductible Minimum Aggregate Limit Status of Filing in Domicile: Not Filed
Project Number: WC AR 0802 DEDU Domicile Status Comments: NA
Reference Organization: NA Reference Number: NA
Reference Title: NA Advisory Org. Circular: NA
Filing Status Changed: 02/22/2008
State Status Changed: 02/19/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

The Great American Insurance Group consisting of the above captioned companies hereby submits for your approval the:

1. Large Deductible Minimum Aggregate Limit Form - WC 99 06 95 (Ed. 4-00)
2. Rule revisions to our previously approved Large Deductible Rating Plan incorporating the above new form. The revisions apply to our Table of Contents and to Section IV: Large Deductible Form.

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Enclosed are copies of the proposed endorsement, rule revisions and an explanatory memorandum outlining the purpose and intended use of the form. Also enclosed is the required filing fee.

The filing will be applicable to all new and renewal business written on or after April 1, 2008.

Please return the enclosed duplicate of this letter to indicate your receipt and approval. A self-addressed, stamped envelope is enclosed for your convenience.

If you have any questions or comments regarding this filing please contact me directly (513) 333-6948 or via email at dlansing@gaic.com

Company and Contact

Filing Contact Information

Donna Lansing, Filing analyst
49 east 4th street
Cincinnati, OH 45202
dlansing@gaic.com
(513) 369-5000 [Phone]

Filing Company Information

| | | |
|---|-------------------------|-------------------------|
| Great American Alliance Insurance Company | CoCode: 26832 | State of Domicile: Ohio |
| 580 Walnut Street | Group Code: 84 | Company Type: P&C |
| Cincinnati, OH 45202 | Group Name: | State ID Number: |
| (513) 369-5000 ext. [Phone] | FEIN Number: 95-1542353 | |

| | | |
|----------------------------------|-------------------------|-------------------------|
| Great American Assurance Company | CoCode: 26344 | State of Domicile: Ohio |
| 580 Walnut Street | Group Code: 84 | Company Type: P&C |
| Cincinnati, OH 45202 | Group Name: | State ID Number: |
| (513) 369-5000 ext. [Phone] | FEIN Number: 15-6020948 | |

| | | |
|----------------------------------|----------------|-------------------------|
| Great American Insurance Company | CoCode: 16691 | State of Domicile: Ohio |
| 580 Walnut Street | Group Code: 84 | Company Type: P&C |
| Cincinnati, OH 45202 | Group Name: | State ID Number: |

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Project Name/Number: Work Comp Large Deductible Minimum Aggregate Limit/WC AR 0802 DEDU

(513) 369-5000 ext. [Phone]

FEIN Number: 31-0501234

Great American Insurance Company of New York

CoCode: 22136

State of Domicile: New York

580 Walnut Street

Group Code: 84

Company Type: P&C

Cincinnati, OH 45202

Group Name:

State ID Number:

(513) 369-5000 ext. [Phone]

FEIN Number: 13-5539046

SERFF Tracking Number: GRTA-125494020 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: \$100 per filing - all companies same
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|----------|----------------|---------------|
| Great American Alliance Insurance Company | \$0.00 | 02/19/2008 | |
| Great American Assurance Company | \$0.00 | 02/19/2008 | |
| Great American Insurance Company | \$100.00 | 02/19/2008 | 18039723 |
| Great American Insurance Company of New York | \$0.00 | 02/19/2008 | |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|----------------|------------|----------------|
| Approved | Carol Stiffler | 02/22/2008 | 02/22/2008 |

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 | 02/19/2008 | 02/19/2008 | Donna Lansing | 02/20/2008 | 02/20/2008 |
| Industry Response | | | | | | |

SERFF Tracking Number: GRTA-125494020 State: Arkansas
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Disposition

Disposition Date: 02/22/2008
Effective Date (New): 04/01/2008
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 | Explanatory Memorandum | Approved | Yes |
| Rate | Table of Contents | Approved | Yes |
| Rate | Part IV | Approved | Yes |

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 02/19/2008
Submitted Date 02/19/2008
Respond By Date

Dear Donna Lansing,

This will acknowledge receipt of the captioned filing. This filing indicates it is a rule filing but when I open the attachments there is a Table of Contents and then what appears to be 3 forms-- WC 99 06 90 A; WC 99 06 91; and WC 99 06 95. These are listed under the Rate/Rule Schedule. I cannot approve forms that are attached to a rate/rule filing.

I don't see any rules or rates attached.

Please feel free to contact me if you have questions.

