

SERFF Tracking Number: AMRS-125147408 State: Arkansas
First Filing Company: AMERISURE MUTUAL INSURANCE State Tracking Number: AR-PC-07-024018
COMPANY, ...
Company Tracking Number: AR-WC-70178-RU
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: /

Filing at a Glance

Companies: AMERISURE MUTUAL INSURANCE COMPANY, AMERISURE INSURANCE COMPANY

Product Name: Workers Compensation SERFF Tr Num: AMRS-125147408 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: AR-PC-07-024018
Sub-TOI: 16.0004 Standard WC Co Tr Num: AR-WC-70178-RU State Status:
Filing Type: Rule Co Status: Reviewer(s): Michelle Fahey, Betty
Montesi, Carol Stiffler
Author: Joan Walters Disposition Date: 06/23/2008
Date Submitted: 04/19/2007 Disposition Status: Approved
Effective Date Requested (New): 08/01/2007 Effective Date (New): 07/01/2008
Effective Date Requested (Renewal): 08/01/2007 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 06/23/2008
State Status Changed: 04/20/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Amerisure Mutual Insurance Company (AMI) and Amerisure Insurance Company (AIC) are authorized to write Workers Compensation in your jurisdiction and are members of National Council on Compensation Insurance, Inc. (NCCI).

For new and renewal policies effective on or after August 1, 2007 our companies wish to file a revision to our company exception to NCCI's Waiver of Subrogation.

The enclosed revised company exception pages will be replaced as follows:

SERFF Tracking Number: AMRS-125147408 State: Arkansas
 First Filing Company: AMERISURE MUTUAL INSURANCE State Tracking Number: AR-PC-07-024018
 COMPANY, ...
 Company Tracking Number: AR-WC-70178-RU
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
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Current	Replacement
MULTISTATE-WC-3.A.22.-WAIVER-AMIC Ed. 7/2006R	MU-WC-3.A.22.-WAIVER-AMI/AIC Ed. 03/07
MULTISTATE-WC-3.A.22.-WAIVER-AIC Ed. 7/2006R	MU-WC-3.A.22.-WAIVER-AMI/AIC Ed. 03/07

Company and Contact

Filing Contact Information

Joan Walters, Compliance Analyst I 26777 Halsted Rd Farmington Hills, MI 48331	jwalters@amerisure.com (800) 257-1900 [Phone] (248) 426-7789[FAX]
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Filing Company Information

AMERISURE MUTUAL INSURANCE COMPANY 26777 HALSTED RD. FARMINGTON HILLS, MI 48331-2060 (800) 257-1900 ext. 54270[Phone]	CoCode: 23396 Group Code: 124 Group Name: AMERISURE INSURANCE FEIN Number: 38-0829210 -----	State of Domicile: Michigan Company Type: PROPERTY & CASUALTY State ID Number:
AMERISURE INSURANCE COMPANY 26777 HALSTED RD. FARMINGTON HILLS, MI 48331-2060 (800) 257-1900 ext. 54270[Phone]	CoCode: 19488 Group Code: 124 Group Name: AMERISURE INSURANCE FEIN Number: 38-1869912 -----	State of Domicile: Michigan Company Type: PROPERTY & CASUALTY State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per submission
Per Company:	No

SERFF Tracking Number: AMRS-125147408 *State:* Arkansas
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COMPANY, ...
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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
264585	\$50.00	04/09/2007

SERFF Tracking Number: AMRS-125147408 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	06/23/2008	06/23/2008
Approved	Carol Stiffler	04/20/2007	04/20/2007

SERFF Tracking Number: AMRS-125147408 State: Arkansas
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Product Name: Workers Compensation
Project Name/Number: /

Disposition

Disposition Date: 06/23/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal):

Status: Approved

Comment: This filing was reopened due to SERFF filing #AMRS-125702933 in which the company requested a different effective date. Please see that filing for additional explanation

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

SERFF Tracking Number: AMRS-125147408 State: Arkansas
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 COMPANY, ...
 Company Tracking Number: AR-WC-70178-RU
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: /

