

SERFF Tracking Number: ASPX-125295917 State: Arkansas
Filing Company: American Reliable Insurance Company State Tracking Number: AR-PC-07-026127
Company Tracking Number: A-FRP-07 4831
TOI: 03.0 Personal Farmowners Sub-TOI: 03.0000 Personal Farmowners
Product Name: SCO - Farmers & Ranchers Policy
Project Name/Number: SCO - Farmers & Ranchers Policy/FM AR02440ARR01

Filing at a Glance

Company: American Reliable Insurance Company

Product Name: SCO - Farmers & Ranchers Policy SERFF Tr Num: ASPX-125295917 State: Arkansas

TOI: 03.0 Personal Farmowners SERFF Status: Closed State Tr Num: AR-PC-07-026127
Sub-TOI: 03.0000 Personal Farmowners Co Tr Num: A-FRP-07 4831 State Status:
Filing Type: Rule Co Status: Reviewer(s): Becky Harrington,
Betty Montesi, Brittany Yielding
Author: SPI AssurantPC Disposition Date: 09/21/2007
Date Submitted: 09/18/2007 Disposition Status: Filed
Effective Date Requested (New): 10/01/2007 Effective Date (New):
Effective Date Requested (Renewal): Effective Date (Renewal):

General Information

Project Name: SCO - Farmers & Ranchers Policy
Project Number: FM AR02440ARR01
Reference Organization:
Reference Title:
Filing Status Changed: 09/26/2007
State Status Changed: 09/19/2007
Corresponding Filing Tracking Number:
Filing Description:

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

To better serve our insureds, American Reliable Insurance Company will begin offering Direct Bill services. Along with this service we wish to offer installment payment options. At this time American Reliable would like to file our Installment Fee. We have also attached are Declaration Page - we have added two boxes:

Direct Bill or Agency Bill

Company and Contact

Filing Contact Information

Lavinia Asay,

SERFF Tracking Number: ASPX-125295917 State: Arkansas
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8655 East Via De Ventura (800) 535-1333 [Phone]
Scottsdale, AZ 85258 ()-[FAX]

Filing Company Information

American Reliable Insurance Company CoCode: 19615 State of Domicile: Arizona
11222 Quail Roost Dr Group Code: 19 Company Type:
Miami, FL 33157 Group Name: Assurant, Inc. Group State ID Number:
(305) 253-2244 ext. [Phone] FEIN Number: 41-0735002

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------|------------------|------------|----------------|
| Filed | Becky Harrington | 09/26/2007 | 09/26/2007 |

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 | 09/19/2007 | 09/19/2007 | SPI AssurantPC | 09/19/2007 | 09/19/2007 |

Filing Notes

| Subject | Note Type | Created By | Created On | Date Submitted |
|--|------------------|------------------|------------|----------------|
| 9/21/2007 Re: AR-PC-07-026127 or A-FRP-07 4831 | Note To Reviewer | SPI AssurantPC | 09/21/2007 | 09/21/2007 |
| Actuarial Support | Note To Filer | Becky Harrington | 09/21/2007 | 09/21/2007 |

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Disposition

Disposition Date: 09/21/2007

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Arkansas Code Annotated 23- 67-211(a)(1) requires every authorized insurer to file with the Commissioner all rates and supplementary rate information and all changes and amendments made by it for use in this State at least twenty (20) days before they become effective. Your filing was completed on the date above and cannot be effective for 20 days after that date.

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 | Filed | Yes |
| Supporting Document | NAIC Loss Cost Filing Document for OTHER than Workers' Comp | | No |
| Supporting Document | Cover Letter, Filing Memo | Filed | Yes |
| Rate | Rule Page | Filed | Yes |

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 09/19/2007

Submitted Date 09/19/2007

Respond By Date

Dear Lavinia Asay,

This will acknowledge receipt of the captioned filing.

Objection 1

- Rule Page (Rate)

Comment: \$10 appears excessive for an installment charge. Please provide supporting documentation that justifies the amount.

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.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

Response Letter

Response Letter Status Submitted to State

Response Letter Date 09/19/2007

Submitted Date 09/19/2007

Dear Becky Harrington,

Comments:

September 19, 2007

RE: A-FRP-07 4831 or AR-PC-07-026127

Response 1

Comments: Dear Becky Harrington:

SERFF Tracking Number: ASPX-125295917 State: Arkansas
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The attached is the actuarial support for the \$10.00 installment fee.

