

SERFF Tracking Number: AMST-125641352 State: Arkansas  
Filing Company: American Interstate Insurance Company State Tracking Number: #? \$50  
Company Tracking Number: 08-0084  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Loss Cost Adoption  
Project Name/Number: /08-0084

## Filing at a Glance

Company: American Interstate Insurance Company

Product Name: Loss Cost Adoption

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rate

SERFF Tr Num: AMST-125641352 State: Arkansas

SERFF Status: Closed

Co Tr Num: 08-0084

Co Status:

Author: Kathy Wells

Date Submitted: 05/09/2008

State Tr Num: #? \$50

State Status: Fees verified

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

Disposition Date: 05/09/2008

Disposition Status: Approved

Effective Date Requested (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name:

Project Number: 08-0084

Reference Organization: NCCI

Reference Title: Loss Cost Adoption

Filing Status Changed: 05/09/2008

State Status Changed: 05/09/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number: AR-2008-02

Advisory Org. Circular: AR-2008-02

Deemer Date:

American Interstate Insurance Company respectfully submits this filing to adopt NCCI's approved Advisory Loss Costs and rating values effective July 1, 2008 with a delayed effective date of September 1, 2008. We wish to retain our currently filed loss cost multiplier of 1.40 along with all other aspects of our previous filings as filed and approved. The overall impact of this filing will result in an estimated rate and premium decrease of 13.2% on our current book of business. The required filing forms, manual page and \$50.00 filing fee (adoption of NCCI loss costs with no change to the loss cost multiplier) are enclosed.

We request an effective date of September 1, 2008. Acknowledgment, will be appreciated. If you have any questions

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or require additional information, please contact me at 800-256-9052 or via this e-mail address: kwells@amerisafe.com.

## Company and Contact

### Filing Contact Information

Mary McManus, Filing Services Specialist mmmcmanus@amerisafe.com  
 2301 Highway 190 West (800) 256-9052 [Phone]  
 DeRidder, LA 70634 (337) 460-3550[FAX]

### Filing Company Information

American Interstate Insurance Company CoCode: 31895 State of Domicile: Louisiana  
 2301 Highway 190 West Group Code: 680 Company Type:  
 DeRidder, LA 70634 Group Name: Amerisafe, Inc. State ID Number:  
 (800) 256-9052 ext. 3323[Phone] FEIN Number: 58-1181498  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: Loss Cost Adoption with no change to multiplier  
 Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0003020361	\$50.00	05/08/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/09/2008	05/09/2008

SERFF Tracking Number: AMST-125641352 State: Arkansas  
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 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
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## Disposition

Disposition Date: 05/09/2008  
 Effective Date (New): 09/01/2008  
 Effective Date (Renewal):  
 Status: Approved  
 Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
American Interstate Insurance Company	-13.200%	\$-1,472,618	453	\$11,156,195	14.700%	-0.400%	-13.200%

SERFF Tracking Number: AMST-125641352 State: Arkansas  
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 Product Name: Loss Cost Adoption  
 Project Name/Number: /08-0084

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
Rate	Final Rate Pages	Approved	Yes

SERFF Tracking Number:	AMST-125641352	State:	Arkansas
Filing Company:	American Interstate Insurance Company	State Tracking Number:	#? \$50
Company Tracking Number:	08-0084		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Loss Cost Adoption		
Project Name/Number:	/08-0084		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	Prior Approval
<b>Rate Change Type:</b>	Decrease
<b>Overall Percentage of Last Rate Revision:</b>	-13.200%
<b>Effective Date of Last Rate Revision:</b>	01/01/2008
<b>Filing Method of Last Filing:</b>	Prior Approval

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
American Interstate Insurance Company	-13.200%	-13.200%	\$-1,472,618	453	\$11,156,195	14.700%	-0.400%

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:	Attachments
Approved	Final Rate Pages	1-9	Replacement	07-0052	FinalRatePages.pdf Rate-RuleSched.pdf

CLASS CODE	SUFFIX	LOSS COST	LCM
			1.40 RATE
0005		3.88	5.43
0008		1.58	2.21
0016		3.40	4.76
0034		2.61	3.65
0035		1.56	2.18
0036		2.48	3.47
0037		2.80	3.92
0042		3.86	5.40
0050		3.14	4.40
0059		0.18	0.25
0065		0.03	0.04
0066		0.03	0.04
0067		0.03	0.04
0079		2.56	3.58
0083		5.90	8.26
0106		6.90	9.66
0113		3.46	4.84
0170		1.49	2.09
0251		3.05	4.27
0400		4.88	6.83
0401		6.66	9.32
0771		0.18	0.25
0908		86.00	120.40
0913		212.00	296.80
0917		2.37	3.32
1005		6.67	9.34
1016		24.89	34.85
1164		4.31	6.03
1165		2.84	3.98
1320		1.77	2.48
1322		9.50	13.30
1430		2.62	3.67
1438		1.47	2.06
1452		1.02	1.43
1463		7.04	9.86
1472		2.45	3.43
1624		4.59	6.43
1642		2.47	3.46
1654		3.79	5.31
1655		2.99	4.19
1699		1.21	1.69
1701		1.87	2.62
1710		3.70	5.18
1741		1.12	1.57
1745		1.81	2.53
1747		1.58	2.21
1748		4.51	6.31
1803		3.24	4.54
1852		1.50	2.10
1853		1.40	1.96
1860		1.18	1.65
1924		2.56	3.58
1925		1.77	2.48
2001		1.44	2.02
2002		1.81	2.53

