

SERFF Tracking Number: AMMH-125351248 State: Arkansas
Filing Company: American Family Home Insurance Company State Tracking Number: #77034529 \$100
Company Tracking Number: 20071029-03
TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners
Product Name: 070 AR AGR Rate
Project Name/Number: 070 AR AGR/20071029-02

Filing at a Glance

Company: American Family Home Insurance Company

Product Name: 070 AR AGR Rate

SERFF Tr Num: AMMH-125351248 State: Arkansas

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: #77034529 \$100

Sub-TOI: 04.0004 Tenant Homeowners

Co Tr Num: 20071029-03

State Status: Fees verified and received

Filing Type: Rate

Co Status:

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

Author: Krista Mahaffey

Disposition Date: 12/14/2007

Date Submitted: 11/12/2007

Disposition Status: Filed

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

Effective Date (New):

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

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: 070 AR AGR

Status of Filing in Domicile:

Project Number: 20071029-02

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/14/2007

State Status Changed: 11/16/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

On behalf of American Family Home Insurance Company I would like to introduce our Affinity Group Renter's HO-4 program.

Company and Contact

Filing Contact Information

Krista Mahaffey, Filing Analyst

kmahaffey@amig.com

SERFF Tracking Number: AMMH-125351248 State: Arkansas
Filing Company: American Family Home Insurance Company State Tracking Number: #77034529 \$100
Company Tracking Number: 20071029-03
TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners
Product Name: 070 AR AGR Rate
Project Name/Number: 070 AR AGR/20071029-02

7000 Midland Blvd (800) 759-9008 [Phone]
Amelia, OH 45102 (513) 947-4695[FAX]

Filing Company Information

American Family Home Insurance Company CoCode: 23450 State of Domicile: Florida
7000 Midland Blvd. Group Code: 127 Company Type:
Amelia, OH 45102 Group Name: State ID Number:
(800) 759-9008 ext. [Phone] FEIN Number: 31-0711074

SERFF Tracking Number: *AMMH-125351248* *State:* *Arkansas*
Filing Company: *American Family Home Insurance Company* *State Tracking Number:* *#77034529 \$100*
Company Tracking Number: *20071029-03*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0004 Tenant Homeowners*
Product Name: *070 AR AGR Rate*
Project Name/Number: *070 AR AGR/20071029-02*

Filing Fees

Fee Required? *Yes*
Fee Amount: *\$100.00*
Retaliatory? *No*
Fee Explanation: *Rate/Rule = \$100*
Per Company: *No*

<i>COMPANY</i>	<i>AMOUNT</i>	<i>DATE PROCESSED</i>	<i>TRANSACTION #</i>
<i>American Family Home Insurance Company</i>	<i>\$0.00</i>	<i>11/12/2007</i>	

<i>CHECK NUMBER</i>	<i>CHECK AMOUNT</i>	<i>CHECK DATE</i>
<i>77034529</i>	<i>\$100.00</i>	<i>11/01/2007</i>

SERFF Tracking Number: AMMH-125351248 State: Arkansas
 Filing Company: American Family Home Insurance Company State Tracking Number: #77034529 \$100
 Company Tracking Number: 20071029-03
 TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners
 Product Name: 070 AR AGR Rate
 Project Name/Number: 070 AR AGR/20071029-02

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	12/14/2007	12/14/2007
Filed	Becky Harrington	11/27/2007	11/27/2007

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	11/14/2007	11/14/2007	Krista Mahaffey	11/27/2007	11/27/2007

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Rate Page	Rate	Krista Mahaffey	12/13/2007	12/13/2007
Cover Letter	Supporting Document	Krista Mahaffey	12/13/2007	12/13/2007

SERFF Tracking Number: *AMMH-125351248* *State:* *Arkansas*
Filing Company: *American Family Home Insurance Company* *State Tracking Number:* *#77034529 \$100*
Company Tracking Number: *20071029-03*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0004 Tenant Homeowners*
Product Name: *070 AR AGR Rate*
Project Name/Number: *070 AR AGR/20071029-02*

Disposition

Disposition Date: 12/14/2007

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment: Disposition to correct typo in manual page

