

SERFF Tracking Number: AMST-125806597 State: Arkansas
Filing Company: Silver Oak Casualty, Inc. State Tracking Number: #? \$50
Company Tracking Number: 08-0130
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Form Filing
Project Name/Number: 3 Revised WC Supplemental Application Forms/08-0130

Filing at a Glance

Company: Silver Oak Casualty, Inc.

Product Name: Form Filing

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Form

SERFF Tr Num: AMST-125806597 State: Arkansas

SERFF Status: Closed

Co Tr Num: 08-0130

Co Status:

Author: Mary McManus

Date Submitted: 09/08/2008

State Tr Num: #? \$50

State Status: Fees verified

Reviewer(s): Betty Montesi, Carol Stiffler

Disposition Date: 09/08/2008

Disposition Status: Approved

Effective Date Requested (New): 10/15/2008

Effective Date Requested (Renewal): 10/15/2008

Effective Date (New): 10/15/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: 3 Revised WC Supplemental Application Forms

Project Number: 08-0130

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 09/08/2008

State Status Changed: 09/08/2008

Corresponding Filing Tracking Number:

Filing Description:

Silver Oak Casualty, Inc. would like to submit for your approval three (3) revised supplemental application forms for Workers' Compensation policies. These three forms were previously filed by our company (Filing No. 06-0038, dated February 22, 2006) and approved effective April 1, 2006. We wish to replace those forms with the three (3) revised forms that are attached. The PC FFS-1 form is attached with the supplemental application forms.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

These supplemental application forms are computer generated for the appropriate applications. These forms have been filed in our domiciliary state of Louisiana and approval is pending.

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- Amerisafe, Inc. Worker's Compensation Trucking Supplemental Application
Form # AMERISAFE 130C, Ed. 9-1-2008, 2 pages

This form requests information from the truckers such as what they haul, location, scope of operation, etc.

- Amerisafe, Inc. Workers' Compensation Maritime Supplemental Application
Form # AMERISAFE 130F, Ed. 9-1-2008

This form is to be filled out by the applicant and contains information in regards to his business exposure and employees.

- Amerisafe, Inc. Workers' Compensation Diving Supplemental Application
Form # AMERISAFE 130J, Ed. 9-1-2008

This form is to be filled out by the diving contractor and contains information in regards to his company and his employees.

*These forms DO NOT impact any rates or rules.

Pursuant to Arkansas's prior approval regulations, we respectfully request an effective date of October 15, 2008. We will exercise the deemer provision on that date if the filing has not been disapproved within the 30-day review period or any extension thereof.

We are attaching the necessary copies for this filing. The filing fee of \$50.00 was sent by certified mail (#7007-3020-0001-8743-4572) to your Little Rock address on September 4, 2008. A copy of the check is attached for your records.

Company and Contact

Filing Contact Information

Mary McManus, Filing Services Specialist mmcmanus@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

SERFF Tracking Number: AMST-125806597 *State:* Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0200000197	\$50.00	09/04/2008

SERFF Tracking Number: AMST-125806597 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/08/2008	09/08/2008

SERFF Tracking Number: AMST-125806597 *State:* Arkansas
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Product Name: Form Filing
Project Name/Number: 3 Revised WC Supplemental Application Forms/08-0130

Disposition

Disposition Date: 09/08/2008

Effective Date (New): 10/15/2008

Effective Date (Renewal):

Status: Approved

Comment: This filing is approved contingent on receiving the filing fee.

Rate data does NOT apply to filing.