Sincerely,
Carol Stiffler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 02/20/2008
Submitted Date 02/20/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: The Rate/Rule attachment is the revised Large Deductible manual pages including the Table of Contents and section Section IV. The Section IV pages include additional endorsements but no changes were made to these endorsements. The only change made to Section IV includes the addition of endorsement WC990695 (4/00). WC990695 was submitted under SERFF #GRTA-1254904019.
Please let me know if you have any additional questions.

Changed Items:

SERFF Tracking Number: GRTA-125494020 State: Arkansas
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Rate/Rule Schedule

| Review Status: | Exhibit Name: | Rule # or Page #: | Rate Action | Previous State Filing Attachments Number: |
|----------------|-------------------|-------------------|-------------|---|
| Approved | Table of Contents | Page i | Replacement | Revised Contents.pdf |
| Approved | Part IV | Page 11 - 17 | Replacement | Revised - Part IV.pdf |

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PART IV

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PART IV. LARGE DEDUCTIBLE ENDORSEMENTS**WC 99 06 90 A**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

| | | | |
|------------------------------|----------------|---------------|--------------------|
| Insured | | Policy No. | |
| Company | Effective Date | Premium \$ | Endorsement No. |
| Authorized Representative | | | |

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY
LARGE DEDUCTIBLE PROGRAM ENDORSEMENT**

SCHEDULE

Per Accident Deductible Amount: \$ _____ (Dollar Amount)

"Allocated Loss Adjustment Expense" is: _____ ("Included" or "Excluded")

Term of Plan: _____ To _____ (mm/dd/yyyy to mm/dd/yyyy)

Estimated Aggregate Limit: \$ _____ (Dollar Amount) or "Not Applicable"

Estimated Plan Period Payroll: \$ _____ (Dollar Amount or "Not Applicable")

Aggregate Limit Rate: _____ (Rate or "Not Applicable")

APPLICATION OF THE DEDUCTIBLE

1. This endorsement applies to the workers compensation insurance coverage, the employers liability insurance coverage and the other states insurance coverage provided in this policy.
2. This endorsement applies between you and us. It does not affect the rights of others under the policy, nor does it change our obligations under the policy, except as otherwise stated in this endorsement.
3. In consideration of a reduced premium, you have agreed to reimburse us up to the deductible amounts stated in the Schedule for all payments legally required. The deductible amount can

PART IV

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include "Allocated Loss Adjustment Expense" when you elect to include such expense, which arise out of any claim or suit we defend.

4. We will remain responsible for the full payment of all claims under this policy, without regard to your ability or intention to reimburse us for the deductible amounts. The contract of insurance shall be fully enforceable by your employees or their dependents against us.

DEDUCTIBLE -- PER ACCIDENT

5. The per accident deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits and damages combined, and "Allocated Loss Adjustment Expense" if elected by you, for bodily injury to one or more employees as the result of any one accident or for bodily injury to any one employee as the result of disease.

DEDUCTIBLE -- AGGREGATE LIMIT

6. The aggregate limit is the most you must reimburse us for the sum of all indemnity and medical benefits, damages, and "Allocated Loss Adjustment Expense" if elected by you, because of bodily injury by accident or bodily injury by disease for the plan period stated in the Schedule.

The aggregate limit is based on your actual payroll. The estimated aggregate limit stated in the Schedule is an estimate of the aggregate limit based on your estimated payroll stated in the Schedule.

The aggregate limit rate stated in the Schedule is computed as the estimated aggregate limit divided by your estimated payroll times 100. The aggregate limit will be determined after the plan period ends by multiplying the aggregate limit rate by \$100 of actual, not estimated, payroll.

The aggregate limit will not be reduced if:

- a. We issue this endorsement for a term of less than one year; or
- b. You or we cancel this endorsement or policy for any reason before the end of the plan period stated in the Schedule.

EFFECT OF DEDUCTIBLE ON LIMITS OF LIABILITY

7. The applicable limits of employers liability insurance will be reduced by the per accident deductible amount. Payment of "Allocated Loss Adjustment Expense" by you, if you so elect, will not reduce the limits of liability.

PART IV

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RECOVERY FROM OTHERS

8. If we recover any payments made under this policy from anyone liable for the injury, the amount we recover will be applied as follows:
 - a. First to any payments made by us in excess of the deductible amount; and
 - b. Then the remainder, if any, will be applied to reduce any deductible amounts reimbursed by you.

