

SERFF Tracking Number: ACCD-125667849 State: Arkansas
First Filing Company: Accident Fund General Insurance Company, ... State Tracking Number: EFT \$75
Company Tracking Number: ARR-2008-003W
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: Filing of Proposed Rule Change Regarding Exceptions/

Filing at a Glance

Companies: Accident Fund General Insurance Company, Accident Fund Insurance Company of America, Accident Fund National Insurance Company

Product Name: Workers' Compensation	SERFF Tr Num: ACCD-125667849	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$75
Sub-TOI: 16.0004 Standard WC	Co Tr Num: ARR-2008-003W	State Status: Fees verified and received
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Authors: Judy Thomas, Kelly Spenski	Disposition Date: 05/29/2008
	Date Submitted: 05/29/2008	Disposition Status: Approved
Effective Date Requested (New): 07/01/2008		Effective Date (New): 07/01/2008
Effective Date Requested (Renewal): 07/01/2008		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Filing of Proposed Rule Change Regarding Exceptions	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization: NCCI	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 05/29/2008	
State Status Changed: 05/29/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Accident Fund Insurance Company of America, Accident Fund General Insurance Company, and Accident Fund National Insurance Company are filing the following surcharge for use in the state of Arkansas:	

Waiver of Subrogation (WC000313) \$100 Specific/\$1000 Blanket

SERFF Tracking Number: ACCD-125667849 State: Arkansas
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In addition, AFICA, AFG and AFN are filing a revised Miscellaneous Values & Exceptions page for use in AR. No other changes are requested at this time.

Company and Contact

Filing Contact Information

Kelly Spenski, Compliance Analyst kelly2s@accidentfund.com
 232 South Capitol Avenue (517) 342-4200 [Phone]
 Lansing, MI 48933 (517) 346-7688[FAX]

Filing Company Information

Accident Fund General Insurance Company	CoCode: 12304	State of Domicile: Michigan
232 South Capitol Avenue	Group Code: 572	Company Type:
Lansing, MI 48933	Group Name:	State ID Number:
(517) 367-1687 ext. [Phone]	FEIN Number: 20-3058200	

Accident Fund Insurance Company of America	CoCode: 10166	State of Domicile: Michigan
232 South Capitol Avenue	Group Code: 572	Company Type: Workers'
		Compensation Insurance

Office of the General Counsel		
Lansing, MI 48933	Group Name:	State ID Number:
(517) 367-1932 ext. [Phone]	FEIN Number: 38-3207001	

Accident Fund National Insurance Company	CoCode: 12305	State of Domicile: Michigan
232 South Capitol Avenue	Group Code: 572	Company Type:
Lansing, MI 48933	Group Name:	State ID Number:
(517) 367-1687 ext. [Phone]	FEIN Number: 20-3058291	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$75.00
Retaliatory?	No
Fee Explanation:	25.00 per company
Per Company:	No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/29/2008	05/29/2008

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Disposition

Disposition Date: 05/29/2008
Effective Date (New): 07/01/2008
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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 Project Name/Number: Filing of Proposed Rule Change Regarding Exceptions/

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	Cover Letter	Approved	Yes
Rate	Miscellaneous Values & Exceptions Page	Approved	Yes

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 Project Name/Number: Filing of Proposed Rule Change Regarding Exceptions/

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Miscellaneous Values & Exceptions Page	WCX-AR	Replacement	AFICA-USPH-6PNNBK462/00, AFG-ACCD-125199791,AFN - ACCD-125200570

**Basic Manual for Workers' Compensation and Employers Liability Insurance –
Arkansas**

Effective July 1, 2008

WCX-AR

MISCELLANEOUS VALUES & EXCEPTIONS PAGE

Arkansas

I. Miscellaneous Values

Expense Constant \$160

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents
(Advisory Loss Cost) 0.01

Foreign Terrorism (Advisory Loss Cost) 0.02

Per Passenger Seat Surcharge – In accordance with the footnote instructions for
classification Code 7421, the surcharge is
Maximum surcharge per aircraft \$1,000
Per passenger seat \$100

Drug Free Work Place Credit 5%

II. Exceptions

Schedule Rating +/- 25%
The maximum allowable debit/credit

Endemic Disease Endorsement

The purpose of this rule is to clarify that coverage for diseases peculiar to a locality or
region is provided by endorsement WC 99 03 01.

Endemic disease is considered bodily injury. \$25

Repatriation Expense Endorsement

The purpose of this rule is to offer continued medical treatment of an employee or burial
expense of a deceased employee who has sustained an injury or death arising out of
and in the course of employment outside the state(s) designated under item 3A of the
policy. Conditions of endorsement WC 99 03 02 are insured and insurer must agree
upon the need for the repatriation. \$25

Accident Fund Insurance Company of America

Accident Fund General Insurance Company

Accident Fund National Insurance Company

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**Basic Manual for Workers' Compensation and Employers Liability Insurance –
Arkansas**

Effective July 1, 2008

Waiver of Our Right to Recover \$100 specific/
..... \$1000 blanket

The carrier may waive its right to recover from others by attaching the Waiver of Our Rights Endorsement (WC 00 03 13). The employer must maintain payroll records to adequately disclose allocation to such designated jobs subject to the endorsement. Specific waivers is used when the waiver applies to a specific job. Blanket waivers are used when the waiver applies to all jobs during the policy year.

Accident Fund Insurance Company of America

Accident Fund General Insurance Company

Accident Fund National Insurance Company

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 05/29/2008

Comments:

Attachments:

F777AR - Signed2.pdf
F779AR.pdf

Satisfied -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 05/29/2008

Comments:

Accident Fund Insurance Company of America, Accident Fund General Insurance Company, and Accident Fund National Insurance Company are filing a proposed surcharge for use in the state of Arkansas.

