

SERFF Tracking Number: PERR-125743974 State: Arkansas
Filing Company: Guarantee Insurance Company State Tracking Number: #103334 \$25
Company Tracking Number: GIC-WC-AR-08-03-R
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: GIC-WC-AR-08-03-R
Project Name/Number: GIC-WC-AR-08-03-R/GIC-WC-AR-08-03-R

Filing at a Glance

Company: Guarantee Insurance Company

Product Name: GIC-WC-AR-08-03-R

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

SERFF Tr Num: PERR-125743974 State: Arkansas

SERFF Status: Closed

State Tr Num: #103334 \$25

Co Tr Num: GIC-WC-AR-08-03-R

State Status: Fees verified and received

Filing Type: Rule

Co Status:

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

Authors: Michelle Freitag, Diane Karis, Ines Piquet, Patricia Heckman

Disposition Date: 07/31/2008

Date Submitted: 07/23/2008

Disposition Status: Approved

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

Effective Date (New): 09/01/2008

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

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: GIC-WC-AR-08-03-R

Status of Filing in Domicile: Not Filed

Project Number: GIC-WC-AR-08-03-R

Domicile Status Comments:

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

Reference Number: Item B-1407

Reference Title: Catastrophe Provisions Miscellaneous Values, Rules and Forms

Advisory Org. Circular: CIF-2008-05

Filing Status Changed: 07/31/2008

State Status Changed: 07/28/2008

Deemer Date:

Corresponding Filing Tracking Number: N/A

Filing Description:

On behalf of Guarantee Insurance Company (the "Company"), we are making a reference filing to implement a rule revision in your state. The reference filing pertains to the following:

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

SERFF Tracking Number: PERR-125743974 State: Arkansas
Filing Company: Guarantee Insurance Company State Tracking Number: #103334 \$25
Company Tracking Number: GIC-WC-AR-08-03-R
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: GIC-WC-AR-08-03-R
Project Name/Number: GIC-WC-AR-08-03-R/GIC-WC-AR-08-03-R

Reference Filing Number: Item B-1407

Filing Description: This revision will eliminate the distinction between foreign and domestic terrorism by: • Producing separate miscellaneous values by state to address losses resulting from “Terrorism” and “Catastrophe (other than Certified Acts of Terrorism)” • Replacing the references of “Foreign Terrorism” and “Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents (DTEC)” in NCCI manuals with the terms “Terrorism” and “Catastrophe (other than Certified Acts of Terrorism)” and • Providing new descriptions for Statistical Codes 9740 and 9741.

We are requesting an effective date of September 1, 2008.

Please do not hesitate to contact us with any questions or comments.

Company and Contact

Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)
Patricia Heckman, Bureau Monitoring Manager doi@perrknight.com
2030 Main Street Suite 235 (949) 474-0362 [Phone]
Irvine, CA 92614

Filing Company Information

Guarantee Insurance Company CoCode: 11398 State of Domicile: Florida
401 East Las Olas Boulevard Group Code: Company Type:
Suite 1540
Ft. Lauderdale, FL 33301 Group Name: State ID Number:
(954) 670-2900 ext. [Phone] FEIN Number: 22-2222789

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No

SERFF Tracking Number: PERR-125743974 *State:* Arkansas
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Fee Explanation: \$25 per rule filing per company
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Guarantee Insurance Company	\$0.00	07/23/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
103334	\$25.00	07/22/2008

<i>SERFF Tracking Number:</i>	<i>PERR-125743974</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Guarantee Insurance Company</i>	<i>State Tracking Number:</i>	<i>#103334 \$25</i>
<i>Company Tracking Number:</i>	<i>GIC-WC-AR-08-03-R</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>GIC-WC-AR-08-03-R</i>		
<i>Project Name/Number:</i>	<i>GIC-WC-AR-08-03-R/GIC-WC-AR-08-03-R</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07/31/2008	07/31/2008
Approved	Carol Stiffler	07/25/2008	07/25/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Uniform Transmittal Document-Property & Casualty	Supporting Document	Patricia Heckman	07/25/2008	07/25/2008

SERFF Tracking Number: PERR-125743974 State: Arkansas
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Disposition

Disposition Date: 07/31/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125743974 State: Arkansas
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 Product Name: GIC-WC-AR-08-03-R
 Project Name/Number: GIC-WC-AR-08-03-R/GIC-WC-AR-08-03-R

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Withdrawn	No
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes

SERFF Tracking Number: *PERR-125743974* *State:* *Arkansas*
Filing Company: *Guarantee Insurance Company* *State Tracking Number:* *#103334 \$25*
Company Tracking Number: *GIC-WC-AR-08-03-R*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
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Disposition

Disposition Date: 07/25/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125743974 State: Arkansas
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Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
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Amendment Letter

Amendment Date:

Submitted Date: 07/25/2008

Comments:

Dear Ms. Stiffler:

Thank you for re-opening this filing and allowing us to amend it to restate the rate impact.