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
Supporting Document	Filing Memorandum	Approved	Yes
Supporting Document	Side by Side	Approved	Yes
Supporting Document	Rate Rule Filing Schedule	Approved	Yes
Rate	Waiver of Subro Rule Exception Revision	Approved	Yes
Rate	Waiver of Subro Rule Exception	Approved	Yes
Rate	Waiver of Subro Rule Exception	Approved	Yes

SERFF Tracking Number: AMRS-125147408 *State:* Arkansas
First Filing Company: AMERISURE MUTUAL INSURANCE *State Tracking Number:* AR-PC-07-024018
COMPANY, ...
Company Tracking Number: AR-WC-70178-RU
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: /

Disposition

Disposition Date: 04/20/2007

Effective Date (New): 08/01/2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMRS-125147408 State: Arkansas
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 COMPANY, ...
 Company Tracking Number: AR-WC-70178-RU
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 Product Name: Workers Compensation
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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
Supporting Document	Filing Memorandum	Approved	Yes
Supporting Document	Side by Side	Approved	Yes
Supporting Document	Rate Rule Filing Schedule	Approved	Yes
Rate	Waiver of Subro Rule Exception Revision	Approved	Yes
Rate	Waiver of Subro Rule Exception	Approved	Yes
Rate	Waiver of Subro Rule Exception	Approved	Yes

SERFF Tracking Number: AMRS-125147408 *State:* Arkansas
First Filing Company: AMERISURE MUTUAL INSURANCE *State Tracking Number:* AR-PC-07-024018
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Product Name: Workers Compensation
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Rate Information

Rate data does NOT apply to filing.

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 COMPANY, ...
 Company Tracking Number: AR-WC-70178-RU
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: /

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Waiver of Subro Rule Exception Revision	MU-WC-3.A.22.- WAIVER-AMI-AIC Ed. 03-07	Replacement	MU-WC-3.A.22.- WAIVER-AMI-AIC.pdf
Approved	Waiver of Subro Rule Exception	MULTISTATE- WC-3.A.22.- WAIVER-AMIC Ed 7/2006R	Withdrawn	Waiver of Subro Exc Pg - Multistate - AMIC R.pdf
Approved	Waiver of Subro Rule Exception	MULTISTATE- WC-3.A.22.- WAIVER-AIC Ed 7/2006R	Withdrawn	Waiver of Subro Exc Pg - Multistate - AIC R.pdf

**NCCI MANUAL
WORKERS COMPENSATION
STATE EXCEPTION PAGE**

**AMERISURE MUTUAL INSURANCE COMPANY
AMERISURE INSURANCE COMPANY**

Rule 3. Rating Definitions and Application of Premium Elements.

A. 22. Waiver of Right to Recover From Others (Subrogation) is deleted and replaced by the following:

A. Explanation and Application.

22. Waiver of Right to Recover From Others (Subrogation).

a.) Specific Waiver.

1. Use. The Company may agree to waive its recovery rights as respects only those persons or organizations named in the endorsement.
2. Schedule. Such persons or organizations must be identified by name and mailing address in the Schedule of the endorsement.
3. Premium. Charge the premium shown in the following table for each person or organization named in the endorsement. This premium is not subject to adjustment by any rating plan or modification.

b.) Blanket Waiver.

1. Use. The Company may agree to waive its recovery rights as respects any (unnamed) person or organization with whom the insured has a contract that requires such a waiver to be obtained from the Company.
2. Schedule. Insert language to the following effect in the Schedule of the endorsement: "This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us. This endorsement applies subject to individual state laws governing its use."
3. Premium. For blanket coverage, one charge applies per policy. This premium is not subject to adjustment by any rating plan or factor.

c.) Form. Use form WC 00 03 13.

d.) Premium Charge.

