

SERFF Tracking Number: AMRS-125887730 State: Arkansas  
First Filing Company: AMERISURE MUTUAL INSURANCE State Tracking Number: EFT \$25  
COMPANY, ...  
Company Tracking Number: AR-WC-1108-RU-190  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: /

## Filing at a Glance

Companies: AMERISURE MUTUAL INSURANCE COMPANY, AMERISURE INSURANCE COMPANY

Product Name: Workers Compensation SERFF Tr Num: AMRS-125887730 State: Arkansas  
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$25  
Sub-TOI: 16.0004 Standard WC Co Tr Num: AR-WC-1108-RU-190 State Status: Fees verified and received  
Filing Type: Rate/Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler  
Author: Tracy Upcott Disposition Date: 11/05/2008  
Date Submitted: 11/04/2008 Disposition Status: Approved  
Effective Date Requested (New): 01/01/2009 Effective Date (New): 01/01/2009  
Effective Date Requested (Renewal): 01/01/2009 Effective Date (Renewal):  
State Filing Description:

## General Information

Project Name: Status of Filing in Domicile:  
Project Number: Domicile Status Comments:  
Reference Organization: NCCI, Inc. Reference Number: Item R-1398  
Reference Title: Item R-1398 - 2008 Update to Retrospective Rating Advisory Org. Circular: CIF-2008-11, CIF-2008-15  
Plan Parameters - State Hazard Group Relativities  
Filing Status Changed: 11/05/2008  
State Status Changed: 11/05/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:

Amerisure Mutual Insurance Company and Amerisure Insurance Company are members of the National Council on Compensation Insurance, Inc. (NCCI) and are authorized to write Workers Compensation in your jurisdiction.

For new and renewal policies effective on or after January 1, 2009, we wish to adopt NCCI Item Item R-1398 - 2008 Update to Retrospective Rating Plan Parameters - State Hazard Group Relativities.

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## Company and Contact

### Filing Contact Information

Tracy Upcott, Compliance Analyst I tupcott@amerisure.com  
 26777 Halsted Rd. (800) 257-1900 [Phone]  
 Farmington Hills, MI 48331 (248) 426-7789[FAX]

### Filing Company Information

AMERISURE MUTUAL INSURANCE COMPANY 26777 HALSTED RD.  FARMINGTON HILLS, MI 48331-2060  (800) 257-1900 ext. 54270[Phone]	CoCode: 23396  Group Code: 124  Group Name: AMERISURE INSURANCE FEIN Number: 38-0829210 -----	State of Domicile: Michigan  Company Type: PROPERTY & CASUALTY State ID Number:
AMERISURE INSURANCE COMPANY 26777 HALSTED RD.  FARMINGTON HILLS, MI 48331-2060  (800) 257-1900 ext. 54270[Phone]	CoCode: 19488 Group Code: 124  Group Name: AMERISURE INSURANCE FEIN Number: 38-1869912 -----	State of Domicile: Michigan Company Type: PROPERTY & CASUALTY State ID Number:

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation: \$25 to adopt NCCI Item Filing  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AMERISURE MUTUAL INSURANCE COMPANY	\$25.00	11/04/2008	23699042

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AMERISURE INSURANCE COMPANY \$0.00 11/04/2008



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	11/05/2008	11/05/2008

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## Disposition

Disposition Date: 11/05/2008  
Effective Date (New): 01/01/2009  
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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## **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 11/05/2008

**Comments:**

**Attachment:**

PC Trans, F777\_03-07.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document  
 for Workers' Compensation

**Review Status:**  
 Approved 11/05/2008

**Bypass Reason:** Not applicable.

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document

**Review Status:**  
 Approved 11/05/2008

**Bypass Reason:** Not applicable.

**Comments:**



## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	<b>AR-WC-1108-Ru-190</b>
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<b>21. 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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<b>22. 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 #:** EFT via SERFF  
**Amount:** \$25.00

**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.)**