We have revised the Property and Casualty Transmittal Form to include the statements: "Please note that this rule revision has a rate impact of -0.5%. The Company's rate pages are not affected by this revision" We have also revised the Rate / Rule Filing Schedule to indicate the rate decrease of -0.5%.

Should you need any additional information, please contact me directly. We appreciate your continued review of this filing.

Sincerely,

Patricia Heckman

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Comment: We have revised the Property and Casualty Transmittal Document and the Rate / Rule Filing Schedule to restate the rate impact as -0.5%.

PCTD.pdf

Rate Rule Filing Schedule.pdf

<i>SERFF Tracking Number:</i>	<i>PERR-125743974</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Guarantee Insurance Company</i>	<i>State Tracking Number:</i>	<i>#103334 \$25</i>
<i>Company Tracking Number:</i>	<i>GIC-WC-AR-08-03-R</i>		
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<i>Project Name/Number:</i>	<i>GIC-WC-AR-08-03-R/GIC-WC-AR-08-03-R</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PERR-125743974</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Guarantee Insurance Company</i>	<i>State Tracking Number:</i>	<i>#103334 \$25</i>
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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07/31/2008
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Comments:

We have revised the Property and Casualty Transmittal Document and the Rate / Rule Filing Schedule to restate the rate impact as -0.5%.

Attachments:

PCTD.pdf
Rate Rule Filing Schedule.pdf

Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	07/25/2008
Bypass Reason:	N/A Rule filing only.		

Comments:

Bypassed -Name:	NAIC loss cost data entry document	Review Status: Approved	07/25/2008
Bypass Reason:	N/A Rule Filing only.		

Comments:

Satisfied -Name:	Letter of Authorization	Review Status: Approved	07/25/2008
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Comments:

Attachment:

GIC Authorization Letter.pdf

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	GIC-WC-AR-08-03-R
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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On behalf of Guarantee Insurance Company (the "Company"), we are making a reference filing to implement a rule revision in your state. The reference filing pertains to the following:

Reference Organization: National Council on Compensation Insurance, Inc. ("NCCI") Reference Item Number B-1407. This is a rule revision which will eliminate the distinction between foreign and domestic terrorism by:

- Producing separate miscellaneous values by state to address losses resulting from "Terrorism" and "Catastrophe (other than Certified Acts of Terrorism)"
- Replacing the references of "Foreign Terrorism" and "Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents (DTEC)" in NCCI manuals with the terms "Terrorism" and "Catastrophe (other than Certified Acts of Terrorism)"
- Providing new descriptions for Statistical Codes 9740 and 9741.

Please note that this rule revision has a rate impact of -0.5%. The Company's rate pages are not affected by this revision.

We are requesting an effective date of September 1, 2008.

Please do not hesitate to contact us with any questions or comments.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: 103334

Amount: \$25.00

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

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

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 #	GIC-WC-AR-08-03-R
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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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)
Guarantee Insurance Company	-0.5%	-0.5%	-\$26,835	249	\$5,367,000		

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		

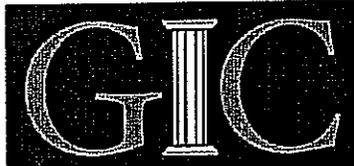
6.	Overall percentage of last rate revision	-8.00%
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7.	Effective Date of last rate revision	7/1/2008
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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9.	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	

GUARANTEE



INSURANCE COMPANY

May 7, 2007

To Whom It May Concern:

Perr & Knight, Inc. is hereby authorized to submit rate, rule, and form filings on behalf of Guarantee Insurance Company. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed to be in effect until rescinded on writing.

Please direct all correspondences and inquiries relate to this filing related to this filing to Perr & Knight, Inc. at the following address:

Perr & Knight, Inc.
1200 North Federal Highway, Suite 309
Boca Raton, FK-33432
Tel: (561) 416-3992
Fax: (561) 416-3167

Please contact me at (954) 670-2901 if you have any questions regarding this authorization.

Sincerely,

Steven M. Mariano
President, Chief Executive Officer