

SERFF Tracking Number: ALSX-125392927 State: Arkansas  
Filing Company: Allstate Property & Casualty Insurance Company State Tracking Number: EFT \$25  
Company  
Company Tracking Number: R18775  
TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners  
Product Name: Homeowners  
Project Name/Number: 2007 - DeHoyos Appeals Process Filing/R18775

## Filing at a Glance

Company: Allstate Property & Casualty Insurance Company

Product Name: Homeowners	SERFF Tr Num: ALSX-125392927	State: Arkansas
TOI: 04.0 Homeowners	SERFF Status: Closed	State Tr Num: EFT \$25
Sub-TOI: 04.0003 Owner Occupied Homeowners	Co Tr Num: R18775	State Status: Fees verified and received
Filing Type: Rule	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
	Author: SPI AllState	Disposition Date: 01/02/2008
	Date Submitted: 12/18/2007	Disposition Status: Filed
Effective Date Requested (New): 03/10/2008		Effective Date (New): 03/10/2008
Effective Date Requested (Renewal): 03/10/2008		Effective Date (Renewal): 03/10/2008

State Filing Description:

## General Information

Project Name: 2007 - DeHoyos Appeals Process Filing	Status of Filing in Domicile: Authorized
Project Number: R18775	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 01/02/2008	
State Status Changed: 12/20/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Insurance Scoring Appeals Process	

With this filing, Allstate Property & Casualty Insurance Company is implementing an appeals process for Insurance Scoring in the state of Arkansas. The same process will be implemented in all Allstate Group companies and lines that order credit reports for the use of Insurance Scoring in Arkansas. The appeals process will allow consumers whose

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Insurance Score has been adversely impacted by extraordinary circumstances to appeal the Insurance Score, Allstate has previously assigned to them. If an insured meets the criteria listed in the rule, a neutral Insurance Score will be applied to the policy. The conditions under, which an insured may appeal his or her Insurance Score may be found in the attached Rule Pages.

This change will not affect the way Allstate initially assigns an Insurance Score to an insured. There is no rate change associated with this filing.

Effective Date:  
 New business: March 10, 2008  
 Renewals: March 10, 2008

## Company and Contact

### Filing Contact Information

Patrick Torsney, ptors@allstate.com  
 2775 Sanders Road (847) 402-5000 [Phone]  
 Northbrook, IL 60062 (847) 402-9757[FAX]

### Filing Company Information

Allstate Property & Casualty Insurance Company	CoCode: 17230	State of Domicile: Illinois
2775 Sanders Road	Group Code: 8	Company Type:
Suite A5	Group Name: Allstate	State ID Number:
Northbrook, IL 60062	FEIN Number: 36-3341779	
(847) 402-5000 ext. [Phone]	-----	

## Filing Fees

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



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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Property & Casualty Insurance Company	\$25.00	12/18/2007	17159527

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	01/02/2008	01/02/2008



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Item Type	Item Name	Item Status	Public Access
Supporting Document	HPCS-Homeowners Premium Comparison Survey		No
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		No
Supporting Document	Uniform Transmittal Document-Property & Casualty Filed		Yes
Rate	CheckingList_R18775	Filed	Yes
Rate	Manual_R18775	Filed	Yes



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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	CheckingList_R18775	R18775	New	R18775.PDF
Filed	Manual_R18775	R18775	Replacement	R18775.PDF

**CHECKING LIST FOR HOMEOWNERS**

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: Pages HOPC24-2 thru HOPC24-4 dated 1-1-2008

Withdrawn: Pages HOPC24-2 and HOPC24-3 dated 10-1-2005

**RULE 24 – RATING GROUP CLASSIFICATION**

Each policy will be assigned a Rating Group based upon the criteria below. At each renewal, the same Rating Group will continue to apply unless the policy qualifies for a different Rating Group under Section B of this rule.

**A. INITIAL RATING GROUP DETERMINATION**

The policy will be assigned to a Rating Group based on the Insurance Score (IS) assigned when the credit report(s) ordered in connection with the policy were requested, regardless of the effective date of the policy.

