

SERFF Tracking Number: AMST-125690458 State: Arkansas
Filing Company: Silver Oak Casualty, Inc. State Tracking Number: #200000178 \$25
Company Tracking Number: 08-0097
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Rule Filing
Project Name/Number: Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes/08-0097

Filing at a Glance

Company: Silver Oak Casualty, Inc.

Product Name: Rule Filing

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rule

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

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

State Filing Description:

SERFF Tr Num: AMST-125690458 State: Arkansas

SERFF Status: Closed

Co Tr Num: 08-0097

Co Status:

Author: Cheryl Morott

Date Submitted: 06/11/2008

State Tr Num: #200000178 \$25

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Carol Stiffler

Disposition Date: 06/26/2008

Disposition Status: Approved

Effective Date (New): 09/01/2008

Effective Date (Renewal):

General Information

Project Name: Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes

Project Number: 08-0097

Reference Organization: NCCI

Reference Title: Item Filing B-1407

Filing Status Changed: 06/26/2008

State Status Changed: 06/20/2008

Corresponding Filing Tracking Number:

Filing Description:

Julie Benefield Bowman

Insurance Commissioner

Arkansas Department of Insurance

1200 West Third Street

Little Rock, AR 72201-1904

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number: Circular CIF-2008-05

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: AMST-125690458 State: Arkansas
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Project Name/Number: Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes/08-0097

RE: Silver Oak Casualty, Inc. – NAIC # 26869

Workers' Compensation Rule Filing

Adoption of Item Filing B-1407 –Catastrophe Provisions Miscellaneous Values, Rules, and Statistical Codes

Company Filing: 08-0097

Dear Commissioner Bowman:

Silver Oak Casualty, Inc. wishes to adopt the rules and supplementary rating information pertaining to NCCI's Circular CIF-2008-05, Item Filing B-1407.

We have enclosed the filing fee of \$25.00 for adoption of NCCI's rules and supplementary rating information. In accordance with Arkansas' prior approval, thirty-day waiting period regulations, we respectfully request an effective date of September 1, 2008. We will exercise deemer provision on that date unless disapproved within the thirty-day waiting period or any extensions thereof.

If you have any questions, please do not hesitate to contact me at 1-800-256-9052 extension 2112 or e-mail at cmorott@amerisafe.com.

Sincerely,

Cheryl Morott
Rate Filing Services Specialist
Regulatory Department

Enclosures

SERFF Tracking Number: AMST-125690458 State: Arkansas
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Project Name/Number: Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes/08-0097

Company and Contact

Filing Contact Information

Kathy Wells, State Filing Coordinator kwells@amerisafe.com
2301 Highway 190 West (800) 256-9052 [Phone]
DeRidder, LA 70634 (337) 460-3550[FAX]

Filing Company Information

Silver Oak Casualty, Inc. CoCode: 26869 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: 72-1215354

Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0200000178	\$25.00	06/11/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	06/26/2008	06/26/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	06/16/2008	06/16/2008	Cheryl Morott	06/26/2008	06/26/2008
Pending Industry Response	Carol Stiffler	06/12/2008	06/12/2008	Cheryl Morott	06/16/2008	06/16/2008

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Disposition

Disposition Date: 06/26/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMST-125690458 State: Arkansas
 Filing Company: Silver Oak Casualty, Inc. State Tracking Number: #200000178 \$25
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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	Explanatory Memorandum	Approved	Yes
Supporting Document	Copy of filing fee check	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes

SERFF Tracking Number: AMST-125690458 State: Arkansas
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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/16/2008

Submitted Date 06/16/2008

Respond By Date

Dear Kathy Wells,

The explanatory memorandum that you sent in response to my previous objection is a Texas memorandum (although it has some Arkansas info in it. It is also still in .xls format which we cannot accept on SERFF. Please resubmit it in .pdf format with the Arkansas info.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 06/26/2008

Submitted Date 06/26/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: Dear Ms. Stiffler:

Please view attached Explanatory Memorandum. I do apologize for any inconvenience this may have caused.

Sincerely,

Cheryl Morott

Changed Items:

Supporting Document Schedule Item Changes

SERFF Tracking Number: AMST-125690458 *State:* Arkansas
Filing Company: Silver Oak Casualty, Inc. *State Tracking Number:* #200000178 \$25
Company Tracking Number: 08-0097
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Rule Filing
Project Name/Number: Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes/08-0097

Satisfied -Name: Explanatory Memorandum
Comment: Please view attachment.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Cheryl Morott

SERFF Tracking Number: AMST-125690458 State: Arkansas
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Project Name/Number: Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes/08-0097

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/12/2008

Submitted Date 06/12/2008

Respond By Date

Dear Kathy Wells,

This will acknowledge receipt of the captioned filing. Due to the variety of ways companies are calculating their terrorism/catastrophe rates--ie. from filing the actual rate, rounding up or down, or not rounding and taking the rate out to 4 digits, etc.--please state what your actual rates will be. Stating them in your response letter is acceptable.

Objection 1

- Explanatory Memorandum (Supporting Document)

Comment: This explanatory memorandum is in .xls format instead of .pdf. Please resubmit. When I open up the spreadsheet it is "garbage". Nothing is readable. Please resubmit.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 06/16/2008

Submitted Date 06/16/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: Dear Ms. Stiffler:

Please review the attached explanatory memorandum spreadsheet. We do apologize for any inconvenience that may caused. Please feel free to contact me if you require further information or have any questions.

