

SERFF Tracking Number: ALSX-125264247 State: Arkansas  
Filing Company: Allstate Insurance Company State Tracking Number: AR-PC-07-025808  
Company Tracking Number: R18481  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: Private Passenger Auto  
Project Name/Number: 2007 - Safe Driving Bonus Rule Change/R18481

## Filing at a Glance

Company: Allstate Insurance Company  
Product Name: Private Passenger Auto SERFF Tr Num: ALSX-125264247 State: Arkansas  
TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: AR-PC-07-025808  
Sub-TOI: 19.0001 Private Passenger Auto Co Tr Num: R18481 State Status:  
(PPA)  
Filing Type: Rule Co Status: Reviewer(s): Alexa Grissom, Betty  
Montesi, Brittany Yielding  
Author: SPI AllState Disposition Date: 08/16/2007  
Date Submitted: 08/16/2007 Disposition Status: Filed  
Effective Date Requested (New): 10/01/2007 Effective Date (New): 10/01/2007  
Effective Date Requested (Renewal): 10/01/2007 Effective Date (Renewal):

## General Information

Project Name: 2007 - Safe Driving Bonus Rule Change Status of Filing in Domicile: Authorized  
Project Number: R18481 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 08/16/2007  
State Status Changed: 08/16/2007 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
Safe Driving Bonus Rule Revision

With this filing Allstate is making an update to the Safe Driving Bonus rule which is part of Allstate's Your Choice Auto program. Currently when a customer has purchased the Platinum Package, and meets the qualifications for the Safe Driving Bonus (please see the Safe Driving Bonus rule for a list of qualifications) they receive a credit on their next renewal bill. Customers who choose not to renew receive their Safe Driving Bonus in the form of a check. With this change Allstate is no longer limiting the method of receiving the bonus to solely applying a credit on the policy's next renewal. This will allow for other options, such as the ability to receive a check, to be made available to the customer based on their needs and preference. Please note this is the only change being made to the Safe Driving Bonus at this

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time.

Effective date:

New business: October 01, 2007

Renewals: October 01, 2007

## Company and Contact

### Filing Contact Information

Carrie Deppe, Assistant State Filings Manager cdepp@allstate.com  
2775 Sanders Road (847) 402-2774 [Phone]  
Northbrook, IL 60062 (847) 402-9757[FAX]

### Filing Company Information

Allstate Insurance Company CoCode: 19232 State of Domicile: Illinois  
2775 Sanders Road Group Code: 8 Company Type: Property and  
Casualty

Suite A5  
Northbrook, IL 60062 Group Name: Allstate State ID Number:  
(847) 402-5000 ext. [Phone] FEIN Number: 36-0719665  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$25.00  
Retaliatory? No  
Fee Explanation: Independent Rule Filings - All P&C Lines - \$25  
Per Company: No

| COMPANY                    | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|----------------------------|---------|----------------|---------------|
| Allstate Insurance Company | \$25.00 | 08/16/2007     | 15144567      |

*SERFF Tracking Number:*      *ALSX-125264247*                      *State:*                      *Arkansas*  
*Filing Company:*              *Allstate Insurance Company*                      *State Tracking Number:*      *AR-PC-07-025808*  
*Company Tracking Number:*      *R18481*  
*TOI:*                      *19.0 Personal Auto*                      *Sub-TOI:*                      *19.0001 Private Passenger Auto (PPA)*  
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## **State Specific**

Check\_No: EFT  
Check\_Amt: \$25.00  
Check\_Rec: NA

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## Correspondence Summary

### Dispositions

| Status | Created By    | Created On | Date Submitted |
|--------|---------------|------------|----------------|
| Filed  | Alexa Grissom | 08/16/2007 | 08/16/2007     |

|                                 |   |                               |   |
|---------------------------------|---|-------------------------------|---|
| <i>SERFF Tracking Number:</i>   | <i>ALSX-125264247</i>                               | <i>State:</i>                 | <i>Arkansas</i>                             |
| <i>Filing Company:</i>          | <i>Allstate Insurance Company</i>                   | <i>State Tracking Number:</i> | <i>AR-PC-07-025808</i>                      |
| <i>Company Tracking Number:</i> | <i>R18481</i>                                       |                               |   |
| <i>TOI:</i>                     | <i>19.0 Personal Auto</i>                           | <i>Sub-TOI:</i>               | <i>19.0001 Private Passenger Auto (PPA)</i> |
| <i>Product Name:</i>            | <i>Private Passenger Auto</i>                       |                               |   |
| <i>Project Name/Number:</i>     | <i>2007 - Safe Driving Bonus Rule Change/R18481</i> |                               |   |