Coverage	Minimum Charge	Maximum Charge
Specific	\$100	\$500
Blanket	\$250	2% of manual premium subject to a maximum premium of \$500

**NCCI MANUAL
WORKERS COMPENSATION
STATE EXCEPTION PAGE
AMERISURE MUTUAL INSURANCE COMPANY**

A. Explanation and Application

22. Waiver of Right to Recover From Others (Subrogation) is deleted and replaced by the following:

Rule 3. Rating Definitions and Application of Premium Elements

A. Explanation and Application

22. Waiver of Right to Recover From Others (Subrogation)

The premium for this endorsement (WC 00 03 13) is determined on an individual risk basis by the Company as follows:

Coverage	Type of Charge	Minimum Charge	Maximum Charge
Specific	Flat	\$100	\$500
Blanket	% Of manual premium	\$250	2% of manual premium subject to a maximum premium of \$500

**NCCI MANUAL
WORKERS COMPENSATION
STATE EXCEPTION PAGE
AMERISURE INSURANCE COMPANY**

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 COMPANY, ...
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 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 04/20/2007

Comments:

Attachment:

P & C Trnsmtl Doc Ed 3-2007.pdf

Bypassed -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 04/20/2007

Bypass Reason: This is not a loss cost filing.

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 04/20/2007

Bypass Reason: This is not a loss cost filing.

Comments:

Satisfied -Name: Cover Letter **Review Status:** Approved 04/20/2007

Comments:

Attachment:

AR Cover Letter.pdf

Satisfied -Name: Filing Memorandum **Review Status:** Approved 04/20/2007

Comments:

Attachment:

Filing Memo Waiver of Subrogation.pdf

Review Status:

SERFF Tracking Number: AMRS-125147408

State: Arkansas

First Filing Company: AMERISURE MUTUAL INSURANCE
COMPANY, ...

State Tracking Number: AR-PC-07-024018

Company Tracking Number: AR-WC-70178-RU

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: /

Satisfied -Name: Side by Side

Approved

04/20/2007

Comments:

Attachment:

WC Waiver MU Side by Side.pdf

SERFF Tracking Number: AMRS-125147408 State: Arkansas
First Filing Company: AMERISURE MUTUAL INSURANCE State Tracking Number: AR-PC-07-024018
COMPANY, ...
Company Tracking Number: AR-WC-70178-RU
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: /

Satisfied -Name: Rate Rule Filing Schedule **Review Status:** Approved 04/20/2007
Comments:
Attachment:
RRFS Ed 3-2007.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: <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Amerisure Insurance Company	124

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Amerisure Mutual Insurance Company	MI	23396	38-0829210	
Amerisure Insurance Company	MI	19488	38-1869912	

5. Company Tracking Number	AR-WC-70178-Ru
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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
	Joan Walters 26777 Halsted Road Farmington Hills, MI 48331	Compliance Analyst I	800-257-1900 ext 67788	248-426-7789	jwalters@amerisure.com
7. Signature of authorized filer					
8. Please print name of authorized filer			Joan Walters		

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)	
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: August 1, 2007 Renewal: August 1, 2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	April 19, 2007
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 #	AR-WC-70178-Ru
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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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Amerisure Mutual Insurance Company (AMI) and Amerisure Insurance Company (AIC) are authorized to write Workers Compensation in your jurisdiction and are members of National Council on Compensation Insurance, Inc. (NCCI).

For new and renewal policies effective on or after August 1, 2007 our companies wish to file a revision to our company exception to NCCI's Waiver of Subrogation.

The enclosed revised company exception pages will be replaced as follows:

<u>Current</u>	<u>Replacement</u>
MULTISTATE-WC-3.A.22.-WAIVER-AMIC Ed. 7/2006R	MU-WC-3.A.22.-WAIVER-AMI/AIC Ed. 03/07
MULTISTATE-WC-3.A.22.-WAIVER-AIC Ed. 7/2006R	MU-WC-3.A.22.-WAIVER-AMI/AIC Ed. 03/07

Enclosed please find a filing memo, side by side explanation of changes and a copy of the above replacement state exception pages.

Should you have any questions regarding this filing, please feel free to contact me.

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]
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Check #: 264585
Amount: \$50.00

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.)**



Amerisure Mutual Insurance Company
Amerisure Insurance Company
Amerisure Re (Bermuda) Ltd.