CLASS CODE	SUFFIX	LOSS COST	LCM
			1.40 RATE
2003		2.04	2.86
2014		3.84	5.38
2016		1.20	1.68
2021		2.01	2.81
2039		2.69	3.77
2041		2.58	3.61
2065		0.97	1.36
2070		3.30	4.62
2081		2.33	3.26
2089		1.53	2.14
2095		1.65	2.31
2105		1.47	2.06
2110		1.29	1.81
2111		1.52	2.13
2112		1.64	2.30
2114		1.62	2.27
2121		1.35	1.89
2130		1.69	2.37
2131		1.14	1.60
2143		1.32	1.85
2157		2.45	3.43
2172		0.95	1.33
2174		1.77	2.48
2211		3.31	4.63
2220		1.18	1.65
2286		0.86	1.20
2288		2.44	3.42
2300		1.29	1.81
2302		1.03	1.44
2305		1.29	1.81
2361		0.73	1.02
2362		1.06	1.48
2380		2.73	3.82
2386		0.68	0.95
2388		1.16	1.62
2402		1.30	1.82
2413		1.02	1.43
2416		1.01	1.41
2417		0.95	1.33
2501		0.82	1.15
2503		0.81	1.13
2534		1.30	1.82
2570		2.99	4.19
2585		1.87	2.62
2586		0.80	1.12
2587		1.75	2.45
2589		0.87	1.22
2600		3.86	5.40
2623		1.70	2.38
2651		1.59	2.23
2660		0.88	1.23
2670		1.39	1.95
2683		1.19	1.67
2688		1.84	2.58
2701		4.47	6.26

CLASS CODE	SUFFIX	LOSS COST	LCM
			1.40 RATE
2702		18.23	25.52
2710		5.31	7.43
2714		2.52	3.53
2719		6.69	9.37
2731		2.24	3.14
2735		1.57	2.20
2759		5.11	7.15
2790		0.94	1.32
2802		3.18	4.45
2812		2.23	3.12
2835		0.97	1.36
2836		1.36	1.90
2841		2.25	3.15
2881		1.52	2.13
2883		2.47	3.46
2913		2.47	3.46
2915		2.57	3.60
2916		1.41	1.97
2923		1.45	2.03
2942		1.42	1.99
2960		1.95	2.73
3004		1.66	2.32
3018		1.55	2.17
3022		1.92	2.69
3027		1.62	2.27
3028		1.40	1.96
3030		2.43	3.40
3040		2.25	3.15
3041		2.01	2.81
3042		1.92	2.69
3064		2.78	3.89
3069		4.77	6.68
3076		1.79	2.51
3081		1.74	2.44
3082		2.35	3.29
3085		1.96	2.74
3110		1.72	2.41
3111		1.80	2.52
3113		1.42	1.99
3114		1.58	2.21
3118		0.73	1.02
3119		0.66	0.92
3122		0.91	1.27
3126		1.04	1.46
3131		0.63	0.88
3132		1.49	2.09
3145		1.44	2.02
3146		1.66	2.32
3169		1.48	2.07
3175		1.72	2.41
3179		1.45	2.03
3180		1.08	1.51
3188		0.92	1.29
3220		1.14	1.60
3223		1.81	2.53

CLASS CODE	SUFFIX	LOSS COST	LCM
			1.40 RATE
3224		1.48	2.07
3227		1.10	1.54
3240		1.83	2.56
3241		1.70	2.38
3255		1.41	1.97
3257		2.06	2.88
3270		1.95	2.73
3300		2.70	3.78
3303		2.31	3.23
3307		2.03	2.84
3315		1.59	2.23
3334		1.29	1.81
3336		1.33	1.86
3365		6.18	8.65
3372		1.72	2.41
3373		1.75	2.45
3383		0.65	0.91
3385		0.53	0.74
3400		1.64	2.30
3507		1.87	2.62
3515		1.32	1.85
3548		0.82	1.15
3559		1.57	2.20
3574		0.68	0.95
3581		0.87	1.22
3612		1.33	1.86
3620		3.51	4.91
3629		1.18	1.65
3632		2.42	3.39
3634		1.03	1.44
3635		1.25	1.75
3638		0.89	1.25
3642		0.51	0.71
3643		1.79	2.51
3647		2.03	2.84
3648		1.30	1.82
3681		0.94	1.32
3685		1.08	1.51
3719		1.58	2.21
3724		4.11	5.75
3726		1.83	2.56
3803		1.15	1.61
3807		1.27	1.78
3808		1.66	2.32
3821		2.50	3.50
3822		2.19	3.07
3824		2.93	4.10
3826		0.53	0.74
3827		0.95	1.33
3830		0.68	0.95
3851		1.60	2.24
3865		0.77	1.08
3881		2.13	2.98
4000		4.37	6.12
4021		3.58	5.01

