

SERFF Tracking Number: LBRM-125790251 State: Arkansas
 First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 2008-02508
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: AR WC DIVIDEND FILINGS 11-01-2008-FORM
 Project Name/Number: AR WC DIVIDEND FILINGS 11-01-2008-FORM/2008-02508

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-125790251 State: Arkansas
 01-2008-FORM

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

SERFF Status: Closed
 Co Tr Num: 2008-02508

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

Filing Type: Form

Co Status:
 Author: Daniel Francis
 Date Submitted: 08/27/2008

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
 Disposition Date: 09/09/2008
 Disposition Status: Approved
 Effective Date (New): 11/01/2008
 Effective Date (Renewal):

Effective Date Requested (New): 11/01/2008
 Effective Date Requested (Renewal): 11/01/2008
 State Filing Description:

General Information

Project Name: AR WC DIVIDEND FILINGS 11-01-2008-FORM
 Project Number: 2008-02508
 Reference Organization:
 Reference Title:
 Filing Status Changed: 09/09/2008
 State Status Changed: 08/27/2008
 Corresponding Filing Tracking Number:

Status of Filing in Domicile:
 Domicile Status Comments:
 Reference Number:
 Advisory Org. Circular:
 Deemer Date:

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 Independent Dividend forms that correspond with the Dividend Plans filed under separate cover (our filing #2008-02507).

Enclosed, please find our Independent Dividend forms along with the required filing forms.

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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

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
America First Insurance Company	\$50.00	08/27/2008	22159071
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
Approved	Carol Stiffler	09/09/2008	09/09/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	08/27/2008	08/27/2008	Daniel Francis	09/09/2008	09/09/2008
Industry Response						

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Disposition

Disposition Date: 09/09/2008
Effective Date (New): 11/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

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	Approved	Yes
Supporting Document	COVER LETTER	Approved	Yes
Form (revised)	PARTICIPATING ENDORSEMENT	Withdrawn	No
Form	PARTICIPATING ENDORSEMENT	Withdrawn	No
Form	DIVIDEND DISTRIBUTION ENDORSEMENT	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/27/2008

Submitted Date 08/27/2008

Respond By Date

Dear Daniel Francis,

This will acknowledge receipt of the captioned filing.

Objection 1

- PARTICIPATING ENDORSEMENT (Form)

Comment: This endorsement must be amended to comply with Bulletin 8-82. It must state that it is paid out of surplus and is not guaranteed.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

SERFF Tracking Number: *LBRM-125790251* *State:* *Arkansas*
First Filing Company: *America First Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *2008-02508*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *AR WC DIVIDEND FILINGS 11-01-2008-FORM*
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Attachment "8-82 Participating or Dividend Plans for WC.doc" is not a PDF document and cannot be reproduced here.

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 09/09/2008
 Submitted Date 09/09/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: AT THIS TIME, WE WISH TO WITHDRAW FORM 141-383 AND FILE FORM THE ATTACHED 25-202 WHICH WE BELIEVE WILL PUT US INTO COMPLIANCE WITH YOUR OBJECTION.

THANK YOU,
 DAN FRANCIS

Related Objection 1

Applies To:
 - PARTICIPATING ENDORSEMENT (Form)

Comment:

This endorsement must be amended to comply with Bulletin 8-82. It must state that it is paid out of surplus and is not guaranteed.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
PARTICIPATING ENDORSEMENT	141-383	(3/85)	Endorsement/Amendment/Conditions	Withdrawn			141-383 3 85.pdf
Previous Version							
PARTICIPATING ENDORSEMENT	141-383	(3/85)	Endorsement/Amendment/Conditions	New			141-383 3 85.pdf

<i>SERFF Tracking Number:</i>	<i>LBRM-125790251</i>	<i>State:</i>	<i>Arkansas</i>	
<i>First Filing Company:</i>	<i>America First Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>	
<i>Company Tracking Number:</i>	<i>2008-02508</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>AR WC DIVIDEND FILINGS 11-01-2008-FORM</i>			
<i>Project Name/Number:</i>	<i>AR WC DIVIDEND FILINGS 11-01-2008-FORM/2008-02508</i>			
DIVIDEND	25-202	10/00	Endorsement/AmendmentNew	25-202
DISTRIBUTION			/Conditions	1000.pdf
ENDORSEMENT				

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No Rate/Rule Schedule items changed.

Sincerely,
Daniel Francis

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	DIVIDEND DISTRIBUTION ENDORSEMENT	25-202	10/00	Endorsement/Amendment/Conditions			25-202 1000.pdf

WORKERS COMPENSATION

DIVIDEND DISTRIBUTION ENDORSEMENT

The employer insured under this policy shall be entitled to receive such refunds of unabsorbed premium as shall be determined by and at the discretion of the Board of Directors of the Company under the Merit Dividend Plan adopted by them and in effect and applicable to this policy at the time of the expiration of this policy. Such Merit Dividend Plan is one in which premium earnings in excess of losses, expenses, reserves and surplus additions are apportioned to policyholders who are entitled under the rules of the company to participate therein.

The insured shall not be entitled to any dividend:

- (a) Unless the estimated advance premium is paid upon acceptance of the policy, and each and every audit premium or premium charge which becomes due under the terms and conditions of the policy, or any endorsement attached thereto, is paid. In the event all premium on the policy, including audit or endorsement premium, has not been paid, we will reduce any amount due by applying the amount of the dividend to the premium due. When the amount from the dividend is greater than the premium due, the excess amount from the dividend will be paid;
- (b) If this policy is in force less than one year unless termination of the policy is due to cancellation by the company for reasons other than the nonpayment of premium;

Any dividend applicable thereto shall be paid as soon after the end of the policy term as may be practical. Such dividend shall be in addition to any premium discount accruing under this policy.

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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 09/09/2008

Comments:

Uniform Transmittal Document-Property & Casualty

Attachment:

Uniform Transmittal Document-Property & Casualty.pdf

Satisfied -Name: COVER LETTER
Review Status: Approved 09/09/2008

Comments:

COVER LETTER

Attachment:

2008-02508.pdf

Property & Casualty Transmittal Document

Reset Form

<p>1. Reserved for Insurance Dept. Use Only</p>	<p>2. Insurance Department Use only</p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

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	2008-02508
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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 08:43:27 -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 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: 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 # 2008-02508

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 Independent Dividend forms that correspond with the Dividend Plans filed under separate cover (our filing #2008-02507).

[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.)

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 #	2008-02508
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2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	2008-02507
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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	PARTICIPATING ENDORSEMENT	141-383 (3/85)	<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		
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



**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: RE:Workers Compensation
Form 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#: 2008-02508

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 Independent Dividend forms that correspond with the Dividend Plans filed under separate cover (our filing #2008-02507).

Enclosed, please find our Independent Dividend forms 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