

SERFF Tracking Number: LBRM-125789771 State: Arkansas
First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-02507
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: AR WC DIVIDEND FILINGS 11-01-2008-RULE
Project Name/Number: AR-WC-DIVIDEND FILINGS 11-01-2008-RULE/2008-02507

Filing at a Glance

Companies: America First Insurance Company, Peerless Indemnity Insurance Company, Peerless Insurance Company, The Netherlands Insurance Company

Product Name: AR WC DIVIDEND FILINGS 11-SERFF Tr Num: LBRM-125789771 State: Arkansas
01-2008-RULE

TOI: 16.0 Workers Compensation
Sub-TOI: 16.0004 Standard WC

SERFF Status: Closed
Co Tr Num: 2008-02507

State Tr Num: EFT \$50
State Status: Fees verified and received

Filing Type: Rule

Co Status:

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

Author: Daniel Francis

Disposition Date: 08/27/2008

Date Submitted: 08/27/2008

Disposition Status: Accepted For Informational Purposes

Effective Date Requested (New): 11/01/2008

Effective Date (New): 11/01/2008

Effective Date Requested (Renewal): 11/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: AR-WC-DIVIDEND FILINGS 11-01-2008-RULE

Status of Filing in Domicile:

Project Number: 2008-02507

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08/27/2008

State Status Changed: 08/27/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Effective November 1, 2008 for new and renewal business we wish to file revisions to our Workers Compensation Program.

With this submission, we wish to file our Dividend Plans A,B,C & AA to be used with the above mentioned companies.

Our Independent Dividend Forms are filed under separate cover (our filing #2008-02508).

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Company and Contact

Filing Contact Information

Daniel Francis, State Filing Analyst daniel.francis@libertymutual.com
 62 Maple Avenue (800) 826-6189 [Phone]
 Keene, NH 03431 (603) 352-9252[FAX]

Filing Company Information

America First Insurance Company	CoCode: 12696	State of Domicile: New Hampshire
62 Maple Ave.	Group Code: 111	Company Type: P & C
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 58-0953149	

Peerless Indemnity Insurance Company	CoCode: 18333	State of Domicile: Illinois
62 Maple Ave.	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 13-2919779	

Peerless Insurance Company	CoCode: 24198	State of Domicile: New Hampshire
62 Maple Avenue	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 02-0177030	

The Netherlands Insurance Company	CoCode: 24171	State of Domicile: New Hampshire
62 Maple Avenue	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 02-0342937	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00

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Retaliatory? No
Fee Explanation: \$50 PER FILING
Per Company: No

SERFF Tracking Number: *LBRM-125789771* *State:* *Arkansas*
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
America First Insurance Company	\$50.00	08/27/2008	22159527
Peerless Indemnity Insurance Company	\$0.00	08/27/2008	
Peerless Insurance Company	\$0.00	08/27/2008	
The Netherlands Insurance Company	\$0.00	08/27/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Carol Stiffler Informational Purposes		08/27/2008	08/27/2008

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Disposition

Disposition Date: 08/27/2008

Effective Date (New): 11/01/2008

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment: Dividend plans are not required to be filed but should comply with Bulletin 8-82 (attached).

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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Accepted for Informational Purposes	Yes
Supporting Document	NAIC loss cost data entry document	Accepted for Informational Purposes	Yes
Supporting Document	COVER LETTER	Accepted for Informational Purposes	Yes
Rate	WC DIVIDEND PLAN A	Accepted for Informational Purposes	Yes
Rate	WC DIVIDEND PLAN AA	Accepted for Informational Purposes	Yes
Rate	WC DIVIDEND PLAN B	Accepted for Informational Purposes	Yes
Rate	WC DIVIDEND PLAN C	Accepted for Informational Purposes	Yes



**ARKANSAS INSURANCE DEPARTMENT
LEGAL DIVISION**

1200 West Third Street
Little Rock, AR 72201-1904
501-371-2820
FAX 501-371-2629

Bulletin 8-82

PARTICIPATING PLANS OR DIVIDEND PLANS FOR WORKERS COMPENSATION INSURANCE

September 1, 1982

The Insurance Department has received numerous inquiries regarding the use of dividend plans or participating plans for workers' compensation insurance.

Ark. Stat. Ann. § 66-3119 (Repl. 1980) states in part "A plan for payment of dividends, savings, or unabsorbed premium deposits allowed or returned by insurers to their policyholders, members or subscribers shall not be deemed a rating plan or system." As participating or dividend plans are not considered rating plans or systems, the rules for such plans need not be filed with or approved by the Insurance Department. However, an amendment or endorsement to the policy form is required to effectuate a participating or dividend plans. The amendment or endorsement to the policy form must be filed with and approved by the Insurance Department.

The amendment or endorsement used with a participating or dividend plan must contain the following provisions:

- (1) (1) Dividends must be declared by the Board of Directors and paid from surplus.
- (2) (2) Dividends are not guaranteed.

Although the rules for participating or dividend plans need not be filed with the Department, the following guidelines should be observed by insurers using such plans in the State of Arkansas.

- (1) (1) The allowable credit or dividend should be based upon the size of the premium and the loss experience of the risk, utilizing Arkansas experience where such experience is credible.
- (2) (2) Any classification of policies to be issued as participating or non-participating and any determination of the rights and extent of participation shall be reasonable and shall not unfairly discriminate as between policyholders within the same classification.
- (3) (3) No dividend, otherwise earned, shall be made contingent upon the payment of a renewal premium on any policy.