Should you have any questions, please feel free to contact us.

Thank you.

Sincerely,

QS

Related Objection 1

Applies To:

- Rule Page (Rate)

Comment:

\$10 appears excessive for an installment charge. Please provide supporting documentation that justifies the amount.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

SPI AssurantPC

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Note To Reviewer

Created By:

SPI AssurantPC on 09/21/2007 10:02 AM

Subject:

9/21/2007

Re: AR-PC-07-026127 or A-FRP-07 4831

Comments:

I do not understand why it is not showing up on your end. I have re-attached the Actuarial Support for Installment Fee. Please let me know if you should have any questions.

Thank you.

Best,

Qun

ACTUARIAL SUPPORT FOR INSTALLMENT FEE ON ARIC FARM PRODUCTS

The selected installment fee was based on the costs incurred to process each installment payment and the interest cost resulting from the schedule of the payments, as outlined below. The policyholder will determine if they desire to pay their premium with additional payments.

| Administrative Item | Average Time | Costs Incurred, per payment |
|--|---------------------|------------------------------------|
| Printing statement, stuffing envelope | 5 min. | \$ 0.96 |
| Mailing Costs | | \$ 0.41 |
| Payment received in lockbox – Statement sent to our office | | \$ 0.41 |
| Policy lookup for each payment – Payment posted | 5 min. | \$ 0.96 |
| Total administrative costs | | \$ 2.74 |

Average clerical cost: \$11.55 per hr., based on average annual clerical compensation.

| Installment Fee payment plans | Average Policy Premium | Interest Cost, per payment |
|--|-------------------------------|-----------------------------------|
| 2 Pay – 50% down and one installment of 50%, 5 months thereafter | \$ 2,227.13 | \$ 20.61 |
| 4 Pay – 30% down and 3 equal installments, every 2 months thereafter | | \$ 7.67 |
| 9 Pay – 23% down and 8 equal installments, every month thereafter | | \$ 3.56 |

Average policy premium above for all ARIC farm products countrywide in 2006.

Interest Cost determined by payment schedules listed above, payments of equal size, and annual interest rate of 4.5%.

| Payment Plan | Total costs incurred and interest lost, per payment |
|---------------------|--|
| 2 Pay plan | \$ 23.35 |
| 4 Pay plan | \$ 10.41 |
| 9 Pay plan | \$ 6.30 |

Selected installment fee, per payment **\$ 10.00**

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Note To Filer

Created By:

Becky Harrington on 09/21/2007 07:24 AM

Subject:

Actuarial Support

Comments:

I did not find an attachment as indicated in your response.

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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): |
|-------------------------------------|-----------------------------|------------------------|--|--|----------|------------------------------------|------------------------------------|
| American Reliable Insurance Company | % | % | | | | % | % |

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Rate/Rule Schedule

| Review Status: | Exhibit Name: | Rule # or Page #: | Rate Action | Previous State Filing Attachments Number: |
|----------------|---------------|-------------------|-------------|---|
| Filed | Rule Page | IF.RP.1 | New | IF_RP_1.PDF |

AMERICAN RELIABLE INSURANCE COMPANY RULE PAGE

Installment Fee

At the option of the insured an Installment Option can be chosen. A charge of \$10.00 per installment will be charged to the insured.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Filed 09/26/2007

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC RATE RULE FILING SCHEDULE.PDF

Satisfied -Name: Cover Letter, Filing Memo **Review Status:** Filed 09/26/2007

Comments:

Attachments:

Filing Memo.PDF
Cover Letter.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: | |
| New Business | |
| Renewal Business | |
| f. State Filing #: | |
| g. SERFF Filing #: | |
| h. Subject Codes | |

| | |
|----------------------|---------------------|
| 3. Group Name | Group NAIC # |
| Assurant, Inc. Group | 0019 |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|-------------------------------------|----------|--------|------------|---------|
| American Reliable Insurance Company | AZ | 19615 | 41-0735002 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|-----------------------------------|---------------|
| 5. Company Tracking Number | A-FRP-07 4831 |
|-----------------------------------|---------------|

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

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|----|---|-------|--------------|-------|--------|
| | Lavinia Asay 8655 East Via De Ventura Scottsdale AZ 85258 | | 800-535-1333 | | |

| | | |
|----|-------------------------------|--|
| 7. | Signature of authorized filer |  |
|----|-------------------------------|--|

| | | |
|----|---------------------------------------|--------------|
| 8. | Please print name of authorized filer | Lavinia Asay |
|----|---------------------------------------|--------------|

