

SERFF Tracking Number: PERR-125529267 State: Arkansas
Filing Company: Guarantee Insurance Company State Tracking Number: #102080 \$25
Company Tracking Number: GIC-WC-NCCI-AR-08-01-R
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: GIC-WC-NCCI-AR-08-01-R
Project Name/Number: GIC-WC-NCCI-AR-08-01-R/GIC-WC-NCCI-AR-08-01-R

Filing at a Glance

Company: Guarantee Insurance Company
Product Name: GIC-WC-NCCI-AR-08-01-R SERFF Tr Num: PERR-125529267 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #102080 \$25
Sub-TOI: 16.0004 Standard WC Co Tr Num: GIC-WC-NCCI-AR-08-01-R State Status: Fees verified and received
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Authors: Faviola Jimenez, Laura Jennette, Patricia Heckman Disposition Date: 03/17/2008
Date Submitted: 03/07/2008 Disposition Status: Approved
Effective Date Requested (New): 03/15/2008 Effective Date (New): 03/15/2008
Effective Date Requested (Renewal): 03/15/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: GIC-WC-NCCI-AR-08-01-R Status of Filing in Domicile: Not Filed
Project Number: GIC-WC-NCCI-AR-08-01-R Domicile Status Comments:
Reference Organization: National Council on Compensation Insurance, Inc. Reference Number: Item B-1405
Reference Title: See filing description Advisory Org. Circular:
Filing Status Changed: 03/17/2008 Deemer Date:
State Status Changed: 03/17/2008
Corresponding Filing Tracking Number: GIC-WC-NCCI-AR-08-01-F
Filing Description:
On behalf of Guarantee Insurance Company ("the Company"), we are submitting this filing to notify your Department that the Company would like to adopt the following reference filing:
Reference Organizations: National Council on Compensation Insurance, Inc. (NCCI)
Reference Filing Number: Item B-1405

SERFF Tracking Number: PERR-125529267 State: Arkansas
 Filing Company: Guarantee Insurance Company State Tracking Number: #102080 \$25
 Company Tracking Number: GIC-WC-NCCI-AR-08-01-R
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: GIC-WC-NCCI-AR-08-01-R
 Project Name/Number: GIC-WC-NCCI-AR-08-01-R/GIC-WC-NCCI-AR-08-01-R

Reference Filing Description: Removal of the December 31, 2005 expiration date from Rule 3-A-24-a of NCCI's Basic Manual for Workers Compensation and Employers Liability Insurance

We respectfully request that this filing be effective on March 15, 2008.

Please do not hesitate to contact us with any questions or comments.

Company and Contact

Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)
 Patricia Heckman, Bureau Monitoring Manager doi@perrknight.com
 2030 Main Street Suite 235 (949) 474-0362 [Phone]
 Irvine, CA 92614

Filing Company Information

Guarantee Insurance Company	CoCode: 11398	State of Domicile: Florida
401 East Las Olas Boulevard	Group Code:	Company Type:
Suite 1540		
Ft. Lauderdale, FL 33301	Group Name:	State ID Number:
(954) 670-2900 ext. [Phone]	FEIN Number: 22-2222789	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Guarantee Insurance Company	\$0.00	03/07/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
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102080 \$25.00 03/07/2008

SERFF Tracking Number: PERR-125529267 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/17/2008	03/17/2008

SERFF Tracking Number: PERR-125529267 *State:* Arkansas
Filing Company: Guarantee Insurance Company *State Tracking Number:* #102080 \$25
Company Tracking Number: GIC-WC-NCCI-AR-08-01-R
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: GIC-WC-NCCI-AR-08-01-R
Project Name/Number: GIC-WC-NCCI-AR-08-01-R/GIC-WC-NCCI-AR-08-01-R

Disposition

Disposition Date: 03/17/2008

Effective Date (New): 03/15/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125529267 State: Arkansas
 Filing Company: Guarantee Insurance Company State Tracking Number: #102080 \$25
 Company Tracking Number: GIC-WC-NCCI-AR-08-01-R
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 Project Name/Number: GIC-WC-NCCI-AR-08-01-R/GIC-WC-NCCI-AR-08-01-R

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	Letter of Authorization	Approved	Yes

SERFF Tracking Number: *PERR-125529267* *State:* *Arkansas*
Filing Company: *Guarantee Insurance Company* *State Tracking Number:* *#102080 \$25*
Company Tracking Number: *GIC-WC-NCCI-AR-08-01-R*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *GIC-WC-NCCI-AR-08-01-R*
Project Name/Number: *GIC-WC-NCCI-AR-08-01-R/GIC-WC-NCCI-AR-08-01-R*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125529267 State: Arkansas
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Supporting Document Schedules