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMH-125351248 State: Arkansas
 Filing Company: American Family Home Insurance Company State Tracking Number: #77034529 \$100
 Company Tracking Number: 20071029-03
 TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners
 Product Name: 070 AR AGR Rate
 Project Name/Number: 070 AR AGR/20071029-02

Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines		No
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	No
Supporting Document	Cover Letter		Yes
Rate	Rate/Rule Filing		Yes
Rate	Rate/Rule Filing	Filed	Yes
Rate	Rate Page	Filed	Yes

SERFF Tracking Number: *AMMH-125351248* *State:* *Arkansas*
Filing Company: *American Family Home Insurance Company* *State Tracking Number:* *#77034529 \$100*
Company Tracking Number: *20071029-03*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0004 Tenant Homeowners*
Product Name: *070 AR AGR Rate*
Project Name/Number: *070 AR AGR/20071029-02*

Disposition

Disposition Date: 11/27/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMH-125351248 State: Arkansas
 Filing Company: American Family Home Insurance Company State Tracking Number: #77034529 \$100
 Company Tracking Number: 20071029-03
 TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners
 Product Name: 070 AR AGR Rate
 Project Name/Number: 070 AR AGR/20071029-02

Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines		No
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	No
Supporting Document	Cover Letter		Yes
Rate	Rate/Rule Filing		Yes
Rate	Rate/Rule Filing	Filed	Yes
Rate	Rate Page	Filed	Yes

SERFF Tracking Number: AMMH-125351248 State: Arkansas
Filing Company: American Family Home Insurance Company State Tracking Number: #77034529 \$100
Company Tracking Number: 20071029-03
TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners
Product Name: 070 AR AGR Rate
Project Name/Number: 070 AR AGR/20071029-02

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 11/14/2007

Submitted Date 11/14/2007

Respond By Date

Dear Krista Mahaffey,

This will acknowledge receipt of the captioned filing.

Objection 1

- Rate/Rule Filing (Rate)

Comment: A mandatory wind/hail deductible amount greater than the all other peril deductible is not permitted in Arkansas. Higher wind/hail deductibles may be offered on an optional basis only, meaning the insured's choice, not forced by the company. Please amend your rule accordingly.

Please feel free to contact me if you have questions.

In accordance with Regulation 23, Section 7.A., this filing may not be implemented until 20 days after the requested amendment(s) and/or information is received.

Sincerely,

Becky Harrington

Response Letter

Response Letter Status Submitted to State

Response Letter Date 11/27/2007

Submitted Date 11/27/2007

Dear Becky Harrington,

Comments:

Response 1

Comments: Please see the attached filing which was revised to accommodate AR filing laws.

Related Objection 1

Applies To:

SERFF Tracking Number: AMMH-125351248 State: Arkansas
Filing Company: American Family Home Insurance Company State Tracking Number: #77034529 \$100
Company Tracking Number: 20071029-03
TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners
Product Name: 070 AR AGR Rate
Project Name/Number: 070 AR AGR/20071029-02

- Rate/Rule Filing (Rate)

Comment:

A mandatory wind/hail deductible amount greater than the all other peril deductible is not permitted in Arkansas. Higher wind/hail deductibles may be offered on an optional basis only, meaning the insured's choice, not forced by the company. Please amend your rule accordingly.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
Rate/Rule Filing		New	

Sincerely,
Krista Mahaffey

SERFF Tracking Number: AMMH-125351248 State: Arkansas
 Filing Company: American Family Home Insurance Company State Tracking Number: #77034529 \$100
 Company Tracking Number: 20071029-03
 TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners
 Product Name: 070 AR AGR Rate
 Project Name/Number: 070 AR AGR/20071029-02

Amendment Letter

Amendment Date:
 Submitted Date: 12/13/2007

Comments:

American Family Home Insurance Company would like to correct an error in its recent HO4 rate filing and replace the Rate section page with a new corrected page. The rates that were reflected in section B. Optional Limits of Liability – Property Section mistakenly included the cost of personal property replacement cost. The new rate page reflects the correct “base rates” for this program. All supporting documentation that may have been sent previously is still valid as all carriers rates included personal property replacement cost in any exhibits provided.

No new business has been written in this program. American Family would like to request the same effective dates as in our original filing.

