

SERFF Tracking Number: ASPX-125375518 State: Arkansas
Filing Company: American Reliable Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: A-HO-07 5022
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: SCO - Homeowners
Project Name/Number: SCO - Homeowners/HO AR02628ARR01

Filing at a Glance

Company: American Reliable Insurance Company

Product Name: SCO - Homeowners

TOI: 04.0 Homeowners

Sub-TOI: 04.0000 Homeowners Sub-TOI
Combinations

Filing Type: Rate

SERFF Tr Num: ASPX-125375518 State: Arkansas

SERFF Status: Closed

Co Tr Num: A-HO-07 5022

Co Status:

Author: SPI AssurantPC

Date Submitted: 12/03/2007

State Tr Num: EFT \$100

State Status: Fees verified and
received

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

Disposition Date: 01/02/2008

Disposition Status: Filed

Effective Date Requested (New): 02/01/2008

Effective Date Requested (Renewal): 02/01/2008

Effective Date (New): 02/01/2008

Effective Date (Renewal):

02/01/2008

State Filing Description:

4.0003

General Information

Project Name: SCO - Homeowners

Project Number: HO AR02628ARR01

Reference Organization:

Reference Title:

Filing Status Changed: 01/02/2008

State Status Changed: 12/05/2007

Corresponding Filing Tracking Number:

Filing Description:

American Reliable Insurance Company respectfully submits the attached rates and rule revision filing to our currently approved Homeowners Program in Arkansas. There is a +6.7% rate impact.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

There is a Rule Filing and Forms filings as companions to this filing.

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 Project Name/Number: SCO - Homeowners/HO AR02628ARR01

Company and Contact

Filing Contact Information

Louis Mueller, Sr. Regulatory Analyst
 8655 East Via De Ventura (800) 535-1333 [Phone]
 Scottsdale, AZ 85258

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Reliable Insurance Company	\$100.00	12/03/2007	16919299

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Correspondence Summary

Dispositions

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

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	01/02/2008	01/02/2008			
Pending Industry Response	Becky Harrington	12/12/2007	12/12/2007	SPI AssurantPC	12/19/2007	12/19/2007
Pending Industry Response	Becky Harrington	12/05/2007	12/05/2007	SPI AssurantPC	12/12/2007	12/12/2007

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
HPCS	Reviewer Note	Becky Harrington	01/02/2008	
Territory changes	Reviewer Note	Becky Harrington	12/05/2007	

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Disposition

Disposition Date: 01/02/2008
 Effective Date (New): 02/01/2008
 Effective Date (Renewal): 02/01/2008
 Status: Filed
 Comment:

Company Name:	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):	Overall % Indicated Change:
American Reliable Insurance Company	6.700%	\$16,290	481	\$243,127	80.800%	-18.900%	%

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 Product Name: SCO - Homeowners
 Project Name/Number: SCO - Homeowners/HO AR02628ARR01

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	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document	Homeowners Abstract H-1, Cover Letter, Filing Memo, Rate Filing Abstract , Actuarial Memorandum, Rate Pages, P&C Transmittal Form, Rate Campansion	Filed	Yes
Supporting Document	Previous HO.RP.1 1005 Rate Page	Filed	Yes
Supporting Document	Premium Comparison Survey, Rate Filing Abstract Revised, Rate/Rule Schedule Revised, Previous HO.RP.1 1005 Rate Page	Filed	Yes
Supporting Document	Rate Filing Abstract Revised, Rate/Rule Schedule Revised, Previous HO.RP.1 1005 Rate Page	Filed	Yes
Supporting Document	Objection Response Letter	Filed	Yes
Supporting Document	HPCS	Filed	Yes
Rate	Homeowner Rate Pages	Filed	Yes
Rate	Rule Pages	Filed	Yes

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Product Name: SCO - Homeowners
Project Name/Number: SCO - Homeowners/HO AR02628ARR01

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/02/2008

Submitted Date 01/02/2008

Respond By Date

Dear Louis Mueller,

This will acknowledge receipt of the captioned filing.

Form HPCS must be submitted in Excel spreadsheet format. Companies may not change the form in any way or include formulas.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

SERFF Tracking Number: ASPX-125375518 State: Arkansas
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Product Name: SCO - Homeowners
Project Name/Number: SCO - Homeowners/HO AR02628ARR01

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 12/12/2007

Submitted Date 12/12/2007

Respond By Date

Dear Louis Mueller,

This will acknowledge receipt of the captioned filing.

