

SERFF Tracking Number: PERR-125529287 State: Arkansas
Filing Company: Guarantee Insurance Company State Tracking Number: #102081 \$25
Company Tracking Number: GIC-WC-NCCI-AR-08-01-F
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: GIC-WC-NCCI-AR-08-01-F
Project Name/Number: GIC-WC-NCCI-AR-08-01-F/GIC-WC-NCCI-AR-08-01-F

Filing at a Glance

Company: Guarantee Insurance Company

Product Name: GIC-WC-NCCI-AR-08-01-F

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Form

SERFF Tr Num: PERR-125529287 State: Arkansas

SERFF Status: Closed State Tr Num: #102081 \$25

Co Tr Num: GIC-WC-NCCI-AR-08-01-F State Status: Fees verified and received

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-F

Status of Filing in Domicile: Not Filed

Project Number: GIC-WC-NCCI-AR-08-01-F

Domicile Status Comments:

Reference Organization: National Council on Compensation Insurance, Inc. Reference Number: Item P-1405

Reference Title: Terrorism Risk Insurance Program Reauthorization Act Advisory Org. Circular: of 2007 Endorsements

Filing Status Changed: 03/17/2008

State Status Changed: 03/17/2008

Deemer Date:

Corresponding Filing Tracking Number: GIC-WC-NCCI-AR-08-01-R

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

Reference Filing Number: Item P-1405

SERFF Tracking Number: PERR-125529287 State: Arkansas
 Filing Company: Guarantee Insurance Company State Tracking Number: #102081 \$25
 Company Tracking Number: GIC-WC-NCCI-AR-08-01-F
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: GIC-WC-NCCI-AR-08-01-F
 Project Name/Number: GIC-WC-NCCI-AR-08-01-F/GIC-WC-NCCI-AR-08-01-F
 Reference Filing Description: Terrorism Risk Insurance Program Reauthorization Act of 2007 Endorsements

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
102081	\$25.00	03/07/2008

SERFF Tracking Number: PERR-125529287 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-125529287* *State:* *Arkansas*
Filing Company: *Guarantee Insurance Company* *State Tracking Number:* *#102081 \$25*
Company Tracking Number: *GIC-WC-NCCI-AR-08-01-F*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *GIC-WC-NCCI-AR-08-01-F*
Project Name/Number: *GIC-WC-NCCI-AR-08-01-F/GIC-WC-NCCI-AR-08-01-F*

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-125529287 *State:* Arkansas
Filing Company: Guarantee Insurance Company *State Tracking Number:* #102081 \$25
Company Tracking Number: GIC-WC-NCCI-AR-08-01-F
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: GIC-WC-NCCI-AR-08-01-F
Project Name/Number: GIC-WC-NCCI-AR-08-01-F/GIC-WC-NCCI-AR-08-01-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes

SERFF Tracking Number: *PERR-125529287* *State:* *Arkansas*
Filing Company: *Guarantee Insurance Company* *State Tracking Number:* *#102081 \$25*
Company Tracking Number: *GIC-WC-NCCI-AR-08-01-F*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *GIC-WC-NCCI-AR-08-01-F*
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125529287 State: Arkansas
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 03/17/2008

Comments:

Attachment:

PCTD 03-07-F.pdf

Satisfied -Name: Letter of Authorization **Review Status:** Approved 03/17/2008

Comments:

Attachment:

GIC Authorization Letter.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 #
N/A	N/A

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-F
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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
	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 type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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 P-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-F
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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]
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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 P-1405

Reference Filing Description: Terrorism Risk Insurance Program Reauthorization Act of 2007 Endorsements

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]

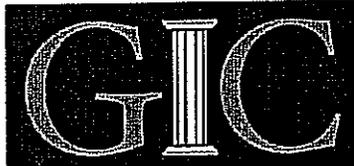
Check #: 102081

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.)**

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