We apologize for this confusion.

Changed Items:

Rate/Rule Schedule Item Changes:

Exhibit Name:	Rule # or Page #:	Rate Action:	Previous State Filing Numbers:	Attach Document:
Rate Page	R-1	Replacement		2007filingpacket revised rate sheet AR.pdf

Supporting Document Schedule Item Changes:

User Added -Name: Cover Letter

Comment:
 cover letter forms.pdf

SERFF Tracking Number: *AMMH-125351248* *State:* *Arkansas*
Filing Company: *American Family Home Insurance Company* *State Tracking Number:* *#77034529 \$100*
Company Tracking Number: *20071029-03*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0004 Tenant Homeowners*
Product Name: *070 AR AGR Rate*
Project Name/Number: *070 AR AGR/20071029-02*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMH-125351248 State: Arkansas
 Filing Company: American Family Home Insurance Company State Tracking Number: #77034529 \$100
 Company Tracking Number: 20071029-03
 TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners
 Product Name: 070 AR AGR Rate
 Project Name/Number: 070 AR AGR/20071029-02

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
	Rate/Rule Filing	G1,E1,R1,F1	New	070AR - AGR Filing.pdf
Filed	Rate/Rule Filing		New	070ARAGR - revised.pdf
Filed	Rate Page	R-1	Replacement	2007filingpacket revised rate sheet AR.pdf

**AMERICAN FAMILY HOME
AFFINITY GROUP RENTERS PROGRAM
ARKANSAS**

GENERAL RULES

1. **POLICY AND FORMS**

Coverage and limits under the Renters Program will be defined by:

- A. the policy forms, H4000 – Contents Broad Form
- B. the Declarations Page; and
- C. the required endorsements, if any.

2. **PREMIUM DETERMINATION AND POLICY TERM**

All premiums and rates contained in the Rate Section of this manual are annual. A Homeowner or Dwelling policy must be written for a specified term not to exceed one year

3. **CHANGES AND WAIVER OF PREMIUM**

- A. All changes requiring adjustments of premium shall be computed pro rata using the rates in effect as of the policy or renewal effective date.
- B. When a policy is endorsed subsequent to the inception date, any additional or return premium of \$5.00 or less may be waived, except that a return premium of \$5.00 or less shall be returned to the insured upon request.

4. **CANCELLATION OF POLICIES**

If insurance is cancelled or reduced at the request of the Company or the insured, the earned premium shall be computed on a pro-rata basis.

5. **WHOLE DOLLAR PREMIUM**

The premium shall be rounded to the nearest whole dollar, separately for each coverage provided by the policy. A premium involving \$.50 or more shall be rounded up to the next higher whole dollar. In the event of cancellation by the Company, the return premium shall be carried to the next higher whole dollar. This procedure shall apply to all interim premium adjustments, including endorsements and cancellations.

6. **DEDUCTIBLES**

Coverages may be subject to the application of deductibles as shown in the Rate Section.

7. **PROGRAM DESCRIPTION**

Tenant Homeowners insurance.

NEW PAGE	X	PAGE NUMBER	EFFECTIVE DATE	PUBLICATION DATE
REVISION		G-1	01/01/2008	11/08/07

**AMERICAN FAMILY HOME
AFFINITY GROUP RENTERS PROGRAM
ARKANSAS**

ELIGIBILITY AND COVERAGES

I. COVERAGE:

- A. Provides tenant homeowners coverage using the standard ISO Homeowners 4 Contents – Broad Form. Personal property is insured worldwide against damage by broad named perils up to the single limit, subject to sub-limits for certain types of property such as jewelry, furs, business property and money. Losses are adjusted on an Actual Cash Value basis.
- B. Additional living expenses are insured should the apartment become untenable due to damage by a named peril. The limit of liability is a single blanket amount included in “A” above.
- C. Personal Liability is insured for a separate limit.

II. ELIGIBILITY

This program is a guaranteed issue program that will be marketed via affinity groups. The only eligibility criteria is that the applicant be a member of an acknowledged and contracted affinity group.