CLASS CODE	SUFFIX	LOSS COST	LCM
			1.40
		-	RATE
4024		1.34	1.88
4034		4.20	5.88
4036		1.52	2.13
4038		1.31	1.83
4053		2.08	2.91
4061		2.56	3.58
4062		1.39	1.95
4101		1.21	1.69
4111		1.85	2.59
4112		0.57	0.80
4113		0.80	1.12
4114		1.34	1.88
4130		2.75	3.85
4131		1.47	2.06
4133		1.45	2.03
4150		1.01	1.41
4206		2.22	3.11
4207		0.61	0.85
4239		0.77	1.08
4240		1.49	2.09
4243		1.01	1.41
4244		1.79	2.51
4250		0.90	1.26
4251		1.07	1.50
4263		1.33	1.86
4273		1.16	1.62
4279		1.09	1.53
4282		1.28	1.79
4283		1.19	1.67
4299		1.06	1.48
4304		1.67	2.34
4307		1.33	1.86
4351		0.69	0.97
4352		0.61	0.85
4360		0.55	0.77
4361		0.80	1.12
4362		0.70	0.98
4410		1.94	2.72
4420		2.34	3.28
4431		0.90	1.26
4432		0.97	1.36
4439		1.02	1.43
4452		1.97	2.76
4459		1.13	1.58
4470		1.44	2.02
4484		1.26	1.76
4493		1.53	2.14
4511		0.45	0.63
4557		1.03	1.44
4558		1.00	1.40
4561		1.20	1.68
4568		1.57	2.20

CLASS CODE	SUFFIX	LOSS COST	LCM
			1.40
		-	RATE
4581		1.05	1.47
4583		3.21	4.49
4611		0.58	0.81
4635		2.99	4.19
4653		0.78	1.09
4665		4.05	5.67
4670		2.32	3.25
4683		2.96	4.14
4686		0.77	1.08
4692		0.29	0.41
4693		0.56	0.78
4703		1.46	2.04
4717		1.08	1.51
4720		3.16	4.42
4740		0.93	1.30
4741		1.06	1.48
4751		0.90	1.26
4771		1.03	1.44
4777		1.05	1.47
4825		0.54	0.76
4828		1.01	1.41
4829		0.73	1.02
4902		0.81	1.13
4923		0.67	0.94
5020		4.45	6.23
5022		3.20	4.48
5037		12.55	17.57
5040		16.83	23.56
5057		12.04	16.86
5059		14.30	20.02
5069		18.06	25.28
5102		2.65	3.71
5146		3.24	4.54
5160		2.29	3.21
5183		2.27	3.18
5188		2.90	4.06
5190		2.08	2.91
5191		1.20	1.68
5192		2.59	3.63
5213		4.57	6.40
5215		2.73	3.82
5221		3.36	4.70
5222		7.76	10.86
5223		3.42	4.79
5348		2.65	3.71
5402		2.94	4.12
5403		6.08	8.51
5437		2.88	4.03
5443		2.61	3.65
5445		3.27	4.58
5462		3.45	4.83
5472		3.14	4.40

CLASS CODE	SUFFIX	LOSS COST	LCM
			1.40 RATE
5473		4.30	6.02
5474		4.72	6.61
5478		2.87	4.02
5479		5.08	7.11
5480		5.14	7.20
5491		1.33	1.86
5506		2.40	3.36
5507		3.61	5.05
5508		6.09	8.53
5535		4.77	6.68
5537		3.15	4.41
5551		9.16	12.82
5606		1.09	1.53
5610		3.57	5.00
5645		7.29	10.21
5651		5.41	7.57
5703		58.96	82.54
5705		3.45	4.83
5951		0.26	0.36
6003		6.46	9.04
6005		4.91	6.87
6017		2.52	3.53
6018		1.37	1.92
6045		1.59	2.23
6204		6.43	9.00
6206		4.08	5.71
6213		5.37	7.52
6214		1.81	2.53
6216		4.18	5.85
6217		3.27	4.58
6229		3.24	4.54
6233		3.53	4.94
6235		9.39	13.15
6236		7.73	10.82
6237		1.98	2.77
6251		5.15	7.21
6252		3.85	5.39
6260		3.40	4.76
6306		3.66	5.12
6319		3.57	5.00
6325		2.98	4.17
6400		4.47	6.26
6504		1.54	2.16
6702	M	4.96	6.94
6703	M	8.87	12.42
6704	M	5.51	7.71
6801	F	7.56	10.58
6811		3.32	4.65
6824	F	21.77	30.48
6826	F	8.35	11.69
6834		2.35	3.29
6836		3.83	5.36
6843	F	9.72	13.61
6845	F	14.75	20.65
6854		3.32	4.65