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

| | | |
|-----|--|--|
| 9. | Type of Insurance (TOI) | 03.0 Personal Farmowners |
| 10. | Sub-Type of Insurance (Sub-TOI) | 03.0000 Personal Farmowners |
| 11. | State Specific Product code(s) (if applicable) [See State Specific Requirements] | |
| 12. | Company Program Title (Marketing Title) | Farmowners & Ranchers |
| 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: 10/01/07 Renewal: 10/01/07 |
| 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 | 09/18/2007 |
| 19. | Status of filing in domicile | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

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.)

| | | |
|-----------|--|---------------|
| 1. | This filing transmittal is part of Company Tracking # | A-FRP-07 4831 |
|-----------|--|---------------|

| | | |
|-----------|---|---------------|
| 2. | This filing corresponds to form filing number (Company tracking number of form filing, if applicable) | A-FRP-07 4830 |
|-----------|---|---------------|

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

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

| | |
|------------|---|
| 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) |
|-------------------------------------|--|-----------------------|---|--|----------------------------------|----------------------------------|----------------------------------|
| American Reliable Insurance Company | NA | 0 | 0 | 0 | 0 | 0 | 0 |
| | NA | 0 | 0 | 0 | 0 | 0 | 0 |

| | |
|------------|--|
| 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 policyholder affected for this program | Written premium for this program | Maximum %Change (where required) | Minimum %Change (where required) |
|--------------|--|-----------------------|---|---|----------------------------------|----------------------------------|----------------------------------|
| | | | | | | | |
| | | | | | | | |

5. Overall Rate Information (Complete for Multiple Company Filings only)

| | | COMPANY USE | STATE USE |
|------------|--|-------------|-----------|
| 5a. | Overall percentage rate indication(when applicable) | NA | |
| 5b. | Overall percentage rate impact for this filing | NA | |
| 5c. | Effect of Rate Filing – Written premium change for this program | NA | |
| 5d. | Effect of Rate Filing - Number of policyholders affected | NA | |

| | | |
|-----------|---|----|
| 6. | Overall percentage of last rate revision | NA |
| 7. | Effective Date of last rate revision | NA |
| 8. | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | NA |

| 9. | Rule # or Page # Submitted for Review | Replacement or withdrawn? | Previous state filing number, if required by state |
|----|---------------------------------------|---|--|
| 01 | IF.RP.1 0607 | <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 | |

AMERICAN RELIABLE INSURANCE COMPANY
FILING MEMORANDUM

To better serve our insureds, American Reliable Insurance Company will begin offering Direct Bill services. Along with this service we wish to offer installment payment options. At this time American Reliable would like to file our Installment Fee.

We have also attached are Declaration Page – we have added two boxes:

Direct Bill or Agency Bill



ASSURANT
Specialty
Property

Arkansas Insurance Department
Property & Casualty Division
1200 W 3rd Street
Little Rock, AR 72201-1904

American Reliable
Insurance Company
8655 E. Via De Ventura, Suite E200
Scottsdale, AZ 85258
T 480.483.8666 F 480.483.1675

www.assurant.com

September 18, 2007

**Re: American Reliable Insurance Company
Farmers & Ranchers Program - FEIN – 41- 0735002 - Group # 0019 - NAIC # 19615
Rule Revision Filing
Company Filing No: A-FRP-07 4831
Requested Effective Dates: 10/01/07 NB & RNL Business**

American Reliable Insurance Company respectfully submits the attached form filing revision for our currently approved Farmers & Ranchers in your state. We are requesting effective dates of **October 1, 2007 for New and Renewal Business.**

In regard to this filing, enclosed you will find the following information for your review and consideration:

- § Cover Letter
- § Filing Memorandum
- § NAIC transmittal documentation and form filing schedule

We request the option of moving boxes, reformatting text and changing page size to accommodate system programming and client needs. The language will remain the same as approved by your Department.

We hope you will be in a position to grant favorable consideration to this submission. Please feel free to contact me at the email address or telephone number listed below if you should have any questions.

Sincerely,
Lavinia Asay
Regulatory Analyst
Phone: 1-800-535-1333, Ext. 284
E-Mail: Lavinia.asay@assurant.com

Enclosures