For Policy Rating Group assignment on or after (date of most recent or proposed cutoff score revision) :

<b><u>Insurance Score</u></b>	<b><u>Rating Group</u></b>
000-373	1
374-378	2
379-384	3
385-389	4
390-395	5
396-401	6
402-406	7
407-413	8
414-421	9
422-427	10
428-435	11
436-443	12
444-450	13
451-457	14
458-465	15
466-472	16
473-479	17
480-487	18
488-493	19

494-500	20
501-509	21
510-516	22
517-525	23
526-536	24
537-545	25
546-557	26
558-576	27
577-587	28
588-604	29
605-999	30

With respect to credit reports requested on and after 10/03/2005 where a credit report cannot be obtained, or where a credit report consists only of inquiries, an Insurance Score will be assigned based on the age of the individual at the time of the credit report request as follows:

<b><u>Age</u></b>	<b><u>Insurance Score</u></b>
Less than 65 years old	429
65 years old or older	429

The policy of any insured whose credit report was ordered by Allstate Property and Casualty Insurance Company for the purpose of tier determination pursuant to this rule on or after 3/10/2008 may, at Allstate's sole discretion, be assigned to Rating Group 11 retroactive to the most recent effective date of the policy, if such insured provides proof acceptable to Allstate that his or her credit information has been negatively impacted by any of the following extraordinary circumstances: divorce; death of a spouse or member of the same household; involuntary unemployment; catastrophic medical expense; care of adult dependent; identity theft; long-term injury, illness or disability; care of a dependent grandchild; or domestic violence.

**B. SUBSEQUENT RATING GROUP DETERMINATION**

At each renewal, the same Rating Group will continue to apply unless at renewal one of the following applies:

1. For Rating Groups 28, 29, and 30 and beginning with the 3rd renewal effective date following the effective date of the policy for which credit report(s) were most recently ordered or at the named insured's request, a new credit report(s) will be obtained for all applicable insureds on the policy at the time of reorder. Additionally, only once annually at the named insured's request, a new credit report(s) will be obtained for all applicable insureds on the policy at the time of reorder. Subsequently, credit report(s) will be ordered prior to every 3<sup>rd</sup> renewal effective date following the effective date of the policy for which credit report(s) were most recently ordered. The reorder will be done according to the procedure regarding ordering of credit reports that is in effect for Allstate Property and Casualty Insurance Company at the time of the reorder. If an insured requests a reorder, the next automatic reorder will take place prior to the 3rd renewal effective date following the effective date of the policy for which the credit report(s) was most recently ordered to determine the applicable Rating Group.
2. For all Rating Groups other than Rating Groups 28, 29, and 30 and only once annually at the named insured's request, a new credit report(s) will be obtained for all applicable insureds on the policy at the time of reorder. The reorder will be done according to the procedure regarding ordering of credit reports that is in effect for Allstate Indemnity Company at the time of the reorder.

NOTE: If named insured requests a credit report reorder(s) less than 45 days prior to the renewal effective date of the policy, the updated IS score will be reflected in the Rating Group determination for the next following policy period.

The policy of any insured whose credit report was ordered by Allstate Property and Casualty Insurance Company for the purpose of tier determination pursuant to this rule on or after 3/10/2008 may, at Allstate's sole discretion, be assigned to Rating Group 11 retroactive to the most recent effective date of the policy, if such insured provides proof acceptable to Allstate that his or her credit information has been negatively impacted by any of the following extraordinary circumstances: divorce; death of a spouse or member of the same household; involuntary unemployment; catastrophic medical expense; care of adult dependent; identity theft; long-term injury, illness or disability; care of a dependent grandchild; or domestic violence.

**C. CREDIT REPORT REORDERS**

In the event it is necessary to reorder any credit report(s) other than for reasons listed in Section B.1 or Section B.2, all credit reports needed to assign the proper Rating Group will be reordered.

New credit report(s) will be obtained for all applicable insureds on the policy at the time of the reorder according to the policy regarding ordering of credit reports that is in effect for Allstate Property and Casualty Insurance Company at the time of the reorder, and the applicable Rating Group will be assigned based upon the resulting Insurance Score from the reordered credit report.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**  
Filed 01/02/2008

**Comments:**

**Attachment:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>
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<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 Property & Casualty Insurance Company	IL	17230	36-3341779	

<b>5. Company Tracking Number</b>	R18775
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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
	Patrick Torsney 2775 Sanders Road, Suite A5 Northbrook IL 60062		800-366-2958 Ext. 27309	847-402-9757	ptors@allstate.com

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

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

9.	Type of Insurance (TOI)	04.0 Homeowners
10.	Sub-Type of Insurance (Sub-TOI)	04.0003 Owner Occupied Homeowners
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	N/A
12.	Company Program Title (Marketing Title)	Homeowners
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: 03/10/2008      Renewal: 03/10/2008
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	12/18/07
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 Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	R18775
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<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]
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### Insurance Scoring Appeals Process

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**Effective Date:**

New business: March 10, 2008

Renewals: March 10, 2008

<b>22.</b>	<p><b>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]</p> <p><b>Check #:</b> N/A - Paid via EFT.  <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>
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\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)