CLASS CODE	SUFFIX	LOSS COST	LCM
			1.40 RATE
6872	F	12.67	17.74
6874	F	25.92	36.29
6882		3.32	4.65
6884		7.50	10.50
7016	M	2.95	4.13
7024	M	3.28	4.59
7038	M	3.72	5.21
7046	M	16.36	22.90
7047	M	5.28	7.39
7050	M	6.65	9.31
7090	M	4.13	5.78
7098	M	18.18	25.45
7099	M	29.29	41.01
7133		2.25	3.15
7151	M	2.73	3.82
7152	M	4.89	6.85
7153	M	3.04	4.26
7222		6.30	8.82
7228		4.47	6.26
7229		4.69	6.57
7230		2.64	3.70
7231		3.50	4.90
7232		8.26	11.56
7309	F	14.74	20.64
7313	F	4.18	5.85
7317	F	6.61	9.25
7327	F	19.51	27.31
7333	M	3.54	4.96
7335	M	3.93	5.50
7337	M	6.33	8.86
7350	F	12.72	17.81
7360		4.56	6.38
7370		3.22	4.51
7380		2.22	3.11
7382		1.83	2.56
7390		2.37	3.32
7394	M	7.18	10.05
7395	M	7.98	11.17
7398	M	12.86	18.00
7403		1.90	2.66
7405		0.75	1.05
7420		16.46	23.04
7421		1.74	2.44
7422		1.47	2.06
7425		2.72	3.81
7431		1.11	1.55
7445		0.40	0.56
7453		0.60	0.84
7502		1.63	2.28
7515		0.70	0.98
7520		1.48	2.07
7538		6.63	9.28
7539		2.84	3.98
7540		1.86	2.60
7580		1.23	1.72

CLASS CODE	SUFFIX	LOSS COST	LCM RATE
7590		3.40	4.76
7600		1.71	2.39
7601		7.71	10.79
7605		2.15	3.01
7610		0.35	0.49
7611		3.45	4.83
7612		7.69	10.77
7613		3.07	4.30
7705		1.69	2.37
7710		3.79	5.31
7711		3.79	5.31
7720		1.69	2.37
7855		4.08	5.71
8001		1.46	2.04
8002		2.13	2.98
8006		1.27	1.78
8008		0.80	1.12
8010		1.24	1.74
8013		0.32	0.45
8015		0.42	0.59
8017		0.77	1.08
8018		1.65	2.31
8021		1.22	1.71
8031		2.54	3.56
8032		1.04	1.46
8033		1.24	1.74
8039		0.90	1.26
8044		1.81	2.53
8045		0.27	0.38
8046		1.75	2.45
8047		0.70	0.98
8058		1.80	2.52
8072		0.53	0.74
8102		1.66	2.32
8103		2.45	3.43
8105		3.17	4.44
8106		2.51	3.51
8107		2.14	3.00
8111		2.47	3.46
8116		2.75	3.85
8203		3.61	5.05
8204		3.13	4.38
8209		1.96	2.74
8215		3.76	5.26
8227		2.05	2.87
8232		4.13	5.78
8233		3.36	4.70
8235		2.71	3.79
8263		6.12	8.57
8264		2.21	3.09
8265		6.09	8.53
8279		5.85	8.19

CLASS CODE	SUFFIX	LOSS COST	LCM RATE
8288		3.94	5.52
8291		1.37	1.92
8292		1.95	2.73
8293		4.49	6.29
8295		4.91	6.87
8304		4.52	6.33
8350		3.72	5.21
8380		2.33	3.26
8381		0.98	1.37
8385		1.58	2.21
8392		1.97	2.76
8393		1.12	1.57
8500		4.16	5.82
8601		0.54	0.76
8606		1.83	2.56
8709		5.24	7.34
8719	F	1.23	1.72
8720		0.89	1.25
8721		0.26	0.36
8726		6.01	8.41
8734	M	0.42	0.59
8737	M	0.38	0.53
8738	M	0.67	0.94
8742		0.31	0.43
8745		3.00	4.20
8748		0.27	0.38
8755		0.17	0.24
8799		0.63	0.88
8800		0.63	0.88
8803		0.05	0.07
8805	M	0.22	0.31
8810		0.16	0.22
8814	M	0.19	0.27
8815	M	0.35	0.49
8820		0.14	0.20
8824		1.62	2.27
8825		1.38	1.93
8826		1.46	2.04
8829		1.76	2.46
8831		1.72	2.41
8832		0.18	0.25
8833		0.59	0.83
8835		1.29	1.81
8842		0.96	1.34
8864		0.96	1.34
8868		0.25	0.35
8869		0.48	0.67
8871		0.15	0.21
8901		0.17	0.24
9012		1.27	1.78
9014		1.82	2.55
9015		1.58	2.21



Effective July 1, 2008

FOOTNOTE

D Advisory loss cost for classification already includes the specific disease loading shown in the table below. See *Basic Manual* Rule 3-A-7.

E Advisory loss cost for classification already includes the specific disease loading shown in the table below.

Disease			Disease			Disease		
Code No.	Loading	Symbol	Code No.	Loading	Symbol	Code No.	Loading	Symbol
0059D	0.18	S	1710E	0.03	S	3175D	0.02	S
0065D	0.03	S	1741E	0.15	S	4024E	0.01	S
0066D	0.03	S	1803D	0.15	S	5508D	0.02	S
0067D	0.03	S	1852D	0.03	Asb	6251D	0.04	S
1164E	0.05	S	3081D	0.03	S	6252D	0.02	S
1165E	0.02	S	3082D	0.03	S	6260D	0.02	S
1624E	0.03	S	3085D	0.03	S			

S=Silica, Asb=Asbestos

F Advisory loss cost provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Loss cost contains a provision for federal assessment.

M Advisory loss cost provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for the USL& HW assessment is included for those classifications under Program II USL Act.