Objection 1

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment: Form HPCS, the Department's required form, has not been submitted. Please remember that it, and only this form, must be submitted in Excel format with no formatting alterations or formula additions.

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 12/19/2007

Submitted Date 12/19/2007

Dear Becky Harrington,

Comments:

Becky,

HPCS attached

Response 1

Comments: Becky,

SERFF Tracking Number: ASPX-125375518 State: Arkansas
Filing Company: American Reliable Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: A-HO-07 5022
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: SCO - Homeowners
Project Name/Number: SCO - Homeowners/HO AR02628ARR01

I have attached the HPCS again. If you don't receive it this time please give me a call so I try and figure out why you aren't getting it.

Thanks for all your help.

Lou Mueller

Related Objection 1

Applies To:

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment:

Form HPCS, the Department's required form, has not been submitted. Please remember that it, and only this form, must be submitted in Excel format with no formatting alterations or formula additions.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: HPCS

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
SPI AssurantPC

SERFF Tracking Number: ASPX-125375518 State: Arkansas
Filing Company: American Reliable Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: A-HO-07 5022
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: SCO - Homeowners
Project Name/Number: SCO - Homeowners/HO AR02628ARR01

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 12/05/2007
Submitted Date 12/05/2007

Respond By Date
Dear Louis Mueller,

This will acknowledge receipt of the captioned filing.

Objection 1

- Homeowners Abstract H-1, Cover Letter, Filing Memo, Rate Filing Abstract , Actuarial Memorandum, Rate Pages, P&C Transmittal Form, Rate Campansion (Supporting Document)

Comment: Companies using credit scoring must file the model and supporting actuarial data pursuant to ACA 23-67-415.

Objection 2

- Homeowners Abstract H-1, Cover Letter, Filing Memo, Rate Filing Abstract , Actuarial Memorandum, Rate Pages, P&C Transmittal Form, Rate Campansion (Supporting Document)

Comment: Explain how the use of a bankruptcy surcharge and credit scoring is not excessive.

Objection 3

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment: I was unable to locate this attachment.

Objection 4

No Objections

Comment: Please complete the maximum increase/decrease change information on the RF-1. The maximum change shown on the rate/rule schedule tab appears excessive. Please provide details of the number of insureds receiving an increase over 20% and describe the changes driving this amount.

Objection 5

No Objections

Comment: Provide the previous earthquake rate.

Objection 6

- Homeowners Abstract H-1, Cover Letter, Filing Memo, Rate Filing Abstract , Actuarial Memorandum, Rate Pages, P&C Transmittal Form, Rate Campansion (Supporting Document)

SERFF Tracking Number: ASPX-125375518 State: Arkansas
Filing Company: American Reliable Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: A-HO-07 5022
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: SCO - Homeowners
Project Name/Number: SCO - Homeowners/HO AR02628ARR01

Comment: The HO.MP.1-3 pages referenced in the filing memo were not attached. Explain how each was changed.

Objection 7

- Homeowners Abstract H-1, Cover Letter, Filing Memo, Rate Filing Abstract , Actuarial Memorandum, Rate Pages, P&C Transmittal Form, Rate Campansion (Supporting Document)

Comment: There are 4 sets of rate pages attached, 2 pdf documents and 2 xls documents. They all appear to be the same. There were no rate pages attached under the rate/rule schedule tab as they should have been. Please attach rate/rule manual pages under the rate/rule schedule tab.

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	12/12/2007
Submitted Date	12/12/2007

Dear Becky Harrington,

Comments:

Objection Response Letter.

Thank you
Lou Mueller

Response 1

Comments: Responses to objections for rates and rules.

Thank you
Lou Mueller

Related Objection 1

Applies To:

SERFF Tracking Number: ASPX-125375518 State: Arkansas
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TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: SCO - Homeowners
Project Name/Number: SCO - Homeowners/HO AR02628ARR01

- Homeowners Abstract H-1, Cover Letter, Filing Memo, Rate Filing Abstract , Actuarial Memorandum, Rate Pages, P&C Transmittal Form, Rate Campansion (Supporting Document)

Comment:

The HO.MP.1-3 pages referenced in the filing memo were not attached. Explain how each was changed.