Corporate Underwriting

April 19, 2007

Arkansas Insurance Department
1200 W 3rd St
Little Rock AR 72201-1904

Re: Amerisure Mutual Insurance Company NAIC # 124-23396
FEIN No. 38-0829210
Amerisure Insurance Company NAIC # 124-19488
FEIN No. 38-1869912
Workers Compensation
Company Rule Exception for Waiver of Subrogation - Revision
Company File No: AR-WC-70178-Ru

Dear Analyst:

Amerisure Mutual Insurance Company (AMI) and Amerisure Insurance Company (AIC) are authorized to write Workers Compensation in your jurisdiction and are members of National Council on Compensation Insurance, Inc. (NCCI).

For new and renewal policies effective on or after August 1, 2007 our companies wish to file a revision to our company exception to NCCI's Waiver of Subrogation.

The enclosed revised company exception pages will be replaced as follows:

Current

MULTISTATE-WC-3.A.22.-WAIVER-AMIC Ed. 7/2006R
MULTISTATE-WC-3.A.22.-WAIVER-AIC Ed. 7/2006R

Replacement

MU-WC-3.A.22.-WAIVER-AMI/AIC Ed. 03/07
MU-WC-3.A.22.-WAIVER-AMI/AIC Ed. 03/07

Enclosed please find a filing memo, side by side explanation of changes and a copy of the above replacement state exception pages.

Should you have any questions regarding this filing, please feel free to contact me as indicated below.

Sincerely,

A handwritten signature in black ink that reads 'Joan Walters'.

Joan Walters
Compliance Analyst I

Filing Memo Waiver of Subrogation

The purpose of this filing is to expand our rules to clarify:

- premium charge for this endorsement is not subject to modification by any rating factors;
- one premium applies per policy for multi state policies with blanket waivers;
- charge applies per named individual or organization for specific waivers; and
- instructions on standard wording to be used in the schedule for blanket waivers and schedule requirements for specific waivers.

**WC Waiver of Subrogation Rules Filing 03 07
Multi State
Side by Side Explanation of Changes**

WC-Multi State 3.A.22 – Waiver AIC and AMI

Current 07/2006 edition	Revised 03/07 edition	Impact
A. 22. Explanation and Application	A. 22. Explanation and Application	
No Rule	a.) Specific Waiver. 1. Use. The Company may agree to waive its recovery rights as respects only those persons or organizations named in the endorsement.	a.) 1. Added to clarify use of this form for Specific Waiver.
No Rule	2. Schedule. Such persons or organizations must be identified by name and mailing address in the Schedule of the endorsement.	a.) 2. Added to provide instructions for schedule requirements.
No Rule	3. Premium. Charge the premium shown in the following table for each person or organization named in the endorsement. This premium is not subject to adjustment by any rating plan or modification	a.) 3. Added to clarify premium charge is per person or organization and premium is not subject to modification
No Rule	b.) Blanket Waiver. 1. Use. The Company may agree to waive its recovery rights as respects any (unnamed) person or organization with whom the insured has a contract that requires such a waiver to be obtained from the Company.	b.) 1. Added to clarify use of this form for Blanket Waiver.
No Rule	2. Schedule Insert language to the following effect in the Schedule of the endorsement: "This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us. This endorsement applies subject to individual state laws governing it's use. "	b.) 2. Added to provide instructions for wording to be inserted in schedule for "blanket coverage".
No Rule	3. Premium. For blanket coverage, one charge applies per policy. This premium is not subject to adjustment by any rating plan or factor.	c.) 3. Added to clarify one premium charge applies per policy and is not subject to modification by other rating plans or factors.
Premium Charge Table –	Column for "Type of Charge" is removed.	Charge for Specific Waiver is no longer identified as "flat".

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 #	AR-WC-70178-Ru
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a.	Rate Change by Company (As Proposed)						
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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)

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)			
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		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	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	MU-WC-3.A.22.-WAIVER-AMI/AIC Ed. 03/07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	MULTISTATE-WC-3.A.22.-WAIVER-AMIC Ed 7/2006R	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	
03	MULTISTATE-WC-3.A.22.-WAIVER-AIC Ed 7/2006R	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	