

SERFF Tracking Number: AMLX-125768523 State: Arkansas  
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$25  
Company Tracking Number: WC AR0239201R04  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: Primary Workers Compensation 2008  
Project Name/Number: Rules/WC AR0239201R04

## Filing at a Glance

Company: American Alternative Insurance Corporation

Product Name: Primary Workers Compensation SERFF Tr Num: AMLX-125768523 State: Arkansas  
2008

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: WC AR0239201R04

State Status: Fees verified and  
received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol  
Stiffler

Author: SPI

Disposition Date: 08/11/2008

AmericanAlternativeInsurance

Date Submitted: 08/10/2008

Disposition Status: Approved

Effective Date Requested (New): 07/01/2009

Effective Date (New): 07/01/2009

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Rules

Status of Filing in Domicile:

Project Number: WC AR0239201R04

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: R-1397

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08/11/2008

State Status Changed: 08/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

American Alternative Insurance Corporation (AAIC), licensed in the State of Arkansas, hereby proposes to adopt the rules as contained in the following NCCI Circular number:

Circular CIF-2008-14 - Filing Item R-1397

Retrospective Rating Plan Parameters - Excess Loss Factors

SERFF Tracking Number: AMLX-125768523 State: Arkansas  
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 Project Name/Number: Rules/WC AR0239201R04

NCCI approved effective date July 1, 2009

To be in conjunction with NCCI's approval, AAIC proposes that this filing apply to all policies effective on or after July 1, 2009.

## Company and Contact

### Filing Contact Information

Beth MacDougall, Project Employee bmacdougall@munchreamerica.com  
 555 College Road East (215) 702-9828 [Phone]  
 Princeton, NJ 08543-5241 (609) 951-8285[FAX]

### Filing Company Information

American Alternative Insurance Corporation CoCode: 19720 State of Domicile: Delaware  
 555 College Road East Group Code: 361 Company Type:  
 Princeton,, NJ 08543-5241 Group Name: Munich Re Group State ID Number:  
 (800) 305-4954 ext. [Phone] FEIN Number: 52-2048110  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation: E Check No. 1700000596  
 Date 8-8-08  
 Amt \$25  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Alternative Insurance Corporation	\$25.00	08/10/2008	21873591

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08/11/2008	08/11/2008

*SERFF Tracking Number:*      *AMLX-125768523*                      *State:*                      *Arkansas*  
*Filing Company:*              *American Alternative Insurance Corporation*      *State Tracking Number:*      *EFT \$25*  
*Company Tracking Number:*      *WC AR0239201R04*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0000 WC Sub-TOI Combinations*  
*Product Name:*              *Primary Workers Compensation 2008*  
*Project Name/Number:*      *Rules/WC AR0239201R04*

## **Disposition**

Disposition Date: 08/11/2008

Effective Date (New): 07/01/2009

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLX-125768523 State: Arkansas  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Approved	Yes
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes

*SERFF Tracking Number:*      *AMLX-125768523*                      *State:*                      *Arkansas*  
*Filing Company:*              *American Alternative Insurance Corporation*      *State Tracking Number:*      *EFT \$25*  
*Company Tracking Number:*      *WC AR0239201R04*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0000 WC Sub-TOI Combinations*  
*Product Name:*              *Primary Workers Compensation 2008*  
*Project Name/Number:*      *Rules/WC AR0239201R04*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLX-125768523 State: Arkansas  
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## Supporting Document Schedules

**Review Status:**  
**Bypassed -Name:** NAIC Loss Cost Filing Document Approved 08/11/2008  
 for Workers' Compensation  
**Bypass Reason:** NA - Adoption of NCCI Rating Plan Rule Changes only.  
**Comments:**

**Review Status:**  
**Bypassed -Name:** NAIC loss cost data entry document Approved 08/11/2008  
**Bypass Reason:** NA - Adoption of NCCI Rule changes only.  
**Comments:**

**Review Status:**  
**Satisfied -Name:** Uniform Transmittal Document- Approved 08/11/2008  
 Property & Casualty  
**Comments:**  
**Attachments:**  
 PC TD-1.PDF  
 AR RRFs-1.PDF

## Property & Casualty Transmittal Document

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

<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>			
	Munich Re Group	0361			
<b>4.</b>	<b>Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
	American Alternative Insurance Corporation	DE	19720	52-2048110	

<b>5. Company Tracking Number</b>	WC AR0239201R04
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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
	Beth MacDougall AAIC 555 College Road East Princeton, NJ 08543-5241	Project Employee	800-305-4954	609-951-8285	bmacdougall@munichre merica.com
<b>7.</b>	Signature of authorized filer		<i>Beth MacDougall</i>		
<b>8.</b>	Please print name of authorized filer		Beth MacDougall, CPCU		

**Filing Information** (see General Instructions for descriptions of these fields)

<b>9.</b>	<b>Type of Insurance (TOI)</b>	16.0 WC
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	16.0000 WC Sub-TOI Combinations
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>	Workers' Compensation
<b>13.</b>	<b>Filing Type</b>	<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)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: 07/01/2009      Renewal: 07/01/2009
<b>15.</b>	<b>Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	NCCI
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	Item R-1397 Retrospective Rating Plan Parameters – Excess Loss Factors
<b>18.</b>	<b>Company's Date of Filing</b>	8/11/2008
<b>19.</b>	<b>Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	WC AR0239201R04
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<b>21.</b>	<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 Alternative Insurance Corporation (AAIC), licensed in the State of Arkansas, hereby proposes to adopt the below items contained in the following NCCI Circular number:

CIF-2008-14 -- Item Filing R-1397  
Retrospective Rating Plan Parameters-- Excess Loss Factors  
NCCI approved effective date July 01, 2009.

To be in conjunction with NCCI's approval, we propose that this filing apply to all policies effective on or after July 01, 2009.

<b>22.</b>	<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]
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**Check #:** E-Check No. 1700000596  
**Amount:** \$25.00

E-Check date 8-8-08.

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

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

## PROPERTY & CASUALTY 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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	WC AR0239201R04
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	n/a
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	Prior Approval
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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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)
American Alternative Ins Corp	n/a	n/a	n/a	n/a	n/a	n/a	n/a

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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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)

**5. Overall Rate Information (Complete for Multiple Company Filings only)**

		COMPANY USE	STATE USE
<b>5a.</b>	Overall percentage rate indication(when applicable)	n/a	
<b>5b.</b>	Overall percentage rate impact for this filing	n/a	
<b>5c.</b>	Effect of Rate Filing – Written premium change for this program	n/a	
<b>5d.</b>	Effect of Rate Filing - Number of policyholders affected	n/a	

<b>6.</b>	Overall percentage of last rate revision	n/a
<b>7.</b>	Effective Date of last rate revision	n/a
<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	n/a

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Adoption of NCCI Arkansas-Item R-1397.	<input checked="" 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	