DEFINITIONS

9. "Allocated Loss Adjustment Expense" means claims expense directly allocated by us to a particular claim, proceeding or suit. Such expense includes, but is not limited to, attorney fees, court costs and expenses for expert testimony for a claim, proceeding or suit. "Allocated Loss Adjustment Expense" does not include items designated herein as "Unallocated Loss Adjustment Expense." You may elect that "Allocated Loss Adjustment Expense" be included or excluded from the deductible amount.
10. "Unallocated Loss Adjustment Expense" means claims expense not directly allocated by us to a particular claim, proceeding or suit. Such expense includes, but is not limited to, the costs of our salaries and traveling expenses of employees, overhead, fees paid to independent adjusters and all necessary computer reports.

CANCELATION

11. We will cancel for non-payment in accordance with the state cancellation law. We will remain fully responsible for the entire amount of all claims incurred prior to the effective date of cancellation.

SOLE REPRESENTATION

12. The first insured named in Item 1 of the Information Page will act on behalf of all insureds to reimburse us for any amounts required by this endorsement. Each insured under the policy is individually and severally liable for any amounts required by this endorsement.

YOUR DUTIES AND UNDERSTANDING

13. All bodily injuries by accident or disease for which you are responsible shall be promptly reported to us for adjustment and payment, regardless of their severity or cost. You further understand that all such bodily injuries and their cost shall be included in experience data used to determine the experience rating for your policy, regardless of the eligibility of such claims for full or partial reimbursement under the deductible provisions of this policy.

We will bill you for any deductible amounts due. You will reimburse us the amount billed within thirty days of our billing.

OTHER RIGHTS AND DUTIES

14. All other terms of this policy apply without regard to the application of this deductible endorsement. This includes, but is not limited to:
 - a. Our right and duty to defend any claim, proceeding or suit against you; and
 - b. Your duties if injury occurs.
15. Any state premium assessments pursuant to statute are not part of this deductible plan, but are included in the cost of the coverage provided by the policy to which this endorsement is attached.

Notes:

1. This endorsement shall be used to provide coverage under the large deductible program.
2. A deductible amount must be shown.
3. Deductible amounts can vary by state. If more than deductible applies to the policy, attach WC 99 06 91 to the policy and complete the Schedule as appropriate.

WC 99 06 91

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

| | | | |
|---------------------------|----------------|------------|-----------------|
| Insured | | | Policy No. |
| Company | Effective Date | Premium \$ | Endorsement No. |
| Authorized Representative | | | |

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY
LARGE DEDUCTIBLE PROGRAM ENDORSEMENT**

This endorsement applies to the insurance provided by the policy because a Large Deductible Program Endorsement appears on the policy and because there is more than one per accident deductible amount. The per accident deductible amounts listed below apply to the insurance provided in the state as shown in the Schedule.

SCHEDULE OF STATES

| | | | |
|---|--------------|---|--------------|
| <u>Per Accident</u> <u>Deductible Amount</u> | <u>State</u> | <u>Per Accident</u> <u>Deductible Amount</u> | <u>State</u> |
|---|--------------|---|--------------|

Notes:

1. This endorsement shall be used if more than one per accident deductible applies to the policy.
2. Show the per accident deductible in the Schedule for the appropriate state. Only one deductible should be shown for each state.

**WC 99 06 95
(Ed. 4-00)**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

| | | | |
|---------------------------|----------------|---------------|--------------------|
| Insured | | Policy No. | |
| Company | Effective Date | Premium \$ | Endorsement No. |
| Authorized Representative | | | |

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY
LARGE DEDUCTIBLE PROGRAM - MINIMUM AGGREGATE ENDORSEMENT**

The **LARGE DEDUCTIBLE PROGRAM ENDORSMENT** attached to your policy is revised as follows:

Item 6 –**DEDUCTIBLE AGGREGATE LIMIT** is amended by adding the following:

The total amount to be reimbursed by you is subject to the Minimum Aggregate Deductible Limit listed below:

MINIMUM AGGREGATE LIMIT \$ _____ (Dollar Amount)

Notes:

1. This endorsement shall be used to provide a minimum aggregate deductible limit under the large deductible program.

THIS PAGE RESERVED FOR FUTURE USE

PART IV

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 02/22/2008

Comments:

Attachment:

AR Rule Trans.pdf

Satisfied -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 02/22/2008

Comments:

NA - No loss cost change

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Approved 02/22/2008

Comments:

NA - No Loss Cost change

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 02/22/2008

Comments:

Attachment:

Explanatory Memorandum - Min Aggregate.pdf

Property & Casualty Transmittal Document

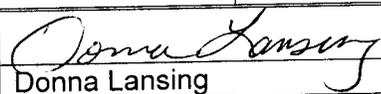
| | |
|---|---|
| 1. Reserved for Insurance Dept. Use Only | 2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes |
|---|---|

| | |
|--------------------------------|---------------------|
| 3. Group Name | Group NAIC # |
| Great American Insurance Group | 084 |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|--|----------|--------|------------|---------|
| Great American Insurance Company | OH | 16691 | 31-0501234 | OH |
| Great American Assurance Company | OH | 26344 | 15-6020948 | OH |
| Great American Alliance Insurance | OH | 26832 | 95-1542353 | OH |
| Great American Insurance Company of NY | NY | 22136 | 13-5539046 | NY |
| | | | | |
| | | | | |

| | |
|-----------------------------------|------------------------|
| 5. Company Tracking Number | WC AR 0802 DEDU |
|-----------------------------------|------------------------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. Name and address | Title | Telephone #s | FAX # | e-mail |
|--|-----------------|--|--------------|-------------------|
| Donna Lansing | Product Analyst | 513.333.6948 | 513.333.6996 | dlansing@gaic.com |
| 49 East 4 th Street Cincinnati, OH 45202 | | | | |
| 7. Signature of authorized filer | |  | | |
| 8. Please print name of authorized filer | | Donna Lansing | | |

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

| | |
|--|--|
| 9. Type of Insurance (TOI) | 16.0001 |
| 10. Sub-Type of Insurance (Sub-TOI) | Alternative Workers Compensation |
| 11. State Specific Product code(s) (if applicable)[See State Specific Requirements] | |
| 12. Company Program Title (Marketing title) | Large Deductible Program - Minimum Aggregate |
| 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: 4/1/08 Renewal: 4/1/08 |

Property & Casualty Transmittal Document---

| | | | |
|------------|---|---|--|
| 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 | 2/19/08 | |
| 19. | Status of filing in domicile | <input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved | |

| | | |
|------------|--|-----------------|
| 20. | This filing transmittal is part of Company Tracking # | WC AR 0802 DEDU |
|------------|--|-----------------|

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

The Great American Insurance Group consisting of the above captioned companies hereby submits for your approval the:

1. Large Deductible Minimum Aggregate Limit Form - WC 99 06 95 (Ed. 4-00)
2. Rule revisions to our previously approved Large Deductible Rating Plan incorporating the above new form. The revisions apply to our Table of Contents and to Section IV: Large Deductible Form.

Enclosed are copies of the proposed endorsement, rule revisions and an explanatory memorandum outlining the purpose and intended use of the form.

The filing will be applicable to all new and renewal business written on or after April 1, 2008.

Please return the enclosed duplicate of this letter to indicate your receipt and approval. A self-addressed, stamped envelope is enclosed for your convenience.

If you have any questions or comments regarding this filing please contact me directly (513) 333-6948 or via email at dlansing@gaic.com

| | |
|--|---|
| 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] |
| <p>Check #: NA Amount:</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> | |

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

EXPLANATORY MEMORANDUM

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE LARGE DEDUCTIBLE PLAN – COVERAGE FORM WC 99 06 95 (4/00) MINIMUM AGGREGATE LIMIT FORM

(To become effective 12:01 am on or after April 1, 2008 for new and renewal business.)

PURPOSE

The purpose of this filing is to introduce the above Workers Compensation and Employers Liability Policy endorsement. The Minimum Aggregate Deductible Limit establishes a minimum aggregate reimbursement required in the Large Deductible Plan.

BACKGROUND

The form is being introduced in order to enable a minimum aggregate limit be added to the Large Deductible Plan. By selecting a minimum aggregate, insureds can avoid paying additional premium charges if they experience a reduction in annual payroll. The minimum aggregate provides a lower threshold limit for the aggregate reimbursement option.

Under the current plan, the premium charge for an aggregate limit is based on total expected losses above the aggregate amount. The final aggregate limit is determined by applying the “aggregate limit rate” to the final audited payroll. Premium charges are lower with higher aggregate limits since fewer losses are expected to exceed the limit.

The current rating formula requires the aggregate limit be reduced if there is a reduction in payroll. The reduction of the aggregate limit then necessitates a revision in charges based on the greater amount of expected losses above the aggregate limit. As a result, an additional premium charge is made when a reduction in payroll occurs.

The proposed minimum aggregate prevents a reduction in the aggregate limit and, subsequently, no additional premium charge is required.

PROPOSAL

We propose to make the optional Minimum Aggregate Limit available to all policyholders who select the large deductible coverage option.

IMPACT

No additional premium will be charged for the endorsement. The premium impact to state premiums will vary depending upon how many insureds select the minimum aggregate option.

IMPLEMENTATION

We propose this filing to become effective on or after April 1, 2008 at 12:01 a.m., for new and renewal business.