N This code is part of a ratable / non-ratable group shown below. The statistical non-ratable code and corresponding advisory loss cost are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

P Classification is computed on a per capita basis.

X Refer to special classification phraseology in these pages which is applicable in this state.

\* Class Codes with Specific Footnotes

- 1005 Advisory loss cost includes a non-ratable disease element of \$3.26. (For coverage written separately for federal benefits only, \$2.15. For coverage written separately for state benefits only, \$1.11.)
- 1016 Advisory loss cost includes a non-ratable disease element of \$13.02. (For coverage written separately for federal benefits only, \$8.58. For coverage written separately for state benefits only, \$4.44.) It also includes a catastrophe loading of \$0.08.
- 6702 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection code loss cost and elr each x 1.215.
- 6703 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class loss cost x 2.175 and elr x 2.032.
- 6704 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class loss cost and elr each x 1.35.
- 7409 The ELR on the rate page is based on payroll subject to a maximum of \$750 per week per employee. Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005. An ELR of 7.71 should be applied to policies with effective dates on or after January 1, 2005 (\$600 payroll limitation). An ELR of 15.43 should be applied to policies with effective dates prior to January 1, 2005 (\$300 payroll limitation).
- 7420 Payroll is subject to a maximum of \$750 per week per employee effective July 1, 2008. The ELR on the rate page should be applied to policies with effective dates on or after July 1, 2008 (\$750 payroll limitation). An ELR of 7.71 should be applied to policies with effective dates prior to July 1, 2008 and on or after July 1, 2006 (\$600 payroll limitation). An ELR of 5.65 should be applied to policies with effective dates prior to July 1, 2006 (uncapped payroll).
- 8018 See Arkansas Special Classification for Warehousing-groceries exclusively.
- 8833 The ex-medical loss cost for this classification is \$0.30. A charge of \$0.10 is to be added to this loss cost whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.
- 9040 The ex-medical loss cost for this classification is \$1.11. A charge of \$0.10 is to be added to this loss cost whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to the Rating Organization having jurisdiction for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.

Effective July 1, 2008

ADVISORY MISCELLANEOUS VALUES

Advisory Loss Elimination Ratios - The following percentages are applicable by deductible amount and hazard group on a per claim basis\*:

Total Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	13.0%	10.4%	8.9%	7.4%	6.2%	4.3%	3.2%
\$1,500	15.9%	12.8%	10.9%	9.2%	7.8%	5.4%	4.1%
\$2,000	18.1%	14.7%	12.6%	10.7%	9.1%	6.5%	4.9%
\$2,500	20.1%	16.3%	14.1%	12.1%	10.2%	7.4%	5.6%
\$3,000	21.8%	17.8%	15.4%	13.2%	11.3%	8.2%	6.2%
\$3,500	23.4%	19.1%	16.6%	14.3%	12.2%	9.0%	6.8%
\$4,000	24.8%	20.3%	17.8%	15.4%	13.1%	9.7%	7.4%
\$4,500	26.2%	21.5%	18.8%	16.3%	14.0%	10.4%	7.9%
\$5,000	27.4%	22.6%	19.8%	17.3%	14.8%	11.1%	8.4%

Medical Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	12.6%	10.1%	8.6%	7.1%	6.0%	4.1%	3.0%
\$1,500	15.2%	12.2%	10.4%	8.8%	7.4%	5.1%	3.8%
\$2,000	17.1%	13.8%	11.9%	10.0%	8.5%	5.9%	4.5%
\$2,500	18.7%	15.2%	13.1%	11.1%	9.4%	6.7%	5.0%
\$3,000	20.1%	16.4%	14.2%	12.1%	10.2%	7.3%	5.5%
\$3,500	21.3%	17.5%	15.1%	12.9%	11.0%	7.9%	6.0%
\$4,000	22.5%	18.4%	16.0%	13.7%	11.7%	8.5%	6.4%
\$4,500	23.5%	19.3%	16.8%	14.5%	12.3%	9.0%	6.8%
\$5,000	24.4%	20.1%	17.5%	15.1%	12.9%	9.5%	7.2%

Indemnity Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	2.7%	2.1%	1.9%	1.8%	1.6%	1.3%	1.0%
\$1,500	3.7%	2.9%	2.7%	2.5%	2.2%	1.9%	1.4%
\$2,000	4.6%	3.7%	3.4%	3.2%	2.8%	2.3%	1.8%
\$2,500	5.4%	4.4%	4.0%	3.8%	3.3%	2.8%	2.1%
\$3,000	6.2%	5.0%	4.6%	4.3%	3.8%	3.2%	2.4%
\$3,500	6.9%	5.6%	5.2%	4.8%	4.3%	3.6%	2.7%
\$4,000	7.5%	6.2%	5.7%	5.3%	4.7%	4.0%	3.0%
\$4,500	8.1%	6.7%	6.2%	5.7%	5.1%	4.3%	3.3%
\$5,000	8.7%	7.2%	6.6%	6.2%	5.5%	4.6%	3.6%

Total Losses				
Deductible Amount	HAZARD GROUP			
	1	2	3	4
\$1,000	10.9%	8.4%	5.2%	3.2%
\$1,500	13.4%	10.4%	6.6%	4.1%
\$2,000	15.3%	12.0%	7.7%	4.9%
\$2,500	17.0%	13.4%	8.7%	5.6%
\$3,000	18.6%	14.7%	9.7%	6.2%
\$3,500	20.0%	15.9%	10.5%	6.8%
\$4,000	21.2%	17.0%	11.4%	7.4%
\$4,500	22.4%	18.0%	12.1%	7.9%
\$5,000	23.6%	19.0%	12.9%	8.4%

\*The values shown for Hazard Groups 1 through 4 are for the reference of those carriers that have filed for the use of these hazard groups in accordance with Item B-1403.