NEW PAGE	X	PAGE NUMBER	EFFECTIVE DATE	PUBLICATION DATE
REVISION		E-1	01/01/2008	11/08/07

**AMERICAN FAMILY HOME
AFFINITY GROUP RENTERS PROGRAM
ARKANSAS**

RATE SECTION

TERRITORY DEFINITION

Unless otherwise indicated, the rates and/or premiums apply to the entire state.

RENTERS PACKAGE PROGRAM:

LIMITS OF LIABILITY:

Base limits of liability are:	\$ 10,000	Property Section
	\$ 25,000	Liability Section
	\$ 1,000	Medical Payments, per person
	\$ 25,000	Medical Payments, per accident

PREMIUM COMPUTATION:

- A. Annual Premium: \$152
- B. Optional Limits of Liability – Property Section

<u>Property Section Limit</u>	<u>Annual Policy Premium</u>
\$10,000	\$152
\$15,000	\$191
\$20,000	\$230
\$25,000	\$269
\$30,000	\$308
\$35,000	\$347
\$40,000	\$386
Each additional \$5,000 in coverage (limits only available in \$5,000 increments)	\$39

- C. Increased Limits of Liability – Liability Section

<u>Liability Section Limit</u>	<u>Annual Policy Premium</u>
\$25,000	No Charge
\$50,000	\$9 Additional premium
\$100,000	\$17 Additional Premium
\$300,000	\$35 Additional premium

- D. Deductible rating Plan

All other Perils:	<u>Property Section Deductible</u>	<u>Credit</u>
	\$250	0%
	\$500	5%
	\$1,000	7%

Wind and Hail Deductible: \$1,000

- E. Personal Property Replacement cost - \$2.00 per \$1,000 of coverage.
Attach endorsement SCR32 (06/07)

OTHER COVERAGES

1. Minimum Earned Premium

Applies to the total policy premium.

Minimum earned premium: \$50 per policy

NEW PAGE	X	PAGE NUMBER	EFFECTIVE DATE	PUBLICATION DATE
REVISION		R-1	01/01/2008	11/08/07

**AMERICAN FAMILY HOME
AFFINITY GROUP RENTERS PROGRAM
ARKANSAS**

FORMS

<u>Form Number</u>	<u>Description</u>
H4000 (08/07)	Homeowners - 4 Contents Broad Form
H4A03 (08/07)	Special Provisions – Arkansas
H4H00 (08/07)	<u>NO</u> SECTION II – LIABILITY COVERAGES FOR HOME DAY CARE BUSINESS <u>LIMITED</u> SECTION I – PROPERTY COVERAGES FOR HOME DAY CARE BUSINESS
H4B00 (08/07)	Forcible Entry Theft Endorsement
SCR32 (06/07)	Personal Property Replacement Cost

NEW PAGE	X	PAGE NUMBER	EFFECTIVE DATE	PUBLICATION DATE
REVISION		F-1	01/01/2008	11/08/07

**AMERICAN FAMILY HOME
AFFINITY GROUP RENTERS PROGRAM
ARKANSAS**

GENERAL RULES

1. **POLICY AND FORMS**

Coverage and limits under the Renters Program will be defined by:

- A. the policy forms, H4000 – Contents Broad Form
- B. the Declarations Page; and
- C. the required endorsements, if any.

2. **PREMIUM DETERMINATION AND POLICY TERM**

All premiums and rates contained in the Rate Section of this manual are annual. A Homeowner or Dwelling policy must be written for a specified term not to exceed one year

3. **CHANGES AND WAIVER OF PREMIUM**

- A. All changes requiring adjustments of premium shall be computed pro rata using the rates in effect as of the policy or renewal effective date.
- B. When a policy is endorsed subsequent to the inception date, any additional or return premium of \$5.00 or less may be waived, except that a return premium of \$5.00 or less shall be returned to the insured upon request.

4. **CANCELLATION OF POLICIES**

If insurance is cancelled or reduced at the request of the Company or the insured, the earned premium shall be computed on a pro-rata basis.

5. **WHOLE DOLLAR PREMIUM**

The premium shall be rounded to the nearest whole dollar, separately for each coverage provided by the policy. A premium involving \$.50 or more shall be rounded up to the next higher whole dollar. In the event of cancellation by the Company, the return premium shall be carried to the next higher whole dollar. This procedure shall apply to all interim premium adjustments, including endorsements and cancellations.

