

SERFF Tracking Number: AMMA-125374765 State: Arkansas
Filing Company: Amica Mutual Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: AR-H-07-2-RU
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: AR-H-07-2-RU
Project Name/Number: Non Adoption of ISO HO-2007-REQRU/

Filing at a Glance

Company: Amica Mutual Insurance Company

Product Name: AR-H-07-2-RU

TOI: 04.0 Homeowners

Sub-TOI: 04.0000 Homeowners Sub-TOI
Combinations

Filing Type: Rule

SERFF Tr Num: AMMA-125374765 State: Arkansas

SERFF Status: Closed

Co Tr Num: AR-H-07-2-RU

Co Status: pending

Authors: Brenda Miller, Carol
Pedro, Brenda Walker

Date Submitted: 12/04/2007

State Tr Num: EFT \$25

State Status: Fees verified and
received

Reviewer(s): Becky Harrington,
Betty Montesi, Brittany Yielding

Disposition Date: 12/05/2007

Disposition Status: Accepted For
Informational Purposes

Effective Date (New):

Effective Date (Renewal):

Effective Date Requested (New): 03/01/2008

Effective Date Requested (Renewal): 03/01/2008

State Filing Description:

non-adopt ISO REQRU

General Information

Project Name: Non Adoption of ISO HO-2007-REQRU

Project Number:

Reference Organization: Insurance Services Office

Reference Title:

Filing Status Changed: 12/05/2007

State Status Changed: 12/05/2007

Corresponding Filing Tracking Number:

Filing Description:

Your records will indicate that our Company is a member of Insurance Services Office.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number: HO-2007-REQRU

Advisory Org. Circular: LI-HO-2007-249

Deemer Date:

Non adoption of ISO rule.

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Company and Contact

Filing Contact Information

Brenda Walker, Sr. Rate Filing Specialist bwalker@amica.com
 P.O. Box 6008 (800) 652-6422 [Phone]
 Providence, RI 02940 (401) 334-6518[FAX]

Filing Company Information

Amica Mutual Insurance Company CoCode: 19976 State of Domicile: Rhode Island
 P.O. Box 6008 Group Code: 28 Company Type:
 Providence, RI 02940 Group Name: State ID Number:
 (800) 652-6422 ext. [Phone] FEIN Number: 05-0348344

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Amica Mutual Insurance Company	\$25.00	12/04/2007	16927979

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Becky Harrington Informational Purposes		12/05/2007	12/05/2007

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Disposition

Disposition Date: 12/05/2007

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment: Non-adoption

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Non-adoption	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey	Non-adoption	No
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Non-adoption	No

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Non-adoption 12/05/2007

Comments:

Attachment:

PCtrans.pdf

Property & Casualty Transmittal Document

<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 #
Amica Mutual Insurance Company	RI	028-19976	05-0348344	

5. Company Tracking Number	AR-H-07-2-RU
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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
	Brenda M. Walker P.O. Box 6008 Providence, RI 02940-6008	Sr. Rate Filing Specialist	1-800-652-6422 (ext. 24584)	1-401-334-6518	bwalker@amica.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Brenda M. Walker

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

9. Type of Insurance (TOI)	Homeowner
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Homeowner
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: 03/01/08 Renewal: 03/01/08
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	Insurance Services Office
17. Reference Organization # & Title	HO-2007-REQRU
18. Company's Date of Filing	December 3, 2007
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	ARI-H-07-2-RU
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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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Your records will indicate that our Company is a member of Insurance Services Office.

We wish to advise that we will not adopt the rule revision outlined in ISO Reference Filing Number HO-2007-REQRU on ISO's date of March 1, 2008.

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]
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Check #: EFT
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.)**

PC TD-1 pg 2 of 2

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AR-H-07-2-RU
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File and Use
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	-4.4%
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7.	Effective Date of last rate revision	4/1/07
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File and Use
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	N/A	<input 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	