Effective July 1, 2008

ADVISORY MISCELLANEOUS VALUES (cont.)

Advisory Loss Elimination Ratios (continued) - The following percentages are applicable by deductible amount and hazard group on a per claim basis\*:

Medical Losses					Indemnity Losses				
Deductible Amount	HAZARD GROUP				Deductible Amount	HAZARD GROUP			
	1	2	3	4		1	2	3	4
\$1,000	10.6%	8.1%	5.0%	3.0%	\$1,000	2.2%	1.9%	1.4%	1.0%
\$1,500	12.8%	9.9%	6.2%	3.8%	\$1,500	3.1%	2.6%	2.0%	1.4%
\$2,000	14.5%	11.3%	7.1%	4.5%	\$2,000	3.9%	3.3%	2.6%	1.8%
\$2,500	15.9%	12.5%	8.0%	5.0%	\$2,500	4.6%	3.9%	3.0%	2.1%
\$3,000	17.1%	13.5%	8.7%	5.5%	\$3,000	5.3%	4.5%	3.5%	2.4%
\$3,500	18.2%	14.4%	9.4%	6.0%	\$3,500	5.9%	5.1%	3.9%	2.7%
\$4,000	19.2%	15.3%	10.0%	6.4%	\$4,000	6.4%	5.6%	4.3%	3.0%
\$4,500	20.1%	16.0%	10.6%	6.8%	\$4,500	7.0%	6.0%	4.7%	3.3%
\$5,000	21.0%	16.8%	11.1%	7.2%	\$5,000	7.5%	6.5%	5.0%	3.6%

\*The values shown for Hazard Groups 1 through 4 are for the reference of those carriers that have filed for the use of these hazard groups in accordance with Item B-1403.

Basis of premium applicable in accordance with the *Basic Manual* footnote instructions for Code: 7370 -- "Taxicab Co.":

Employee operated vehicle.....	\$48,893.00
Leased or rented vehicle.....	\$32,595.00

7420--"Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew" Maximum payroll per week per employee.....	\$750.00
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Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents (Advisory Loss Cost).....	\$0.01
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Foreign Terrorism (Advisory Loss Cost).....	\$0.02
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Maximum Payroll applicable in accordance with <i>Basic Manual</i> Rule 2-E-1 -- "Executive Officers" and the <i>Basic Manual</i> footnote instructions for Code 9178 -- "Athletic Sports or Park: Noncontact Sports," Code 9179 -- "Athletic Sports or Park: Contact Sports," and Code 9186 -- "Carnival--Traveling".....	\$2,500.00
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Minimum Payroll applicable in accordance with <i>Basic Manual</i> Rule 2-E-1 -- "Executive Officers".....	\$300.00
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Per Passenger Seat Surcharge - In accordance with the <i>Basic Manual</i> footnote instructions for Code 7421, the surcharge is:	
Maximum surcharge per aircraft.....	\$1,000
Per passenger seat.....	\$100

Premium Determination for Partners and Sole Proprietors and Members of Limited Liability Companies in accordance with <i>Basic Manual</i> Rule 2-E-3.....	\$31,900.00
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United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with <i>Basic Manual</i> Rule 3-A-4.....	86%
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(Multiply a Non-F classification loss cost by a factor of 1.86 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and the adjustment for differences in loss-based expenses (1.116).)

Experience Rating Eligibility

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the *Experience Rating Plan Manual* should be referenced for the latest approved eligibility amounts by state.



Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate impact for this filing	-13.2%	
5b.	Effect of Rate Filing - Written premium change for this program	-\$1,472,618	
5c.	Effect of Rate Filing - Number of policyholders affected	453	
6.	Overall percentage of last rate revision	2.7%	
7.	Effective Date of last rate revision	January 1, 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	Final Rate Pages 1-6 : Footnotes & Misc. Values	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	07-0052
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	
04		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
05		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

SERFF Tracking Number: AMST-125641352 State: Arkansas  
Filing Company: American Interstate Insurance Company State Tracking Number: #? \$50  
Company Tracking Number: 08-0084  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Loss Cost Adoption  
Project Name/Number: /08-0084

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 05/09/2008

**Comments:**

**Attachment:**

PCTransmittal.pdf

**Satisfied -Name:** NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 05/09/2008

**Comments:**

**Attachments:**

AR-FilingAdoptExpConstForms.pdf

CalcLCMultiplier.pdf

MEMO.pdf

**Satisfied -Name:** NAIC loss cost data entry document **Review Status:** Approved 05/09/2008

**Comments:**

**Attachment:**

LossCostDataEntryDoc.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

Reset Form

**1. Reserved for Insurance Dept use Only**

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**2 Insurance Department Use only**

a. Date the filing is received	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
a. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #,	
g. SERFF Filing #-	
h. Subject Codes	