6. **DEDUCTIBLES**

Coverages may be subject to the application of deductibles as shown in the Rate Section.

7. **PROGRAM DESCRIPTION**

Tenant Homeowners insurance.

NEW PAGE		PAGE NUMBER	EFFECTIVE DATE	PUBLICATION DATE
REVISION	X	G-1	01/01/2008	11/27/07

**AMERICAN FAMILY HOME
AFFINITY GROUP RENTERS PROGRAM
ARKANSAS**

ELIGIBILITY AND COVERAGES

I. COVERAGE:

- A. Provides tenant homeowners coverage using the standard ISO Homeowners 4 Contents – Broad Form. Personal property is insured worldwide against damage by broad named perils up to the single limit, subject to sub-limits for certain types of property such as jewelry, furs, business property and money. Losses are adjusted on an Actual Cash Value basis.
- B. Additional living expenses are insured should the apartment become untenable due to damage by a named peril. The limit of liability is a single blanket amount included in “A” above.
- C. Personal Liability is insured for a separate limit.

II. ELIGIBILITY

This program is a guaranteed issue program that will be marketed via affinity groups. The only eligibility criteria is that the applicant be a member of an acknowledged and contracted affinity group.

NEW PAGE		PAGE NUMBER	EFFECTIVE DATE	PUBLICATION DATE
REVISION	X	E-1	01/01/2008	11/27/07

**AMERICAN FAMILY HOME
AFFINITY GROUP RENTERS PROGRAM
ARKANSAS**

RATE SECTION

TERRITORY DEFINITION

Unless otherwise indicated, the rates and/or premiums apply to the entire state.

RENTERS PACKAGE PROGRAM:

LIMITS OF LIABILITY:

Base limits of liability are:	\$ 10,000	Property Section
	\$ 25,000	Liability Section
	\$ 1,000	Medical Payments, per person
	\$ 25,000	Medical Payments, per accident

PREMIUM COMPUTATION:

- A. Annual Premium: \$152
- B. Optional Limits of Liability – Property Section

<u>Property Section Limit</u>	<u>Annual Policy Premium</u>
\$10,000	\$152
\$15,000	\$191
\$20,000	\$230
\$25,000	\$269
\$30,000	\$308
\$35,000	\$347
\$40,000	\$386

Each additional \$5,000 in coverage \$39
(limits only available in \$5,000 increments)

- C. Increased Limits of Liability – Liability Section

<u>Liability Section Limit</u>	<u>Annual Policy Premium</u>
\$25,000	No Charge
\$50,000	\$9 Additional premium
\$100,000	\$17 Additional Premium
\$300,000	\$35 Additional premium

- D. Deductible rating Plan

All Perils:	<u>Property Section Deductible</u>	<u>Credit</u>
	\$250	0%
	\$500	5%
	\$1,000	7%

- E. Personal Property Replacement cost - \$2.00 per \$1,000 of coverage.
Attach endorsement SCR32 (06/07)

NEW PAGE		PAGE NUMBER	EFFECTIVE DATE	PUBLICATION DATE
REVISION	X	R-1	01/01/2008	11/27/07

**AMERICAN FAMILY HOME
AFFINITY GROUP RENTERS PROGRAM
ARKANSAS**

OTHER COVERAGES

1. Minimum Earned Premium

Applies to the total policy premium.

Minimum earned premium: \$50 per policy

FORMS

<u>Form Number</u>	<u>Description</u>
H4000 (08/07)	Homeowners - 4 Contents Broad Form
H4A03 (08/07)	Special Provisions – Arkansas
H4H00 (08/07)	<u>NO</u> SECTION II – LIABILITY COVERAGES FOR HOME DAY CARE BUSINESS <u>LIMITED</u> SECTION I – PROPERTY COVERAGES FOR HOME DAY CARE BUSINESS
H4B00 (08/07)	Forcible Entry Theft Endorsement
SCR32 (06/07)	Personal Property Replacement Cost

NEW PAGE		PAGE NUMBER	EFFECTIVE DATE	PUBLICATION DATE
REVISION	X	F-1	01/01/2008	11/27/07

**AMERICAN FAMILY HOME
AFFINITY GROUP RENTERS PROGRAM
ARKANSAS**

RATE SECTION

TERRITORY DEFINITION

Unless otherwise indicated, the rates and/or premiums apply to the entire state.