SERFF Tracking Number: AMST-125806597 State: Arkansas
 Filing Company: Silver Oak Casualty, Inc. State Tracking Number: #? \$50
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 Product Name: Form Filing
 Project Name/Number: 3 Revised WC Supplemental Application Forms/08-0130

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	AMERISAFE, Inc. Workers' Coompensation Trucking Supplemental Application	Approved	Yes
Form	AMERISAFE, Inc. Workers' Compensation Maritime Supplemental Application	Approved	Yes
Form	AMERISAFE, Inc. Workers' Compensation Diving Supplemental Application	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	AMERISAFE, Inc. Workers' Compensation Trucking Supplemental Application	AMERISA FE 130C	Ed. 9-1-2008	Policy/Coverage Form	Replaced	Replaced Form #: AMERISAFE 130C Ed. 6-2004 Previous Filing #: 06-0038		AMERISAFE 130 C Ed. 9-08.pdf
Approved	AMERISAFE, Inc. Workers' Compensation Maritime Supplemental Application	AMERISA FE 130F	Ed. 9-1-2008	Policy/Coverage Form	Replaced	Replaced Form #: AMERISAFE 130F Ed. 6-2004 Previous Filing #: 06-0038		AMERISAFE 130 F Ed. 9-08.pdf
Approved	AMERISAFE, Inc. Workers' Compensation Diving Supplemental Application	AMERISA FE 130J	Ed. 9-1-2008	Policy/Coverage Form	Replaced	Replaced Form #: AMERISAFE 130J Ed. 6-2004 Previous Filing #: 06-0038		AMERISAFE 130 J Ed. 9-08.pdf

AMERISAFE, INC. WORKERS' COMPENSATION 2301 Hwy. 190 West DeRidder, LA 70634		TRUCKING SUPPLEMENTAL APPLICATION	Date Submitted (MM/DD/YYYY)
APPLICANT NAME AND MAILING ADDRESS	PHONE _____ CELL PHONE _____	CARRIER _____ DOT# _____ MC # _____	

1. List the products the Applicant hauls:

2. Does the Applicant transport hazardous materials? _____ % of Hazardous Materials
 _____ % of Non-Hazardous Materials

3. Terminals:

a. List physical location of each terminal. (Include City, State, and Zip)

b. List all states where units are garaged at drivers residence.

-If any, can driver be dispatched from residence? Yes No

4. Scope of operation:

a. List all states.

b. List routine shipping points.

c. Any driving or deliveries in the State of Florida? Yes No

5. Maintenance:

a. Describe the age and condition of vehicles.

b. Describe maintenance schedules performed on equipment.

6. Routes: _____ % Regular _____ % Irregular

7. Radius: _____ % 0-200 Miles _____ % Over 200 Miles

8. Drivers _____ % Single Drivers _____ % Co-Driver Teams

9. Does the Applicant lease owner operators? Yes No (If no, go to question #10.)

If yes, are the owner operators included on the policy? Yes No

If not included, does the carrier obtain Workers Compensation Certificates of Insurance? Yes No

NOTE: We do not recognize Occupational Accident insurance policies as a substitute for Workers Compensation coverage. You will be charged for uninsured drivers.

SUPPLEMENTAL APPLICATION

10. Total Number of Power Units?

Indicate Number of Each Type

Tractor-conventional _____	Dump Trucks _____
Tractor-cabover _____	Wreckers _____
Straight Trucks _____	Other _____

11. Number and type of trailers? (Or type of bed for Straight Trucks)

Flatbeds _____	Reefer _____
Lowboys _____	Open Top Van (chip) _____
Tankers (bottom load) _____	Dump Trailer _____
Tankers (top load) _____	Container _____
Tankers (with baffles) _____	Logging _____
Tankers (no baffles) _____	Pole _____
Dry Box _____	Other _____
Hopper Trailers _____	

12. What percentage of the Applicant's deliveries are Less Than Load (LTL)? _____ % LTL

13. What percentage of the Applicant's drivers Load their vehicles? _____ %

Of those, what % is: _____ Manual Loading _____ Mechanical Loading

Do they use lumpers? Yes No

Are lumpers insured? Yes No

14. What percentage of the Applicant's drivers tarp their own loads? _____ %

Of those, what % is: _____ Manual Tarping _____ Mechanical Tarping

15. What percentage of the Applicant's drivers secure their own loads? _____ %

Methods for securing loads: Cantilever binders _____ % Ratchet binders _____ %

16. Identify Applicant's Auto Liability Carrier.

17. Estimate the Applicant's annual percentage of driver turnover?

18. Estimated total number of drivers during previous calendar year:

Number of 1099 forms issued for previous calendar year: _____

Number of W2 forms issued for previous calendar year: _____

Certain state insurance departments require that we advise you of the following statements: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. (Not applicable in HI, DC, PA). Applicable to DC residents only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. Applicable to PA residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant's Signature