Special care should be taken in solicitation of participating workers' compensation policies. It has come to the Department's attention that representations have been made to prospective insureds that dividends are guaranteed and that a stated amount will be paid as a dividend on the policy. Dividends are not guaranteed and solicitation to the effect that they are guaranteed is a violation of Ark. Stat. Ann. § 66-3005(1) {Repl. 1980}.

W.H.L. Woodyard, III
Insurance Commissioner

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	WC DIVIDEND PLAN A	WC DIVIDEND PLAN A	New	WC Dividend Plan A_AMF.pdf WC Dividend Plan A_NIC.pdf WC Dividend Plan A_PIC.pdf WC Dividend Plan A_PII.pdf
Accepted for Informational Purposes	WC DIVIDEND PLAN AA	WC DIVIDEND PLAN AA	New	WC Dividend Plan AA_AMF.pdf WC Dividend Plan AA_NIC.pdf WC Dividend Plan AA_PIC.pdf WC Dividend Plan AA_PII.pdf
Accepted for Informational Purposes	WC DIVIDEND PLAN B	WC DIVIDEND PLAN B	New	WC Dividend Plan B_AMF.pdf WC Dividend Plan B_NIC.pdf WC Dividend Plan B_PIC.pdf WC Dividend Plan B_PII.pdf
Accepted for Informational Purposes	WC DIVIDEND PLAN C	WC DIVIDEND PLAN C	New	WC Dividend Plan C_AMF.pdf WC Dividend Plan C_NIC.pdf

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WC Dividend Plan
C_PIC.pdf
WC Dividend Plan
C_PII.pdf

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty	Review Status: Accepted for Informational Purposes	08/27/2008
Comments: Uniform Transmittal Document-Property & Casualty		
Attachment: Uniform Transmittal Document-Property & Casualty.pdf		
Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Accepted for Informational Purposes	08/27/2008
Bypass Reason: NA		
Comments:		
Bypassed -Name: NAIC loss cost data entry document	Review Status: Accepted for Informational Purposes	08/27/2008
Bypass Reason: NA		
Comments:		
Satisfied -Name: COVER LETTER	Review Status: Accepted for Informational Purposes	08/27/2008
Comments: COVER LETTER		
Attachment: 2008-02507.pdf		

Property & Casualty Transmittal Document

Reset Form

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:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
PEERLESS INSURANCE COMPANY	NH	111-24198	02-0177030	
PEERLESS INDEMNITY INSURANCE CO	IL	111-18333	13-2919779	
THE NETHERLANDS INSURANCE CO	NH	111-02291	02- 0342937	
AMERICA FIRST INSURANCE CO	NH	111-12696	58-0953149	

5. Company Tracking Number	2008-02507
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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
	DANIEL FRANCIS	ANALYST, REGULATORY FILING AM	800-826-6289 x83824	603-352-9252	daniel.francis@libertymutual.com
	62 MAPLE AVE, KEENE NH 03431				

7. Signature of authorized filer	Daniel Francis
8. Please print name of authorized filer	DANIEL FRANCIS

Digitally signed by Daniel Francis
DN: cn=Daniel Francis, o=Liberty Mutual Agency Markets, ou=State Filing, email=daniel.francis@libertymutual.com, c=US
Reason: I am the author of this document
Date: 2008.08.27 09:31:35 -0400

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)	16.0004 Standard WC
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	NA
12. Company Program Title (Marketing title)	WORKERS COMPENSATION
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: 11-01-2008 Renewal: 11-01-2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	NA
17. Reference Organization # & Title	NA
18. Company's Date of Filing	08-27-2008
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 # 2008-02507

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Effective November 1, 2008 for new and renewal business we wish to file revisions to our Workers Compensation Program.
With this submission, we wish to file our Dividend Plans A,B,C & AA to be used with the above mentioned companies.
Our Independent Dividend Forms are filed under separate cover (our filing #2008-02508).

[View Complete Filing Description](#)

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 #: NA
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.)



**America First
Insurance™**

Member of Liberty Mutual Group

62 Maple Avenue
Keene, NH 03431
603-352-3221

August 8, 2008

Hon. Julie Benafield Bowman
Commissioner Of Insurance
Arkansas Insurance Department
1200 West Third St
Little Rock, AR 72201-1904

Attn: Mr. Bill Lacy, Director
Property and Casualty Division

RE: Workers Compensation
Rule Filing
PEERLESS INSURANCE COMPANY
NAIC #: 111-24198
THE NETHERLANDS INSURANCE COMPANY
NAIC #: 111-24171
AMERICA FIRST INSURANCE COMPANY
NAIC #: 111-12696
PEERLESS INDEMNITY INSURANCE COMPANY
NAIC #: 111-18333
Company Filing#: 2008-02507

Dear Mr. Lacy:

Effective November 1, 2008 for new and renewal business we wish to file revisions to our Workers Compensation Program.

With this submission, we wish to file our Dividend Plans A,B,C & AA to be used with the above mentioned companies.

Our Independent Dividend Forms are filed under separate cover (our filing #2008-02508).

Attached, please find our Dividend Plans along with the required filing forms.

Questions regarding the enclosed filing should be directed to me at 603-358-3824 or 800-826-6189 ext. 83824. Questions regarding the enclosed filing should be directed to me at 603-358-3824 or 800-826-6189 ext. 83824.

Sincerely,

Daniel Francis
Analyst, Regulatory Filing, AM
E-mail daniel.francis@libertyram.com
Fax (603) 352-9252