RENTERS PACKAGE PROGRAM:

LIMITS OF LIABILITY:

Base limits of liability are:	\$ 10,000	Property Section
	\$ 25,000	Liability Section
	\$ 1,000	Medical Payments, per person
	\$ 25,000	Medical Payments, per accident

PREMIUM COMPUTATION:

- A. Annual Premium: \$132
- B. Optional Limits of Liability – Property Section

<u>Property Section Limit</u>	<u>Annual Policy Premium</u>
\$10,000	\$132
\$15,000	\$161
\$20,000	\$190
\$25,000	\$219
\$30,000	\$248
\$35,000	\$277
\$40,000	\$306
Each additional \$5,000 in coverage (limits only available in \$5,000 increments)	\$30

- C. Increased Limits of Liability – Liability Section

<u>Liability Section Limit</u>	<u>Annual Policy Premium</u>
\$25,000	No Charge
\$50,000	\$9 Additional premium
\$100,000	\$17 Additional premium
\$300,000	\$35 Additional premium

- D. Deductible rating Plan

All other Perils:	<u>Property Section Deductible</u>	<u>Credit</u>
	\$250	0%
	\$500	5%
	\$1,000	7%

- E. Personal Property Replacement cost - \$2.00 per \$1,000 of coverage.
Attach endorsement SCR32 (06/07)

OTHER COVERAGES

1. Minimum Earned Premium

Applies to the total policy premium.

Minimum earned premium: \$50 per policy

NEW PAGE		PAGE NUMBER	EFFECTIVE DATE	PUBLICATION DATE
REVISION	X	R-1	01/01/2008	12/13/07

SERFF Tracking Number: AMMH-125351248 State: Arkansas
Filing Company: American Family Home Insurance Company State Tracking Number: #77034529 \$100
Company Tracking Number: 20071029-03
TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners
Product Name: 070 AR AGR Rate
Project Name/Number: 070 AR AGR/20071029-02

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Filed	11/27/2007
Comments:				
Attachment:	Transmittal.pdf			
Satisfied -Name:	HPCS-Homeowners Premium Comparison Survey	Review Status:		11/07/2007
Comments:				
Attachment:	AR HO Survey FORM HPCS.pdf			
Satisfied -Name:	Cover Letter	Review Status:		12/13/2007
Comments:				
Attachment:	cover letter forms.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: 60%; 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 #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
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)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input 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 #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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 #:
Amount:

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

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 #	
-----------	--	--

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			<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		
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

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 #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)						
------------	---	--	--	--	--	--	--

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						
------------	--	--	--	--	--	--	--

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)			
---	--	--	--

		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	
-----------	--	--

7.	Effective Date of last rate revision	
-----------	--------------------------------------	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<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	

			%	WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?	Highest Risk	\$		\$	
	<i>Maximum Credit Allowed</i>		%		Lowest Risk	\$		\$	

I



AMERICAN FAMILY HOME
INSURANCE COMPANY

December 13, 2007

ARKANSAS INSURANCE DEPARTMENT
PROPERTY & CASUALTY DIVISION
1200 W 3RD ST
LITTLE ROCK AR 72201-1904

RE: American Family Home Insurance Company
HO-4 Program Revision/Amendment
NAIC Company Number 23450
Company Tracking Number: 20071029-03

To Whom It May Concern:

American Family Home Insurance Company would like to correct an error in its recent HO4 rate filing and replace the Rate section page with a new corrected page. The rates that were reflected in section B. Optional Limits of Liability – Property Section mistakenly included the cost of personal property replacement cost. The new rate page reflects the correct “base rates” for this program. All supporting documentation that may have been sent previously is still valid as all carriers rates included personal property replacement cost in any exhibits provided.

No new business has been written in this program. American Family would like to request the same effective dates as in our original filing.

We apologize for this confusion.

Thank you for your time and consideration of this filing. If you have any questions, please contact me at the number listed below.

Sincerely,

Krista N. Mahaffey
Compliance Analyst