Related Objection 2

Applies To:

- Homeowners Abstract H-1, Cover Letter, Filing Memo, Rate Filing Abstract , Actuarial Memorandum, Rate Pages, P&C Transmittal Form, Rate Campansion (Supporting Document)

Comment:

Explain how the use of a bankruptcy surcharge and credit scoring is not excessive.

Related Objection 3

Applies To:

- Homeowners Abstract H-1, Cover Letter, Filing Memo, Rate Filing Abstract , Actuarial Memorandum, Rate Pages, P&C Transmittal Form, Rate Campansion (Supporting Document)

Comment:

There are 4 sets of rate pages attached, 2 pdf documents and 2 xls documents. They all appear to be the same. There were no rate pages attached under the rate/rule schedule tab as they should have been. Please attach rate/rule manual pages under the rate/rule schedule tab.

Related Objection 4

Comment:

Please complete the maximum increase/decrease change information on the RF-1. The maximum change shown on the rate/rule schedule tab appears excessive. Please provide details of the number of insureds receiving an increase over 20% and describe the changes driving this amount.

Related Objection 5

Applies To:

- Homeowners Abstract H-1, Cover Letter, Filing Memo, Rate Filing Abstract , Actuarial Memorandum, Rate Pages, P&C Transmittal Form, Rate Campansion (Supporting Document)

Comment:

Companies using credit scoring must file the model and supporting actuarial data pursuant to ACA 23-67-415.

Related Objection 6

Comment:

Provide the previous earthquake rate.

SERFF Tracking Number: ASPX-125375518 State: Arkansas
Filing Company: American Reliable Insurance Company State Tracking Number: EFT \$100
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TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: SCO - Homeowners
Project Name/Number: SCO - Homeowners/HO AR02628ARR01

Related Objection 7

Applies To:

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment:

I was unable to locate this attachment.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Previous HO.RP.1 1005 Rate Page

Comment:

Satisfied -Name: Premium Comparison Survey, Rate Filing Abstract Revised, Rate/Rule Schedule Revised, Previous HO.RP.1 1005 Rate Page

Comment: Premium Comparison Survey

Satisfied -Name: Rate Filing Abstract Revised, Rate/Rule Schedule Revised, Previous HO.RP.1 1005 Rate Page

Comment:

Satisfied -Name: Objection Response Letter

Comment:

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
Homeowner Rate Pages	HO.RP.1 thru HO.RP.11	Replacement	
Rule Pages	HO.MP.1-HO.MP.3	Replacement	

Sincerely,
SPI AssurantPC

SERFF Tracking Number: ASPX-125375518 *State:* Arkansas
Filing Company: American Reliable Insurance Company *State Tracking Number:* EFT \$100
Company Tracking Number: A-HO-07 5022
TOI: 04.0 Homeowners *Sub-TOI:* 04.0000 Homeowners Sub-TOI Combinations
Product Name: SCO - Homeowners
Project Name/Number: SCO - Homeowners/HO AR02628ARR01

Reviewer Note

Created By:

Becky Harrington on 01/02/2008 10:08 AM

Subject:

HPCS

Comments:

Program is HO-8, HPCS not needed.

SERFF Tracking Number: ASPX-125375518 *State:* Arkansas
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TOI: 04.0 Homeowners *Sub-TOI:* 04.0000 Homeowners Sub-TOI Combinations
Product Name: SCO - Homeowners
Project Name/Number: SCO - Homeowners/HO AR02628ARR01

Reviewer Note

Created By:

Becky Harrington on 12/05/2007 08:35 AM

Subject:

Territory changes

Comments:

be sure we have details

SERFF Tracking Number: ASPX-125375518
 Filing Company: American Reliable Insurance Company
 Company Tracking Number: A-HO-07 5022
 TOI: 04.0 Homeowners
 Product Name: SCO - Homeowners
 Project Name/Number: SCO - Homeowners/HO AR02628ARR01

State: Arkansas
 State Tracking Number: EFT \$100
 Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision: 01/01/2006
Filing Method of Last Filing: Prior Approval

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	%	6.700%	\$16,290	481	\$243,127	80.800%	-18.900%

SERFF Tracking Number: ASPX-125375518 State: Arkansas
 Filing Company: American Reliable Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: A-HO-07 5022
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 Product Name: SCO - Homeowners
 Project Name/Number: SCO - Homeowners/HO AR02628ARR01

