

SERFF Tracking Number: MADC-125770519 State: Arkansas
Filing Company: Advantage Workers Compensation Insurance State Tracking Number: EFT \$100
Company
Company Tracking Number: AWCIC-AR-2008-011
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Catastrophe Filing/

Filing at a Glance

Company: Advantage Workers Compensation Insurance Company

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

SERFF Tr Num: MADC-125770519 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$100

Co Tr Num: AWCIC-AR-2008-011

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler

Authors: Tina Knight, Margaret Lovejoy

Disposition Date: 08/12/2008

Date Submitted: 08/11/2008

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: Catastrophe Filing

Project Number:

Reference Organization: NCCI

Reference Title:

Filing Status Changed: 08/12/2008

State Status Changed: 08/12/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number: B-1407

Advisory Org. Circular:

Deemer Date:

The purpose of this filing is to adopt NCCI's item filing #B-1407. With this filing we wish to adopt all amendments indicated in the filing. We request an effective date of September 1, 2008 to be concurrent with NCCI's effective date.

Company and Contact

SERFF Tracking Number: MADC-125770519 State: Arkansas
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Filing Contact Information

(This filing was made by a third party - madisonconsultinggroup)

Tina Knight, Analyst tina@madisoninc.com
 200 North 2nd Street (706) 342-7750 [Phone]
 Madison, GA 30650 (706) 342-7775[FAX]

Filing Company Information

Advantage Workers Compensation Insurance CoCode: 40517 State of Domicile: Indiana
 Company
 1100 East 6600 South Group Code: Company Type: Property &
 Casualty

Suite 280
 Murray, UT 84121 Group Name: State ID Number:
 (801) 288-8750 ext. [Phone] FEIN Number: 13-3088732

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Advantage Workers Compensation Insurance Company	\$100.00	08/11/2008	21886371

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08/12/2008	08/12/2008

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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	Expedited Filing Transmittal Document for Terrorism	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes

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Supporting Document Schedules

Review Status:
Bypassed -Name: Uniform Transmittal Document- Property & Casualty **Approved** 08/12/2008
Bypass Reason: Using Expedited Transmittal Document for Terrorism
Comments:

Review Status:
Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Approved** 08/12/2008
Bypass Reason: Using Expedited Transmittal Document for Terrorism
Comments:

Review Status:
Bypassed -Name: NAIC loss cost data entry document **Approved** 08/12/2008
Bypass Reason: Using Expedited Transmittal Document for Terrorism
Comments:

Review Status:
Satisfied -Name: Expedited Filing Transmittal Document for Terrorism **Approved** 08/12/2008
Comments:
Attachment:
 TRIAExpeditedFilingForm.pdf

Review Status:
Satisfied -Name: Cover Letter **Approved** 08/12/2008
Comments:
Attachment:
 rulefilinglettersigned.pdf

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) Arkansas

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Advantage Workers Compensation Insurance Company	IN	40517	

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Tina Knight, Analyst Madison Consulting Group, Inc. 200 North Second Street, Madison, GA 30650	(706) 342-7750	(706) 342-7775	tina@madisoninc.com

Filing information

Line of Insurance (see attachment)	Workers Compensation
Company Program Title (Marketing title) (if applicable)	Workers Compensation Program
Filing Type ** see note below	Rule
This application is used with:	
Effective Date Requested	9/1/2008
Filing date	8/11/2008
Company Tracking Number	AWCIC-AR-2008-011
Date filing approved in domiciliary state, if applicable	

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	<u>Form # or Rate Page</u> <u>Include edition date</u>	<u>Replacement</u> <u>Or withdrawn?</u>	<u>If replacement,</u> <u>give form # or rate</u> <u>page(s) it replaces</u>	<u>Previous State</u> <u>Filing Number,</u> <u>if required</u> <u>by state</u>
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Signature

Tina Knight
Print Name:

Analyst
Title:



MADISON CONSULTING GROUP
Actuaries • Property/Casualty Consulting Services

August 11, 2008

Honorable Julie Benefield Bowman
Insurance Commissioner
Arkansas Department of Insurance
1200 West Third St.
Little Rock, Arkansas 72201-1904

RE: Advantage Workers Compensation Insurance Company
NAIC #1147-40517
Workers Compensation Program
Rule Filing in Response to NCCI Filing # B-1407

Dear Honorable Bowman:

We are pleased to submit this rule filing on behalf of the above Company workers compensation programs in Arkansas.

The purpose of this filing is to adopt NCCI's item filing #B-1407. With this filing we wish to adopt all amendments indicated in the filing. We request an effective date of September 1, 2008 to be concurrent with NCCI's effective date.

Please direct any questions on this filing to:

Tina Knight
Madison Consulting Group, Inc.
200 North Second Street
Madison, Georgia 30650
706-342-7750 FAX 706-342-7775
tina@madisoninc.com

Honorable Julie Benefield Bowman
August 11, 2008
Page 2

Thank you for your consideration and assistance.

Sincerely,

Tina Knight
Analyst

TJK/ml
Attachments