<b>3. Group Name</b>	Amerisafe , Inc.	<b>Group NAIC #</b>	0680
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4. Company Name(s)	Domicile	NAIC #	FEIN #
American Interstate Insurance Company	Louisiana	31895	58-1181498

<b>5. Company Tracking Number</b>	08-0084
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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
Mary McManus	Filing Services Specialist	800-256-9052	337-460-3550	mmcmanus@amerisafe.com
2301 Highway 190 West DeRidder, LA 70634				
<b>7. Signature of authorized filer</b>				
8. Please print name of authorized filer		Mary McManus		

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

9. Type of Insurance (TOI)	16.0000 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]	None
12. Company Program Title (Marketing title)	N/A
13. Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input 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: _____
14. Effective Date(s) Requested	New: September 1, 2008    Renewal: September 1, 2008

## Property & Casualty Transmittal Document --

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI	
17.	Reference Organization # & Title	NCCI - AR-2008-02	
18.	Company's Date of Filing	May 6, 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	
20.	This filing transmittal is part of Company Tracking #	08-0084	

21.	<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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American Interstate Insurance Company respectfully submits this filing to adopt NCCI's approved Advisory Loss Costs and rating values effective July 1, 2008 with a delayed effective date of September 1, 2008. We wish to retain our currently filed loss cost multiplier of 1.40 along with all other aspects of our previous filings as filed and approved. The overall impact of this filing will result in an estimated rate and premium decrease of 13.2% on our current book of business. The required filing forms, manual page and \$50.00 filing fee (adoption of NCCI loss costs with no change to the loss cost multiplier) are enclosed.

We request an effective date of September 1, 2008. Acknowledgment, will be appreciated. If you have any questions or require additional information, please contact me at 800-256-9052 or via this e-mail address: [kwells@amerisafe.com](mailto:kwells@amerisafe.com).

[View Complete Filing Description](#)

22.	<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]
-----	---

<b>Check #-</b>	0003020361
<b>Amount:</b>	\$50.00

Adoption of NCCI loss costs with no change to the loss cost multiplier.

**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.)**

**ARKANSAS INSURANCE DEPARTMENT**  
WORKERS COMPENSATION INSURER RATE FILING  
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE  
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE May 6, 2008

1. INSURER NAME American Interstate Insurance Company

ADDRESS 2301 Highway 190 West  
DeRidder, LA 70634

PERSON RESPONSIBLE FOR FILING Mary McManus

TITLE Filing Services Specialist TELEPHONE NO. 800-256-9052

2. INSURER NAIC NO. 31895 GROUP NO. 0680

3. ADVISORY ORGANIZATION NCCI

4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2008-02

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE -13.2 % EFFECTIVE DATE September 1, 2008

B. PROPOSED PREMIUM LEVEL CHANGE -13.2 % EFFECTIVE DATE September 1, 2008

7. A. PRIOR RATE LEVEL CHANGE 2.7 % EFFECTIVE DATE January 1, 2008

B. PRIOR PREMIUM LEVEL CHANGE 2.7 % EFFECTIVE DATE January 1, 2008

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"  
(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. Check one of the following:

- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.
- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

INSURER NAME American Interstate Insurance CompanyDATE May 6, 2008NAIC 31895

SUMMARY OF SUPPORTING INFORMATION FORM  
 WORKERS COMPENSATION-INSURER RATE FILING  
 ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS  
 CALCULATION OF COMPANY LOSS COST MULTIPLIER / EXPENSE CONSTANT

1. Does this filing apply to all workers compensation classes.  Yes  No. If no, attach a list of affected classes.

2. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (CHECK ONE):

Without modification (factor = 1.000).

With the following modification(s). (Cite the nature and percent modification to the advisory organization's loss experience. Attach supporting data and/or rationale; i.e., differences in LAE, residual market load, loss experience, etc.) \_\_\_\_\_

B. Loss Cost Modification expressed as a Factor (see examples in Bulletin): 1.00

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

A. Total Production Expense	<u>10.0</u>	
B. General Expense	<u>8.7</u>	%
C. Taxes, Licenses and Fees	<u>4.0</u>	%
D. Profit and Contingencies	<u>2.0</u>	%
E. Credit for Investment Income*	<u>-4.0</u>	%
F. Other (explain)	<u>0</u>	%
G. Total	<u>20.7</u>	%

\* Include as an offset, or explain how investment income is taken into account.

4. Expected Loss and Loss Adjustment Expense (Target Cost) Ratio: 0.793  
 ELR = 1.000 - 3G (expressed in decimal form)

5. Overall impact of expense constant and minimum premiums: 1.010  
 (A 2.3% impact would be expressed as 1.023)

6. Overall impact of size-of-risk discounts plus expense gradation recognition  
 in retrospective rating: (An 8.6% average discount would be expressed as 0.914) 0.912

7. Company Formula Loss Cost Multiplier:  $2B / [(6 - 3G) \times 5] =$  1.40

8. Company selected loss cost multiplier: 1.40

9. Are you amending your minimum premium formula?  Yes  No. If yes, attach documentation including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc.