Supporting Document Schedules

<p>Satisfied -Name: Uniform Transmittal Document-Property & Casualty</p> <p>Comments: Attached</p>	<p>Review Status: Filed 01/02/2008</p>
<p>Bypassed -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp</p> <p>Bypass Reason: N/A</p> <p>Comments:</p>	<p>Review Status: 12/03/2007</p>
<p>Satisfied -Name: HPCS-Homeowners Premium Comparison Survey</p> <p>Comments: Attached with other attachments</p>	<p>Review Status: 12/03/2007</p>
<p>Satisfied -Name: Previous HO.RP.1 1005 Rate Page</p> <p>Comments: Attachment: Previous HO_RP_1 1005 Rate Page.PDF</p>	<p>Review Status: Filed 01/02/2008</p>
<p>Satisfied -Name: Rate Filing Abstract Revised, Rate/Rule Schedule Revised, Previous HO.RP.1 1005 Rate Page</p> <p>Comments: Attachments: Rate_Rule Schedule Revised.PDF Rate Filing Abstract Revised.PDF Previous HO_RP_1 1005 Rate Page.PDF</p>	<p>Review Status: Filed 01/02/2008</p>

SERFF Tracking Number: ASPX-125375518 State: Arkansas
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Satisfied -Name: Objection Response Letter **Review Status:** Filed 01/02/2008
Comments:
Attachment:
Objection Response Letter.PDF

1. SECTION I COVERAGE INCREASES

a. COVERAGE B - OTHER STRUCTURES (INCREASED LIMITS)

Coverage B may be increased to a maximum amount of 30% of Coverage A.
The rate is \$1.20 per \$100 of coverage.

b. COVERAGE C - PERSONAL PROPERTY (INCREASED LIMITS)

Coverage C may be increased to a maximum amount of 70% of Coverage A.
The rate per \$100 for each territory is:

<u>Territory</u>	<u>Frame</u>	<u>Masonry</u>
A	\$0.80	\$0.72
B	\$0.88	\$0.79
C	\$1.12	\$1.01

2. SECTION II COVERAGE

a. COVERAGE E - PERSONAL LIABILITY

<u>Limit of Liability</u>	<u>1 Family</u>
\$25,000	Included
\$50,000	\$15
\$100,000	\$40
\$300,000	\$65

b. ADDITIONAL RESIDENCE RENTED TO OTHERS

<u>Limit of Liability</u>	<u>1 Family</u>	<u>2 Family</u>	<u>3 Family</u>	<u>4 Family</u>	
\$25,000	\$20	\$30	\$45	\$55	Premium is per residence
\$50,000	\$30	\$40	\$55	\$65	Premium is per residence
\$100,000	\$45	\$55	\$70	\$80	Premium is per residence
\$300,000	\$60	\$70	\$85	\$95	Premium is per residence

c. COVERAGE F - MEDICAL PAYMENTS TO OTHERS

<u>Med Pay Limit</u>	<u>Premium</u>
\$500	Included
\$1,000	\$5

3. OPTIONAL EARTHQUAKE COVERAGE

The rate is per \$1,000 of coverage and is applicable to the sum of coverages A, B, C, & D.
The included deductible is 10%.

Zone 2 counties:

Clay Cross Poinsett
 Craighead Green Mississippi
 Crittenden Jackson

Zone 3 counties:

Independence Monroe St. Francis
 Lawrence Phillips White
 Lee Randolph Woodruff

Zones 4 & 5 - Remainder of State

	<u>Superior & Frame</u>	<u>Masonry</u>
Zone 2	0.42	0.95
Zones 3, 4, & 5	0.32	0.72

DEDUCTIBLE FACTORS:

	<u>Superior & Frame</u>	<u>Masonry</u>
15%	0.78	0.89
20%	0.67	0.84
25%	0.56	0.79

Objection 4

4. The RF-1 file has been revised. There are 109 policies with a rate impact greater than 20%. There are 63 above 30% and 15 above 40%. This is due to the policies' low home values. Our proposed base rates for a policy with a lower home value have had greater increases than our policies with higher values. These lower rates were increased to be more in line with competition. There was only one 80% increase and the total dollar amount increase was \$119.