## **Disposition**

Disposition Date: 08/16/2007

Effective Date (New): 10/01/2007

Effective Date (Renewal):

Status: Filed

Comment:

*SERFF Tracking Number:*      *ALSX-125264247*                      *State:*                      *Arkansas*  
*Filing Company:*              *Allstate Insurance Company*                      *State Tracking Number:*      *AR-PC-07-025808*  
*Company Tracking Number:*      *R18481*  
*TOI:*                      *19.0 Personal Auto*                      *Sub-TOI:*                      *19.0001 Private Passenger Auto (PPA)*  
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**An error occurred rendering Disposition 125225980: null.**

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**Rate Information**

Rate data applies to filing.

**Filing Method:**

**Rate Change Type:**

**Overall Percentage of Last Rate Revision:**

**Effective Date of Last Rate Revision:**

**Filing Method of Last Filing:**

**Company Rate Information**

| Company Name:              | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Premium: | Maximum % Change (where required): | Minimum % Change (where required): |
|----------------------------|-----------------------------|------------------------|--|--|----------|------------------------------------|------------------------------------|
| Allstate Insurance Company | %                           | %                      |  |  |          | %                                  | %                                  |

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## Rate/Rule Schedule

| Review Status: | Exhibit Name:       | Rule # or Page #: | Rate Action | Previous State Filing Attachments Number: |
|----------------|---------------------|-------------------|-------------|---|
| Filed          | Manual_R18481       | R18481            | Replacement | AR-PC-06-019032 R18481.PDF                |
| Filed          | CheckingList_R18481 | R18481            | New         | R18481.PDF                                |

**RULE 55 – SAFE DRIVING BONUS**

- A. Safe Driving Bonus Date
- B. The Safe Driving Bonus Date is the effective date of the next full policy period after the endorsement of the policy with the Allstate® Your Choice Auto Insurance Platinum Protection option package. **Exception:** if the package is endorsed onto the policy within 30 days after the policy effective date, the Safe Driving Bonus Date will be the effective date of the current policy period.
2. At each subsequent renewal, if:
    - a. the policy is in the Allstate® Your Choice Auto Insurance Platinum Protection option package 30 days prior to the renewal effective date of the policy, and
    - b. no vehicle on the policy has been assigned an accident that has a Payment Date, as defined in Rule 22, that is within the six months ending 45 days prior to the policy effective date for which:
      1. Allstate has made a payment under the following coverages: Coverage AA - Bodily Injury, Coverage BB - Property Damage, or Coverage DD – Collision, and
      2. the sum of the payments under these coverages is greater than or equal to the applicable Accident Threshold, defined in Rule 22,

Exceptions:

1. If an insured was not at fault in any manner (0%) for an accident that:
  - a. resulted in a Coverage DD – Collision claim, and
  - b. no losses were paid under Coverage AA – Bodily Injury or Coverage BB – Property Damage, the Coverage DD – Collision claim will not be considered for purposes of this rule.
2. Accidents with a Payment Date, as defined in Rule 22, that is prior to the Safe Driving Bonus Date will not be considered for purposes of this rule.

5% of the previous policy term's premium for Coverage AA – Bodily Injury, Coverage BB – Property Damage, Coverage VC – Medical & Hospital Benefits, Coverage DD – Collision and Coverage HH- Comprehensive will be returned to the insured.

Exception:

If the Safe Driving Bonus Date is less than six months prior to the policy renewal effective date, the 5% credit will not apply.

**CHECKING LIST FOR PRIVATE PASSENGER AUTO**

Printing dates are shown on each page to facilitate identification of different editions, but have no direct connection with the effective date of the page.

