

SERFF Tracking Number: MADC-125512856 State: Arkansas  
Filing Company: Advantage Workers Compensation Insurance State Tracking Number: EFT \$25  
Company  
Company Tracking Number: AWCIC-VA-2008-002  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation Program  
Project Name/Number: Rule Filing - TRIPRA Act/

## Filing at a Glance

Company: Advantage Workers Compensation Insurance Company

Product Name: Workers Compensation Program SERFF Tr Num: MADC-125512856 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 16.0004 Standard WC

Co Tr Num: AWCIC-VA-2008-002

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Authors: Tina Gill, Margaret Lovejoy 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: Rule Filing - TRIPRA Act

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/03/2008

State Status Changed: 03/03/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to adopt NCCI's item filing #B-1405 - Terrorism Risk Insurance Program Reauthorization Act of 2007. With this filing we wish to adopt all amendments indicated in the filing. We request an effective date of January 1, 2008 to be concurrent with NCCI's effective date.

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## Company and Contact

### Filing Contact Information

(This filing was made by a third party - madisonconsultinggroup)

Tina Gill, Analyst tina@madisoninc.com  
 200 North 2nd Street (706) 342-7750 [Phone]  
 Madison, GA 30650 (706) 342-7775[FAX]

### Filing Company Information

Advantage Workers Compensation Insurance CoCode: 40517 State of Domicile: Indiana  
 Company  
 1100 East 6600 South Group Code: Company Type: Property &  
 Casualty  
 Suite 280  
 Murray, UT 84121 Group Name: State ID Number:  
 (801) 288-8750 ext. [Phone] FEIN Number: 13-3088732  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation: \$25.00 per company  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Advantage Workers Compensation Insurance Company	\$25.00	02/28/2008	18213819

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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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<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
<b>Supporting Document</b>	Letter of Authorization	Approved	Yes
<b>Supporting Document</b>	Cover Letter	Approved	Yes



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## Supporting Document Schedules

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

**Comments:**  
Expedited transmittal is attached.

**Attachment:**  
AR Rule Trans.PDF

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

**Bypass Reason:** N/A  
**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document **Review Status:** Approved 03/03/2008  
**Bypass Reason:** N/A

**Comments:**

**Satisfied -Name:** Letter of Authorization **Review Status:** Approved 03/03/2008

**Comments:**  
**Attachment:**  
Authorization letter 2008.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 03/03/2008

**Comments:**  
**Attachment:**  
AR Rule Cover.PDF

**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 type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Advantage Workers Compensation Insurance Company	IN	1147-40517	

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Tina Gill, Analyst Madison Consulting Group, Inc. 200 North Second Street, Madison, GA 30650	(706) 342-7750	(706) 342-7775	tina@madisoninc.com

**Filing information**

Line of Insurance (see attachment)	Workers Compensation
Company Program Title (Marketing title) (if applicable)	Workers Compensation Program
Filing Type ** see note below	Rule
This application is used with:	
Effective Date Requested	1/1/08
Filing date	2/11/08
Company Tracking Number	AWCIC-AR-2008-003
Date filing approved in domiciliary state, if applicable	

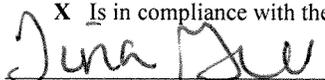
	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a 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.

  
Signature

Tina Gill  
Print Name:

Analyst  
Title:

**ADVANTAGE**  
WORKERS COMPENSATION INSURANCE CO.

January 7, 2008

To Whom It May Concern:

Madison Consulting Group, Inc. is authorized to make workers compensation filings on behalf of Advantage Workers Compensation Insurance Company. The NAIC number for the company is 40517.

Sincerely,



Teresa J. Mareck  
Vice President & General Counsel



# MADISON CONSULTING GROUP

Actuaries • Property/Casualty Consulting Services

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February 26, 2008

Honorable Julie Benefield Bowman  
Insurance Commissioner  
Arkansas Department of Insurance  
1200 West Third St.  
Little Rock, Arkansas 72201-1904

RE: Advantage Workers Compensation Insurance Company  
NAIC #1147-40517  
Workers Compensation Program  
Rule Filing in Response to Terrorism Risk Insurance Program  
Reauthorization Act of 2007  
NCCI Filing # B-1405

Dear Honorable Benefield Bowman:

We are pleased to submit this rule filing on behalf of the above Company's workers compensation program in Arkansas.

The purpose of this filing is to adopt NCCI's item filing #B-1405 - Terrorism Risk Insurance Program Reauthorization Act of 2007. With this filing we wish to adopt all amendments indicated in the filing. We request an effective date of January 1, 2008 to be concurrent with NCCI's effective date.

Please direct any questions on this filing to:

Tina Gill  
Madison Consulting Group, Inc.  
200 North Second Street  
Madison, Georgia 30650  
706-342-7750 FAX 706-342-7775  
[tina@madisoninc.com](mailto:tina@madisoninc.com)

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200 North Second Street • Madison, Georgia 30650

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[www.madisoninc.com](http://www.madisoninc.com)

Fax: 706-342-7775

Honorable Julie Benefield Bowman  
February 26, 2008  
Page 2

Thank you for your consideration and assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read "Tina Gill".

Tina Gill  
Analyst

TJG/ml  
Attachments