Home Value	Current Base Rate	Proposed Base Rate	Increase
1 - 25999	221	285	29%
26000 - 26999	229	291	27%
27000 - 27999	238	297	25%
28000 - 28999	246	303	23%
29000 - 29999	255	309	21%
30000 - 30999	263	315	20%
31000 - 31999	272	321	18%
32000 - 32999	280	327	17%
33000 - 33999	289	334	16%
34000 - 34999	297	341	15%
35000 - 35999	306	348	14%
36000 - 36999	315	355	13%
37000 - 37999	323	362	12%
38000 - 38999	332	369	11%
39000 - 39999	340	376	11%
40000 - 40999	349	384	10%
41000 - 41999	357	396	11%
42000 - 42999	366	408	11%
43000 - 43999	374	420	12%
44000 - 44999	383	433	13%
45000 - 45999	392	446	14%
46000 - 46999	400	459	15%
47000 - 47999	409	473	16%
48000 - 48999	417	487	17%
49000 - 49999	426	502	18%
50000 - 50999	434	517	19%
51000 - 51999	443	523	18%
52000 - 52999	451	529	17%
53000 - 53999	460	535	16%
54000 - 54999	468	541	16%
55000 - 55999	477	549	15%
56000 - 56999	486	557	15%
57000 - 57999	494	565	14%
58000 - 58999	503	573	14%
59000 - 59999	511	582	14%
60000 - 60999	520	591	14%
61000 - 61999	528	600	14%
62000 - 62999	537	609	13%
63000 - 63999	545	618	13%
64000 - 64999	554	627	13%
65000 - 65999	563	636	13%
66000 - 66999	571	646	13%
67000 - 67999	580	656	13%

68000 - 68999	588	666	13%
69000 - 69999	597	676	13%
70000 - 70999	605	686	13%
71000 - 71999	614	696	13%
72000 - 72999	622	706	14%
73000 - 73999	631	717	14%
74000 - 74999	639	728	14%
75000 - 75999	648	739	14%
76000 - 76999	657	750	14%
77000 - 77999	665	761	14%
78000 - 78999	674	772	15%
79000 - 79999	682	780	14%
80000 - 80999	691	788	14%
81000 - 81999	699	796	14%
82000 - 82999	708	802	13%
83000 - 83999	716	808	13%
84000 - 84999	725	814	12%
85000 - 85999	734	820	12%
86000 - 86999	742	826	11%
87000 - 87999	751	832	11%
88000 - 88999	759	838	10%
89000 - 89999	768	844	10%
90000 - 90999	776	850	10%
91000 - 91999	785	856	9%
92000 - 92999	793	862	9%
93000 - 93999	802	868	8%
94000 - 94999	810	874	8%
95000 - 95999	819	880	7%
96000 - 96999	828	886	7%
97000 - 97999	836	892	7%
98000 - 98999	845	898	6%
99000 - 99999	853	904	6%
100000 - 100999	862	910	6%
101000 - 101999	870	916	5%
102000 - 102999	879	922	5%
103000 - 103999	887	928	5%
104000 - 104999	896	934	4%
105000 - 105999	905	941	4%
106000 - 106999	913	948	4%
107000 - 107999	922	955	4%
108000 - 108999	930	962	3%
109000 - 109999	939	969	3%
110000 - 110999	947	976	3%
111000 - 111999	956	983	3%
112000 - 112999	964	990	3%
113000 - 113999	973	997	2%
114000 - 114999	981	1004	2%
115000 - 115999	990	1011	2%
116000 - 116999	999	1018	2%
117000 - 117999	1007	1025	2%
118000 - 118999	1016	1032	2%
119000 - 119999	1024	1039	1%

120000 - 120999	1033	1046	1%
121000 - 121999	1041	1053	1%
122000 - 122999	1050	1060	1%
123000 - 123999	1058	1067	1%
124000 - 124999	1067	1074	1%
125000 - 125999	1076	1082	1%
126000 - 126999	1084	1090	1%
127000 - 127999	1093	1098	0%

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	N/A
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Company Name		Company NAIC Number		
3.	A.	American Reliable Insurance Company	B.	19615

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)		
4.	A.		B.	