**RULES**

Enclosed: Page 55-1 dated 9-1-2007

Withdrawn: Page 55-1 dated 7-1-2005

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## Supporting Document Schedules

|                         |  |                       |       |            |
|-------------------------|--|-----------------------|-------|------------|
| <b>Bypassed -Name:</b>  | NAIC Loss Cost Filing Document<br>for OTHER than Workers' Comp | <b>Review Status:</b> | Filed | 08/16/2007 |
| <b>Bypass Reason:</b>   | N/A  |                       |       |            |
| <b>Comments:</b>        |  |                       |       |            |
| <b>Bypassed -Name:</b>  | NAIC loss cost data entry document                             | <b>Review Status:</b> | Filed | 08/16/2007 |
| <b>Bypass Reason:</b>   | N/A  |                       |       |            |
| <b>Comments:</b>        |  |                       |       |            |
| <b>Satisfied -Name:</b> | AR - NAIC RATE RULE FILING<br>SCHEDULE                         | <b>Review Status:</b> | Filed | 08/16/2007 |
| <b>Comments:</b>        |  |                       |       |            |
| <b>Attachment:</b>      | AR - NAIC RATE RULE FILING SCHEDULE.PDF                        |                       |       |            |
| <b>Satisfied -Name:</b> | Uniform Transmittal Document-<br>Property & Casualty           | <b>Review Status:</b> | Filed | 08/16/2007 |
| <b>Comments:</b>        |  |                       |       |            |
| <b>Attachment:</b>      | AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF                         |                       |       |            |

## PROPERTY & CASUALTY 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.)**

|           |  |        |
|-----------|--|--------|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b> | R18481 |
|-----------|--|--------|

|           |   |  |
|-----------|---|--|
| <b>2.</b> | <b>This filing corresponds to form filing number</b><br>(Company tracking number of form filing, if applicable) |  |
|-----------|---|--|

Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

|           |  |            |
|-----------|--|------------|
| <b>3.</b> | <b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b> | File & Use |
|-----------|--|------------|

|            |   |   |                              |  |   |   |   |   |
|------------|---|---|------------------------------|--|---|---|---|---|
| <b>4a.</b> | <b>Rate Change by Company (As Proposed)</b> |   |                              |  |   |   |   |   |
|            | <b>Company Name</b>                         | <b>Overall % Indicated Change (when Applicable)</b> | <b>Overall % Rate Impact</b> | <b>Written Premium Change for this program</b> | <b># of policyholders affected for this program</b> | <b>Written premium for this program</b> | <b>Maximum %Change (where required)</b> | <b>Minimum %Change (where required)</b> |
|            | Allstate Insurance Company                  | N/A   | N/A                          | N/A  | N/A   | \$73,897,503                            | N/A                                     | N/A                                     |
|            |   |   | 0                            | 0  | 0   | 0                                       | 0                                       | 0                                       |

|            |  |   |                              |  |   |   |   |   |
|------------|--|---|------------------------------|--|---|---|---|---|
| <b>4b.</b> | <b>Rate Change by Company (As Accepted) For State Use Only</b> |   |                              |  |   |   |   |   |
|            | <b>Company Name</b>  | <b>Overall % Indicated Change (when Applicable)</b> | <b>Overall % Rate Impact</b> | <b>Written Premium Change for this program</b> | <b># of policyholders affected for this program</b> | <b>Written premium for this program</b> | <b>Maximum %Change (where required)</b> | <b>Minimum %Change (where required)</b> |
|            |  |   |                              |  |   |   |   |   |
|            |  |   |                              |  |   |   |   |   |

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

|           |   |            |
|-----------|---|------------|
| <b>6.</b> | Overall percentage of last rate revision                                      | 0.0%       |
| <b>7.</b> | Effective Date of last rate revision  | 06/19/06   |
| <b>8.</b> | Filing Method of Last filing<br>(Prior Approval, File & Use, Flex Band, etc.) | File & Use |

|           |  |   |   |
|-----------|--|---|---|
| <b>9.</b> | <b>Rule # or Page # Submitted for Review</b> | <b>Replacement or withdrawn?</b>  | <b>Previous state filing number, if required by state</b> |
| 01        | 55-1   | <input type="checkbox"/> New<br><input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn | AR-PC-06-019032   |
| 02        |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |
| 03        |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |

## Property & Casualty Transmittal Document

|   |
|---|
| <b>1. Reserved for Insurance Dept. Use Only</b> |
|---|

|   |  |
|---|--|
| <b>2. Insurance Department Use only</b> |  |
| a. Date the filing is received:         |  |
| b. Analyst:                             |  |
| c. Disposition:                         |  |
| d. Date of disposition of the filing:   |  |
| e. Effective date of filing:            |  |
| New Business                            |  |
| Renewal Business                        |  |
| f. State Filing #:                      |  |
| g. SERFF Filing #:                      |  |
| h. Subject Codes                        |  |

|                      |                     |
|----------------------|---------------------|
| <b>3. Group Name</b> | <b>Group NAIC #</b> |
| Allstate             | 008                 |

| 4. Company Name(s)         | Domicile | NAIC # | FEIN #     | State # |
|----------------------------|----------|--------|------------|---------|
| Allstate Insurance Company | IL       | 19232  | 36-0719665 |         |
|                            |          |        |            |         |
|                            |          |        |            |         |
|                            |          |        |            |         |
|                            |          |        |            |         |
|                            |          |        |            |         |

|                                   |        |
|-----------------------------------|--------|
| <b>5. Company Tracking Number</b> | R18481 |
|-----------------------------------|--------|

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

| 6. | Name and address   | Title                              | Telephone #s               | FAX #        | e-mail             |
|----|--|------------------------------------|----------------------------|--------------|--------------------|
|    | Carrie M. Deppe<br>2775 Sanders Road, Suite<br>A5<br>Northbrook IL 60062 | Assistant State<br>Filings Manager | 800-366-2958<br>Ext. 22774 | 847-402-9757 | cdepp@allstate.com |

|   |  |
|---|--|
| <b>7.</b> Signature of authorized filer         |  |
| <b>8.</b> Please print name of authorized filer | Carrie M. Deppe  |

**Filing Information** (see General Instructions for descriptions of these fields)

|            |   |  |
|------------|---|--|
| <b>9.</b>  | <b>Type of Insurance (TOI)</b>  | 19.0 Personal Auto   |
| <b>10.</b> | <b>Sub-Type of Insurance (Sub-TOI)</b>  | 19.0001 Private Passenger Auto (PPA)   |
| <b>11.</b> | <b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b> | N/A  |
| <b>12.</b> | <b>Company Program Title (Marketing Title)</b>  | Private Passenger Auto   |
| <b>13.</b> | <b>Filing Type</b>  | <input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| <b>14.</b> | <b>Effective Date(s) Requested</b>  | New: 10/01/2007      Renewal: 10/01/2007   |
| <b>15.</b> | <b>Reference Filing?</b>  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| <b>16.</b> | <b>Reference Organization (if applicable)</b>   | N/A  |
| <b>17.</b> | <b>Reference Organization # &amp; Title</b>   | N/A  |
| <b>18.</b> | <b>Company's Date of Filing</b>   | 08/16/07   |
| <b>19.</b> | <b>Status of filing in domicile</b>   | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved  |

## Property & Casualty Transmittal Document

|            |  |        |
|------------|--|--------|
| <b>20.</b> | <b>This filing transmittal is part of Company Tracking #</b> | R18481 |
|------------|--|--------|

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

**Safe Driving Bonus Rule Revision**

With this filing Allstate is making an update to the Safe Driving Bonus rule which is part of Allstate's Your Choice Auto program. Currently when a customer has purchased the Platinum Package, and meets the qualifications for the Safe Driving Bonus (please see the Safe Driving Bonus rule for a list of qualifications) they receive a credit on their next renewal bill. Customers who choose not to renew receive their Safe Driving Bonus in the form of a check. With this change Allstate is no longer limiting the method of receiving the bonus to solely applying a credit on the policy's next renewal. This will allow for other options, such as the ability to receive a check, to be made available to the customer based on their needs and preference. Please note this is the only change being made to the Safe Driving Bonus at this time.

Effective date:

New business: October 01, 2007

Renewals: October 01, 2007

|            |  |
|------------|--|
| <b>22.</b> | <p><b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.)<br/>                 [If a state requires you to show how you calculated your filing fees, place that calculation below]</p> <p><b>Check #:</b> N/A. Paid via EFT.<br/> <b>Amount:</b> \$25.00</p> <p>Independent Rule Filings - All P&amp;C Lines - \$25</p> <p style="text-align: center;"><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p> |
|------------|--|

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)