Sincerely,

SERFF Tracking Number: AMST-125690458 State: Arkansas
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Cheryl Morott

Related Objection 1

Applies To:

- Explanatory Memorandum (Supporting Document)

Comment:

This explanatory memorandum is in .xls format instead of .pdf. Please resubmit. When I open up the spreadsheet it is "garbage". Nothing is readable. Please resubmit.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Explanatory Memorandum

Comment: Please view attachment.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Cheryl Morott

SERFF Tracking Number: AMST-125690458 State: Arkansas
Filing Company: Silver Oak Casualty, Inc. State Tracking Number: #200000178 \$25
Company Tracking Number: 08-0097
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Rule Filing
Project Name/Number: Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes/08-0097

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMST-125690458 State: Arkansas
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Company Tracking Number: 08-0097
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Rule Filing
Project Name/Number: Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes/08-0097

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 06/26/2008

Comments:

Please view attachment.

Attachment:

SOCI P&C transmittal for filing 08-0097.pdf

Bypassed -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 06/26/2008

Bypass Reason: N/A

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 06/26/2008

Bypass Reason: N/A

Comments:

Satisfied -Name: Copy of filing fee check **Review Status:** Approved 06/26/2008

Comments:

Please view attachment.

Attachment:

SOCI -filing 08-0097 check.pdf

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 06/26/2008

Comments:

Please view attachment.

Attachment:

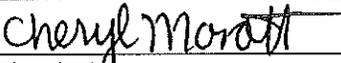
explanatory memo -08-0097.pdf

Property & Casualty Transmittal Document

<p>1. Reserved for Insurance Dept. Use Only</p>	<p>2. Insurance Department Use only</p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="width: 50%; border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> <p>f. State Filing #-</p> <p>g. SERFF Filing #-</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

3.	Group Name	Group NAIC #			
	Amerisafe, Inc.	680			
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Silver Oak Casualty, Inc.	Louisiana	26869	72-1215354	

5.	Company Tracking Number	08-0097
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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
	Cheryl Morott, 2301 Highway 190 West, DeRidder, LA 70634	Rate Filing Specialist	800-256-9052 extension 2112	337-460-3550	cmorott@amerisafe.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Cheryl Morott		

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)	Rule Filing
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: September 1, 2008 Renewal: September 1, 2008
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI Circular CIF-2008-05
17.	Reference Organization # & Title	Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes
18.	Company's Date of Filing	June 11, 2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document-

20.	This filing transmittal is part of Company Tracking #	08-0097
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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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Dear Commissioner:

Silver Oak Casualty, Inc. wishes to adopt the rules and supplementary rating information pertaining to NCCI's Circular CIF-2008-05, Item Filing B-1407.

We have enclosed the filing fee of \$25.00 for adoption of NCCI's rules and supplementary rating information. In accordance with Arkansas' prior approval, thirty-day waiting period regulations, we respectfully request an effective date of September 1, 2008. We will exercise deemer provision on that date unless disapproved within the thirty-day waiting period or any extensions thereof.

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 #: 0200000178

Amount: \$25.00 dated June 11, 2008

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.)**

PC TD-1 pg 2 of 2

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 #	08-0097
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	None
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Rate Increase
 Rate Decrease
 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)
American Interstate Insurance Company	0%	0%	8,048,190	423	8,048,190	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	Minimum % Change

5. 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	
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7.	Effective Date of last rate revision	
-----------	--------------------------------------	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01.		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

Silver Oak Casualty, Inc.

VENDOR ARKANSAS

CHECK NO. 0200000178

VCH. NO.	INVOICE NO.	DESCRIPTION	NET AMT
0000321905	AR B-1407 REVISION_SOCI	COMPANY FILING# 08-0097	25.00

CHECK TOTAL \$*****25.00

THE CHECK IS VOID WITHOUT A COLORED BACKGROUND AND A TRUE WATERMARK - HOLD TO LIGHT TO VIEW



Silver Oak Casualty, Inc.
2301 Hwy 190 West
DeRidder, La. 70634
337-463-9052

Bank of America
Dallas, Texas

Check No.	Check Date	Vendor No.
0200000178	06/11/2008	ARKANSAS

CHECK AMOUNT
\$*****25.00

PAY Twenty Five Dollars And No Cents

TO THE ORDER OF

ARKANSAS DEPARTMENT OF INSURANCE
1200 WEST THIRD STREET
LITTLE ROCK AR 72201-1904

BY

AUTHORIZED SIGNATURE

BY

COUNTERSIGNATURE NOT REQUIRED ON AMOUNT LESS THAN \$5,000.00

⑈0200000178⑈ ⑆111000025⑆ ⑈004797830369⑈

**Arkansas
EXPLANATORY MEMORANDUM**

Filing Number: 08-0097

Company: Silver Oak Casualty, Inc.

Address: 2301 Highway 190 West
DeRidder, LA 70634

NAIC Number: 0680-26869

State: Arkansas

Addressed to: Julie Benefield Bowman
Insurance Commissioner
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Date of Filing: 6/12/08

Line of Insurance: Workers' Compensation

Explanation of Filing: Adopt the rules and supplementary rating information pertaining to NCCI's Circular CIF-2008-05, Item Filing B-1407

State Filing Forms Attached: Property & Casualty Transmittal - PC 358 [2 pages]
Rate/Rule Filing Schedule- PC RRFS-1

Copies: 3 complete filings plus 1 additional for return

Return Envelope: 1

Filing Requirements: Prior Approval

Proposed Effective Date: 1-Sep-08

Check Enclosed: \$25.00
Check Number:020000178

Contact Person: Cheryl Morott
Rates Filing Services Specialist

Phone number: 1-800-256-9052 ext.2112 E-mail: cmorott@amerisafe.com