5.			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
LOB 28 – HO8	7.4%	6.7%					
TOTAL OVERALL EFFECT	7.4%	6.7%					

6.		5 Year History	Rate Change History				
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2003	0			0	0		87%
2004	0			0	0		59%
2005	0			0	0		71%
2006	507			136	166	121%	83%
2007	482			117	70	59%	78%

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	36.2%
B. General Expense	4.9%
C. Taxes, License & Fees	3.7%
D. Underwriting Profit & Contingencies	5%
E. Other (explain)	
F. TOTAL	49.7%

8. Apply Lost Cost Factors to Future filings? (Y or N)
9. **80.8%** Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): Territory A
10. **-18.9%** Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): Territory B
- PC RLC

1. SECTION I COVERAGE INCREASES

a. COVERAGE B - OTHER STRUCTURES (INCREASED LIMITS)

Coverage B may be increased to a maximum amount of 30% of Coverage A.
The rate is \$1.20 per \$100 of coverage.

b. COVERAGE C - PERSONAL PROPERTY (INCREASED LIMITS)

Coverage C may be increased to a maximum amount of 70% of Coverage A.
The rate per \$100 for each territory is:

<u>Territory</u>	<u>Frame</u>	<u>Masonry</u>
A	\$0.80	\$0.72
B	\$0.88	\$0.79
C	\$1.12	\$1.01

2. SECTION II COVERAGE

a. COVERAGE E - PERSONAL LIABILITY

<u>Limit of Liability</u>	<u>1 Family</u>
\$25,000	Included
\$50,000	\$15
\$100,000	\$40
\$300,000	\$65

b. ADDITIONAL RESIDENCE RENTED TO OTHERS

<u>Limit of Liability</u>	<u>1 Family</u>	<u>2 Family</u>	<u>3 Family</u>	<u>4 Family</u>	
\$25,000	\$20	\$30	\$45	\$55	Premium is per residence
\$50,000	\$30	\$40	\$55	\$65	Premium is per residence
\$100,000	\$45	\$55	\$70	\$80	Premium is per residence
\$300,000	\$60	\$70	\$85	\$95	Premium is per residence

c. COVERAGE F - MEDICAL PAYMENTS TO OTHERS

<u>Med Pay Limit</u>	<u>Premium</u>
\$500	Included
\$1,000	\$5

3. OPTIONAL EARTHQUAKE COVERAGE

The rate is per \$1,000 of coverage and is applicable to the sum of coverages A, B, C, & D.
The included deductible is 10%.

Zone 2 counties:

Clay Cross Poinsett
 Craighead Green Mississippi
 Crittenden Jackson

Zone 3 counties:

Independence Monroe St. Francis
 Lawrence Phillips White
 Lee Randolph Woodruff

Zones 4 & 5 - Remainder of State

	<u>Superior & Frame</u>	<u>Masonry</u>
Zone 2	0.42	0.95
Zones 3, 4, & 5	0.32	0.72

DEDUCTIBLE FACTORS:

	<u>Superior & Frame</u>	<u>Masonry</u>
15%	0.78	0.89
20%	0.67	0.84
25%	0.56	0.79



ASSURANT
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Property

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December 12, 2007

Arkansas Department of Insurance
Property & Casualty Division
1200 West Third Street
Little Rock, AR 72201-1904
Attn.: Becky Harrington

Re: American Reliable Insurance Company
NAIC: 0019-19615
FEIN: 41-0735002
Program: Homeowners
Rate/Rule Objection Response
Filing Number: A-HO-07 5022

Dear Ms. Harrington:

American Reliable Insurance Company has reviewed the objection letter dated December 5 2007. We have responded to you concerns and questions regarding the rate/rule filing.

We have addressed the objections in the order that they were received.

1. Please note that we are not using credit scoring to determine rate. We use credit along with other underwriting criteria to determine eligibility. Credit cannot be the sole reason for denying coverage.
2. As noted above, we do not use credit scoring to determine rate. Persons with a poor credit history trend towards more frequent loss activity. We would still like to insure these applicants, however, feel that a 10% bankruptcy surcharge is needed to mitigate the loss activity.
3. This correction is included in SERFF.
4. Please see the attached response and revised RF-1 attached to SERFF.
5. Please see the attached prior HO.RP.1 (10/05) edition.
6. This correction is being sent via SERFF.
7. This correction is being sent via SERFF.



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Please feel free to contact me at the e-mail address or telephone number listed below if you should have any questions. We look forward to receiving your Department's approval.

Respectfully yours,

Louis Mueller
Sr. Regulatory Analyst
louis.mueller@assurant.com
Phone: (800)-535-1333, Ext. 391
Fax: (480)-443-3785