

SERFF Tracking Number: GRTA-125515101 State: Arkansas  
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$25  
Company Tracking Number: WC-AR-0802-TERR  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: Workers Compensation  
Project Name/Number: Terrorism Risk Ins Program Reauthorization Act of 2007/WC-AR-0802-TERR

## 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-125515101 State: Arkansas  
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$25  
Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: WC-AR-0802-TERR State Status: Fees verified and received  
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding  
Author: Donna Lansing Disposition Date: 03/03/2008  
Date Submitted: 02/28/2008 Disposition Status: Approved  
Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008  
Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal):  
State Filing Description:

## General Information

Project Name: Terrorism Risk Ins Program Reauthorization Act of 2007 Status of Filing in Domicile: Not Filed  
Project Number: WC-AR-0802-TERR Domicile Status Comments: NA  
Reference Organization: NCCI Reference Number: Item B-1405  
Reference Title: Terrorism Risk Insurance Program Reauthorization Act Advisory Org. Circular: CIR-2007-09 of 2007  
Filing Status Changed: 03/03/2008  
State Status Changed: 03/03/2008 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 adoption of Item B-1405 Terrorism Risk Insurance Program Reauthorization Act of 2007 as outlined in NCCI Circular CIR-2007-09, effective January 1, 2008.

We will also be adopting the following item filings: B-1387-A, B-1404, P-1405, E-1400, R-1396.

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We wish for this filing to be applicable to all policies written on or after January 1, 2008. Please return the enclosed duplicate to indicate your receipt and approval.

## Company and Contact

### Filing Contact Information

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

### 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  
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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  
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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:  
(513) 369-5000 ext. [Phone] FEIN Number: 31-0501234  
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Great American Insurance Company of New York CoCode: 22136 State of Domicile: New York  
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  
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## Filing Fees

SERFF Tracking Number: GRTA-125515101 State: Arkansas  
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Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation: \$25 per rule - all companies filing the same rule  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Alliance Insurance Company	\$0.00	02/28/2008	
Great American Assurance Company	\$0.00	02/28/2008	
Great American Insurance Company	\$25.00	02/28/2008	18226840
Great American Insurance Company of New York	\$0.00	02/28/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/03/2008	03/03/2008

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## Disposition

Disposition Date: 03/03/2008  
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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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Approved	Yes



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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 03/03/2008

**Comments:**

**Attachment:**

AR TRANS - TERR .pdf

**Satisfied -Name:** NAIC Loss Cost Filing Document  
for Workers' Compensation **Review Status:** Approved 03/03/2008

**Comments:**

NA

**Satisfied -Name:** NAIC loss cost data entry document **Review Status:** Approved 03/03/2008

**Comments:**

NA

## Property & Casualty Transmittal Document

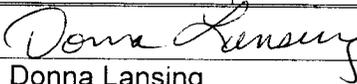
<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3. Group Name</b> Great American Insurance Group	<b>Group NAIC #</b> 084
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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

<b>5. Company Tracking Number</b>	<b>WC-AR-0802-TERR</b>
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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
	Donna Lansing 49 East 4 <sup>th</sup> Street Cincinnati, OH 45202	Product Analyst	513.333.6948	513.333.6996	dlansing@gaic.com
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)	16.0
10.	Sub-Type of Insurance (Sub-TOI)	Workers Compensation
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Terrorism Risk Ins Program Reauthorization Act of 2007
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: 1/1/08      Renewal: 1/1/08

### Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	NCCI
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	CIR-2007-09 Item B-1405 Terrorism Risk Insurance Program Reauthorization Act of 2007
<b>18.</b>	<b>Company's Date of Filing</b>	2/28/08
<b>19.</b>	<b>Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	WC AR 0802 TERR
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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<b>22.</b>	<b>Filing Fees</b> (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><b>Check #:</b> EFT  <b>Amount:</b> \$25</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

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