10. Are you changing your premium discount schedules?  Yes  No. If yes, attach schedules and support detailing rate level change.

**NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION**

**CALCULATION OF COMPANY LOSS COST MULTIPLIER**

<b>This filing transmittal is part of Company Tracking #</b>	08-0084
<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	N/A

**Loss Cost Reference Filing** NCCI- AR-2008-02  **Independent Rate Filing**  
(Advisory Org. & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

**1. Check one of the following:**

- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. **Note: Some states have statutes that prohibit this option for some lines of business.**
- The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? Yes If no, complete a copy of this form for each affected class with appropriate justification.

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:  
(Check One)

- Without Modification (factor= 1.000)  
 With the following modification(s). (Cite the nature and percent modification, , and attach supporting data and/or rationale for the modification.) \_\_\_\_\_

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.00

Example 1- Loss cost Modification Factor: If your company's loss cost modification is -1 0%, a factor of ,90 (1.000 - .100) should be used.

Example 2, Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + . 150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. **Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio.** (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)  
**PROJECTED EXPENSES:** Compared to standard premium at company rates.

		Selected Provisions	
A.	Total Production Expense		%
B.	General Expense		%
C.	Taxes, Licenses & Fee		%
D.	Underwriting profit & contingencies*		%
E.	Other (explain)		%
F.	Total		%
	* Explain how investment income is taken into account		

5.	A.	Expected Loss Ratio: ELR = 100% - 4F =	
	B.	ELR in Decimal Form =	

NAIC LOSS COST FILING DOCUMENT—*FOR WORKERS' COMPENSATION*

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	

10. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

Yes No

11. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level changes.

**ARKANSAS  
EXPLANATORY MEMORANDUM**

American Interstate Insurance Company

Company Filing Number	08-0084
Company	American Interstate Insurance Company
Address	2301 HIGHWAY 190 WEST DERIDDER, LA 70634
NAIC Number	31895
State	Arkansas
Addressed to:	Julie Benefield Bowman Arkansas Department of Insurance 1200 West third Street Little Rock, Arkansas 72201
Date of Filing	5/9/2008
Line of Insurance	Worker's Compensation
Explanation of Filing	Rate filing Adoption of 7/1/2008 NCCI Advisory Loss Costs and Rating Values with delayed effective date of September 1, 2008. We will retain or currently filed Loss Cost Multiplier of 1.40 for all class codes, expense constant of \$250 as well as all other aspects of our previous filings. The result of this proposed change will be an estimated overall decrease of 13.2% based on our current book of business.
Method of Calculation	Change on our book due to revised Loss Costs = -13.2% Change due to Loss Cost Multiplier = 0
State Filing Forms Attached	Transmittal Form PC TD-1 pages 1 and 2 Form PC RRFS-1 Memorandum Reference Filing Adoption Form, Summary of Supporting Information Form Calculation of Co. LCM and AR Expense Constant Supplement 5-Year Experience and Expense Exhibit Final Rate Pages w/ Footnotes and Miscellaneous Values
Copies	1 complete filing plus 1 additional for return
Return Envelope	1
Filing Requirements	30 Days Prior Approval - deemed approved if not disapproved within 30 days after date of filing.
Proposed Effective	9/1/2008
Check attached	Check #0003020361 total \$50.00 filing fee
Contact Person	Mary McManus, CISR State Filing Specialist
Phone number	1-800-256-9052 EXT. 3323 E-MAIL - <a href="mailto:kwells@amerisafe.com">kwells@amerisafe.com</a>

**NAIC LOSS COST DATA ENTRY DOCUMENT**

1.	This filing transmittal is part of Company Tracking #	08-0084
2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NCCI AR-2008-02

Company Name		Company NAIC Number
3. A.	American Interstate Insurance Company	B. 31895

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4. A.	16.000 Workers' Compensation	B. 16.004 Standard WC

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				(H) Co. Current Loss Cost Multiplier
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	
Workers' Compensation	-13.2%	-13.2%	0.793	1.00	1.40	\$250	1.40
TOTAL OVERALL EFFECT	-13.2%	-13.2%	0.793	1.00	1.40	\$250	1.40

Year	5 Year History Policy Count	% of Change	Rate Change History				Countrywide Loss Ratio
			Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	
2002	566	8.6	4/1/02	\$9,090	\$4,171	45.9%	67.2%
2003	530	11.7	3/1/03	\$10,747	\$6,893	65.0%	57.5%
2004	495	3.52	10/1/04	\$10,416	\$5,569	53.5%	53.8%
2005	465	6.3	8/1/05	\$10,334	\$10,187	98.6%	58.0%
2006	505	1.3	9/1/06	\$8,909	\$3,003	33.7%	44.6%
2007	453	-6.2	7/1/07	\$10,640	\$3,701	34.8%	50.2%
2008	453	2.7	1/1/08	\$8,711	\$1,244	14.3%	52.4%

Expense Constants	Selected Provisions
B. General Expense	8.7
C. Taxes, License & Fees	4.0
D. Underwriting Profit & Contingencies	-2.0
E. Other (explain)	7.15
F. TOTAL	21.7

7. E. Size of risk and expense constant impact

8. Yes Apply Lost Cost Factors to Future filings? (Y or N)

9. 14.7% Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): N/A

10. -39.4% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): N/A