In addition, AFICA, AFG and AFN are filing a revised Miscellaneous Values & Exceptions page for use in AR. Loss costs remain the same as previously filed, no other changes are requested.

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Approved 05/29/2008

Comments:

Accident Fund Insurance Company of America, Accident Fund General Insurance Company, and Accident Fund National Insurance Company are filing a proposed surcharge for use in the state of Arkansas.

In addition, AFICA, AFG and AFN are filing a revised Miscellaneous Values & Exceptions page for use in AR. Rates remain the same as previously filed, no other changes are requested.

Satisfied -Name: Cover Letter **Review Status:** Approved 05/29/2008

Comments:

Attachment:

Waiver Filing 05 29 08 - Rule.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 #
Accident Fund Group	0572

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Accident Fund Insurance Company of America	MI	10166	38-3207001	
Accident Fund General Insurance Company	MI	12304	20-3058200	
Accident Fund National Insurance Company	MI	12305	20-3058291	

5. Company Tracking Number	ARR-2008-003W
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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
	Kelly Spenski 232 S Capitol Ave Lansing MI 48901	Compliance Analyst	800/395-2366 ext 6097	517-346-7688	kelly2s@accidentfund.com

7. Signature of authorized filer	 <small>Signature Valid</small>
8. Please print name of authorized filer	Kelly M Spenski

Digitally signed by Kelly M Spenski
DN: cn=Kelly M Spenski, c=US
Date: 2008.05.29 14:35:18 -0400

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

9. Type of Insurance (TOI)	16.000 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.004 Standard Workers Compensation
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
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: 07-01-2008 Renewal: 07-01-2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	

18. Company's Date of Filing	May 29, 2008
19. Status of filing in domicile	<input 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 #	ARR-2008-003W
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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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Accident Fund Insurance Company of America, Accident Fund General Insurance Company, and Accident Fund National Insurance Company are filing the following surcharge for use in the state of Arkansas:

Waiver of Subrogation (WC000313) \$100 Specific/\$1000 Blanket

In addition, AFICA, AFG and AFN are filing a revised Miscellaneous Values & Exceptions page for use in AR. Since the rating values for all three Accident Fund Group companies are the same, the page replaces the previously submitted miscellaneous values pages and consolidates all three companies to one document. No other changes are requested in this filing.

Accident Fund Insurance Company of America wishes to confirm that as a member/subscriber to the National Council on Compensation Insurance ("NCCI"), we adopt and use all rating rules, supplementary rating rules, and all rating plans (including Experience and Retrospective), in addition to all corresponding forms and/or endorsements filed on our behalf by NCCI. Accident Fund understands that any changes filed on our behalf by NCCI are, and will be, filed in accordance with the statutory filing requirements of the Arkansas Insurance Division.

Accident Fund believes this submission is in compliance with the applicable provisions of the Arkansas Insurance Code. Your consideration and approval is very much appreciated.

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 #: n/a
Amount: 75.00

Filing fee being submitted via SERFF EFT transaction

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

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 #		ARR-2008-003W					
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)							
	<input type="checkbox"/> Rate Increase		<input type="checkbox"/> Rate Decrease		<input checked="" type="checkbox"/> Rate Neutral (0%)			
3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)		Prior Approval					
4a.	Rate Change by Company (As Proposed)							
	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)
	Accident Fund Insurance Company of America	0	0	0	0	0	0	0
	Accident Fund General Insurance Company	0	0	0	0	0	0	0
	Accident Fund National Insurance Company	0	0	0	0	0	0	0
4b.	Rate Change by Company (As Accepted) For State Use Only							
	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)							
5b.	Overall percentage rate impact for this filing							
5c.	Effect of Rate Filing – Written premium change for this program							
5d.	Effect of Rate Filing – Number of policyholders affected							
6.	Overall percentage of last rate revision					-32.6%		
7.	Effective Date of last rate revision					07-01-2008		
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)					Prior Approval		
9.	Rule # or Page # Submitted for Review			Replacement or Withdrawn?		Previous state filing number, if required by state		
01	Miscellaneous Values & Exceptions Page, WCX-AR			<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		AFICA-USPH-6PNNBK462/00, AFG-ACCD-125199791,		

Effective March 1, 2007

			AFN - ACCD-125200570
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

232 S. Capitol Avenue
P.O. Box 40790
Lansing, MI 48901-7990
www.accidentfund.com



May 29, 2008

Arkansas Dept of Insurance
Property & Casualty Division
Attn: Carol Stiffler
1200 West Third Street
Little Rock AR 72201-1904

Re: Accident Fund Insurance Company of America (AFICA), NAIC #10166
Accident Fund General Insurance Company (AFG), NAIC #12304
Accident Fund National Insurance Company (AFG), NAIC #12305
Filing of Proposed Rule Change Regarding Exceptions
Proposed Effective Date: July 1, 2008
Filing #ARR-2008-003W

Dear Ms. Stiffler,

Accident Fund Insurance Company of America, Accident Fund General Insurance Company, and Accident Fund National Insurance Company are filing the following surcharge for use in the state of Arkansas:

Waiver of Subrogation (WC000313) \$100 Specific/\$1000 Blanket

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Accident Fund believes this submission is in compliance with the applicable provisions of the Arkansas Insurance Code. Your consideration and approval is very much appreciated. Any questions relating to this filing should be directed to the undersigned.

Respectfully submitted,

A handwritten signature in blue ink that reads "Kelly M Spenski".

Kelly M Spenski
Compliance Analyst
Office of the General Counsel
517.367.6097
517.346.7688 desktop fax
kelly2s@accidentfund.com