Date

Agent's Signature

Date

AMERISAFE, INC. WORKERS' COMPENSATION MARITIME
 2301 Hwy. 190 West
 DeRidder, LA 70634

Date Submitted
 (MM/DD/YYYY)

SUPPLEMENTAL APPLICATION

APPLICANT NAME AND MAILING ADDRESS	PHONE	CARRIER
	CELL PHONE	

<u>Work Platforms:</u>	<u>Owned</u>	<u>Non-Owned</u>	<u>Vessels Owned</u> <u>Vessel Name</u>	<u>Length/Type</u>
Type:				
Dry Docks	<input type="checkbox"/>	<input type="checkbox"/>		
Docks/Piers	<input type="checkbox"/>	<input type="checkbox"/>		
Vessels	<input type="checkbox"/>	<input type="checkbox"/>		
Barges	<input type="checkbox"/>	<input type="checkbox"/>		
Offshore Platforms:				
Fixed	<input type="checkbox"/>	<input type="checkbox"/>		
Jack-up	<input type="checkbox"/>	<input type="checkbox"/>		
Other: (please specify)				

<u>Type of Operation:</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Nuclear	<input type="checkbox"/>	<input type="checkbox"/>	
Jetty & Breakwater	<input type="checkbox"/>	<input type="checkbox"/>	
Pile Driving	<input type="checkbox"/>	<input type="checkbox"/>	
Concrete Construction	<input type="checkbox"/>	<input type="checkbox"/>	
Other: (please specify)			

- If the applicant owns a vessel(s), is Jones Act Coverage specifically purchased for the crew and employees working on the vessel?
 Insurer: _____ Limits: _____ Yes No
- Do employees work on or from a vessel?
- Is vessel owned by the insured?
- Will the employer charter vessels to perform contracts?
- Do employees riding a vessel sign on as a member of the crew?
- Do employees sleep or keep tools on vessels or platforms?
- Does the employer rent their equipment to others with an operator?
 Kind of equipment rented: _____

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Applicant's Signature	Date	Agent's Signature	Date
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AMERISAFE, INC. WORKERS' COMPENSATION
2301 Hwy. 190 West
DeRidder, LA 70634

DIVING SUPPLEMENTAL APPLICATION

Date Submitted
(MM/DD/YYYY)

APPLICANT NAME AND MAILING ADDRESS PHONE _____ CELL PHONE _____	CARRIER Name and address of diving contractor:
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Personnel:	Number of divers: _____ Number of divers exposed at any one time: _____ Number of tenders exposed at any one time: _____ Do tenders dive? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Origin of Diving Operations:

Diving Platform:	Owned	Non-Owned	Percent of Time
Docks/Piers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vessel	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barge	<input type="checkbox"/>	<input type="checkbox"/>	_____
Offshore Platform:			
Fixed	<input type="checkbox"/>	<input type="checkbox"/>	_____
Jack-up	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shoreline	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inland Lakes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: (Please Specify)		Must = 100%:	_____

Please provide a brief description of operations including depth, time, etc.)

Do your drivers use exothermic cutting equipment? Yes No
 If Yes, do they use exclusively Oxygen Free Torches? (Please Specify)

Please provide an appropriate split between the following:

_____ % Shallow Air Diving
 _____ % Deep Air Diving (Below 130 ft)
 _____ % Mixed Gas Diving

Please identify which tables you will use for the following:

_____ Air Diving
 _____ Mixed Gas Diving (HEO2)
 _____ Saturation

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Applicant's Signature	Date	Agent's Signature	Date
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 09/08/2008

Comments:

Please see the attached P&C Transmittal.