<p>Satisfied -Name: Uniform Transmittal Document-Property & Casualty</p> <p>Comments:</p> <p>Attachments: PCTD 03-07-R.pdf RRFS 03-07.pdf</p>	<p>Review Status: Approved</p> <p>03/17/2008</p>
<p>Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation</p> <p>Bypass Reason: N/A - Rule Adoption</p> <p>Comments:</p>	<p>Review Status: Approved</p> <p>03/17/2008</p>
<p>Bypassed -Name: NAIC loss cost data entry document</p> <p>Bypass Reason: N/A - Rule Adoption</p> <p>Comments:</p>	<p>Review Status: Approved</p> <p>03/17/2008</p>
<p>Satisfied -Name: Letter of Authorization</p> <p>Comments:</p> <p>Attachment: GIC Authorization Letter.pdf</p>	<p>Review Status: Approved</p> <p>03/17/2008</p>

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 #				
N/A	240				
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
Guarantee Insurance Company	FL	11398	22-2222789		
5. Company Tracking Number	GIC-WC-NCCI-AR-08-01-R				
Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]					
6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Patti Heckman 2030 Main Street Suite 235 Irvine, CA 92614	Bureau Monitoring Manager	(949) 474-0362	(949) 474-0381	doi@perrknight.com
7.	Signature of authorized filer		<i>Patricia Heckman</i>		
8.	Please print name of authorized filer		Patti Heckman		
Filing information (see General Instructions for descriptions of these fields)					
9.	Type of Insurance (TOI)		16.0 Workers Compensation		
10.	Sub-Type of Insurance (Sub-TOI)		16.0004 Standard WC		
11.	State Specific Product code(s) (if applicable)[See State Specific Requirements]		N/A		
12.	Company Program Title (Marketing title)		N/A		
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: March 15, 2008 Renewal: March 15, 2008		
15.	Reference Filing?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
16.	Reference Organization (if applicable)		National Council on Compensation Insurance (NCCI)		
17.	Reference Organization # & Title		Item B-1405		
18.	Company's Date of Filing		March 7, 2008		
19.	Status of filing in domicile		<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	GIC-WC-NCCI-AR-08-01-R
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

On behalf of Guarantee Insurance Company ("the Company"), we are submitting this filing to notify your Department that the Company would like to adopt the following reference filing:

Reference Organizations: National Council on Compensation Insurance, Inc. (NCCI)

Reference Filing Number: Item B-1405

Reference Filing Description: Removal of the December 31, 2005 expiration date from Rule 3-A-24-a of NCCI's Basic Manual for Workers Compensation and Employers Liability Insurance

We respectfully request that this filing be effective on March 15, 2008.

Please do not hesitate to contact us with any questions or comments.

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 #: 102080

Amount: \$25.00

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 #	GIC-WC-NCCI-AR-08-01-R
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	GIC-WC-NCCI-AR-08-01-F
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File and Use
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change	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)
Guarantee Insurance Company	0.00%	0.00%	N/A	N/A	N/A	0.00%	0.00%

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	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)

Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)	0.00%	
5b.	Overall percentage rate impact for this filing	0.00%	
5c.	Effect of Rate Filing – Written premium change for this program	0	
5d.	Effect of Rate Filing – Number of policyholders affected	N/A	

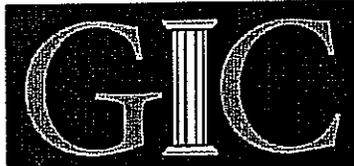
6.	Overall percentage of last rate revision	N/A
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7.	Effective Date of last rate revision	N/A
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A
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9.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

GUARANTEE



INSURANCE COMPANY

May 7, 2007

To Whom It May Concern:

Perr & Knight, Inc. is hereby authorized to submit rate, rule, and form filings on behalf of Guarantee Insurance Company. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed to be in effect until rescinded on writing.

Please direct all correspondences and inquiries relate to this filing related to this filing to Perr & Knight, Inc. at the following address:

Perr & Knight, Inc.
1200 North Federal Highway, Suite 309
Boca Raton, FK-33432
Tel: (561) 416-3992
Fax: (561) 416-3167

Please contact me at (954) 670-2901 if you have any questions regarding this authorization.

Sincerely,

A handwritten signature in black ink, appearing to read 'S.M. Mariano', written over a horizontal line.

Steven M. Mariano
President, Chief Executive Officer