Attachment:

AR-SOCI-08-0130P&Ctrans.pdf

Property & Casualty Transmittal Document

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: <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					

3. Group Name	Group NAIC #			
AMERISAFE, Inc.	0680			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Silver Oak Casualty, Inc.	LA	26869	72-1215354	

5. Company Tracking Number	08-0130
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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
Mary McManus 2301 Highway 190 West DeRidder, LA 70634	Filing Services Specialist	1-800-256-9052	337-460-3550	mmcmanus@amerisafe.com
7. Signature of authorized filer		<i>Mary McManus</i>		
8. Please print name of authorized filer		Mary McManus		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0000 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]	
12. Company Program Title (Marketing title)	N/A
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: 10/15/2008 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	September 4, 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 #	08-0130
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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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RE: Silver Oak Casualty, Inc., NAIC #26869; Company Filing #08-0130; WC Forms Filing (3 revised)

Silver Oak Casualty, Inc. would like to submit for your approval three (3) revised forms for Workers' Compensation policies. These three forms were previously filed by our company (Filing No. 06-0038, dated February 22, 2006) and were approved effective April 1, 2006. We wish to replace those forms with the three (3) revised forms that are attached.

These supplemental application forms are computer generated for the appropriate applications. These forms have been filed with the Louisiana Department of Insurance, our domicile state, and are pending approval.

- 1) **Amerisafe, Inc. Worker's Compensation Trucking Supplemental Application** -
Form # AMERISAFE 130C, Ed. 9-1-2008, 2 pages
This form requests information from the truckers such as what they haul, location, scope of operation, etc.
- 2) **Amerisafe, Inc. Workers' Compensation Maritime Supplemental Application** -
Form # AMERISAFE 130F, Ed. 9-1-2008
This form is to be filled out by the applicant and contains information in regards to his business exposure and employees.
- 3) **Amerisafe, Inc. Workers' Compensation Diving Supplemental Application**
Form # AMERISAFE 130J, Ed. 9-1-2008
This form is to be filled out by the diving contractor and contains information in regards to his company and his employees.

****These forms DO NOT impact any rates or rules.***

Pursuant to Arkansas's prior approval regulations, we respectfully request an effective date of October 15, 2008. We will exercise the deemer provision on that date if the filing has not been disapproved within the 30-day review period or any extension thereof.

We are enclosing the necessary copies for this filing. The filing fee of \$50.00 has been sent by certified mail to your department's Little Rock address.

If you have any questions or require additional information, please do not hesitate to contact me at 800-256-9052 extension 3275 or via this e-mail address: mmcmanus@amerisafe.com.

Thank you for your consideration of this filing.

Sincerely,

Mary McManus, CISR
Filing Services Specialist

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 #:	0200000197
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.)**

Silver Oak Casualty, Inc.

VENDOR ARKANSAS

CHECK NO. 020000197

VCH. NO.	INVOICE NO.	DESCRIPTION	NET AMT.
0000325381	9/3/08-AR_SOC	FILING# 08-0130	50.00

CHECK TOTAL \$*****50.00

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.
020000197	09/04/2008	ARKANSAS

CHECK AMOUNT
\$*****50.00

PAY Fifty Dollars And No Cents

TO THE ORDER OF

THE STATE INSURANCE DEPARTMENT TRUST FUND
ARKANSAS INSURANCE DEPARTMENT
ATT: ACOI DEPT
1200 WEST THIRD STREET
LITTLE ROCK AR 72201-1904

BY 
AUTHORIZED SIGNATURE

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

⑈020000197⑈ ⑆11000025⑆ ⑈004797830369⑈

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	08-0130
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	AMERISAFE, Inc. Workers' Compensation Trucking Supplemental Application	AMERISAFE 130C Ed. 9-1-2008	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AMERISAFE 130C Ed. 6-2004	06-0038
02	AMERISAFE, Inc. Workers' Compensation Maritime Supplemental Application	AMERISAFE 130F Ed. 9-1-2008	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AMERISAFE 130F Ed. 6-2004	06-0038
03	AMERISAFE, Inc. Workers' Compensation Diving Supplemental Application	AMERISAFE 130J Ed. 9-1-2008	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AMERISAFE 130J Ed. 6-2004	06-0038
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1