

SERFF Tracking Number: ALSX-125843314 State: Arkansas
Filing Company: First Colonial Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AF-00050
TOI: 28.0 Credit Sub-TOI: 28.0003 Personal Property
Product Name: Credit Property Insurance
Project Name/Number: Form Filing/AF-00050

Filing at a Glance

Company: First Colonial Insurance Company

Product Name: Credit Property Insurance

TOI: 28.0 Credit

Sub-TOI: 28.0003 Personal Property

Filing Type: Form

Effective Date Requested (New): 09/19/2008

Effective Date Requested (Renewal): 10/16/2008

SERFF Tr Num: ALSX-125843314

SERFF Status: Closed

Co Tr Num: AF-00050

Co Status:

Author: SPI AllState

Date Submitted: 10/02/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Disposition Date: 10/06/2008

Disposition Status: Approved

Effective Date (New): 10/16/2008

Effective Date (Renewal):
10/16/2008

State Filing Description:

General Information

Project Name: Form Filing

Project Number: AF-00050

Reference Organization:

Reference Title:

Filing Status Changed: 10/06/2008

State Status Changed: 10/06/2008

Corresponding Filing Tracking Number:

Filing Description:

Submitted as an informational filing, we provide form FPS4502CAR1 (02/08). The informational filing is made to update the form number and logo to coincide with a recent Credit Life and Disability filing made by our sister company, American Heritage Life Insurance Company, under SERFF filing ALST-125818114. No changes have been made to the form in relation to the credit property portion of the form. The filing is made to keep the form number consistent. The filing will replace form FPS4502CAR (05/04), approved by your Department on May 25, 2004.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

<i>SERFF Tracking Number:</i>	<i>ALSX-125843314</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>First Colonial Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AF-00050</i>		
<i>TOI:</i>	<i>28.0 Credit</i>	<i>Sub-TOI:</i>	<i>28.0003 Personal Property</i>
<i>Product Name:</i>	<i>Credit Property Insurance</i>		
<i>Project Name/Number:</i>	<i>Form Filing/AF-00050</i>		

Unless otherwise advised by your Department, we may vary the layout of the Insurance information in the Schedule subsequent to your Department's formal approval. These changes may become necessary in order to accommodate the data processing system of the Creditor. Sections within brackets are variable and may change according to the agreement with the Creditor Policyholder. However, they will never be more restrictive to the Insured than allowed by law.

These forms may be utilized in either an electronic or paper format. The forms will be printed individually if electronic, or either front and back or individually if paper. The font style may change to accommodate the various platform systems. If used in an electronic format, you have our assurance that appropriate security standards will be implemented to prohibit alteration of the forms.

Company and Contact

Filing Contact Information

Chris Ewing, 2775 Sanders Road Northbrook, IL 60062	(847) 402-5000 [Phone] (847) 402-9757[FAX]
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Filing Company Information

First Colonial Insurance Company 1776 American Heritage Life Drive Jacksonville, FL 32224 (847) 402-5000 ext. [Phone]	CoCode: 29980 Group Code: 8 Group Name: Allstate FEIN Number: 59-2773658 -----	State of Domicile: Florida Company Type: Property and Casualty State ID Number:
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/06/2008	10/06/2008

SERFF Tracking Number: *ALSX-125843314* *State:* *Arkansas*
Filing Company: *First Colonial Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AF-00050*
TOI: *28.0 Credit* *Sub-TOI:* *28.0003 Personal Property*
Product Name: *Credit Property Insurance*
Project Name/Number: *Form Filing/AF-00050*

Disposition

Disposition Date: 10/06/2008

Effective Date (New): 10/16/2008

Effective Date (Renewal): 10/16/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ALSX-125843314 State: Arkansas
 Filing Company: First Colonial Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AF-00050
 TOI: 28.0 Credit Sub-TOI: 28.0003 Personal Property
 Product Name: Credit Property Insurance
 Project Name/Number: Form Filing/AF-00050

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Application	FPS4502 CAR1	(02/08)	Application/ Replaced Binder/Enro llment	Replaced Form #:40.40 FPS4502CAR Previous Filing #:		FPS4502CA R1.PDF

ARKANSAS

SCHEDULE	PRIMARY BORROWER (Called "You")		Age	Date of Birth	Creditor Beneficiary /Insured Creditor [C]	Certificate Number	
	If Joint Life is elected CO-BORROWER (also called "You")		Age	Date of Birth		 Credit Division AMERICAN HERITAGE LIFE INSURANCE COMPANY FIRST COLONIAL INSURANCE COMPANY (Called "We" or "Us") 1776 American Heritage Life Drive Jacksonville, FL 32224	
	Street Address						
	City State Zip						
	Telephone Numbers: Home: Employment:						
	Second Beneficiary (Estate-If none named)						

NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Joint Life Premium \$
 Single Life Premium \$

Disability Premium \$
 Property Premium \$

(Available only on the Primary Borrower for a maximum of [60] mos.)
 Property Insured

Initial Amount of \$ Insurance	Monthly Benefit \$	Term of Insurance Mos.	Check Block for Desired Insurance: Joint Life <input type="checkbox"/> Single Life <input type="checkbox"/> (Benefits are payable after) <input checked="" type="checkbox"/> 7 Day Retroactive Disability <input type="checkbox"/> Dual Property w/Theft <input type="checkbox"/> Decreasing Term <input type="checkbox"/> (To commence with the 1 st day)
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I may cancel my credit insurance coverage at any time. I acknowledge that upon cancellation, the unearned credit insurance premium will be refunded (calculated in accordance with the terms of the certificate) to the Creditor to be applied to the outstanding balance on my account. Any refund amount remaining after payment is applied to the account balance will be refunded to my designee or me.

Proposed Insured Primary Borrower	Proposed Joint Insurance Borrower, If any	Effective Date	I Do Not <input type="checkbox"/>	I Want <input type="checkbox"/>
X	X	Month/Day/Year	Want Insurance	Insurance
Age	Age			

I Certify answers are truly and accurately recorded on this application as stated by the proposed insured Borrower(s).

Resident Agent	Phone No.	Address (or attach business card)
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For specific information about credit insurance issued in conjunction with your loan, contact your creditor or American Heritage Life Insurance Company at [800-858-4570]. For general information or complaints regarding your credit insurance, please contact the Arkansas Insurance Department locally at [501-371-2600] or [1-800-282-9134]. You may write to the Arkansas Insurance Department at 1200 West Third Street, Little Rock, AR 72201.

ARKANSAS

SCHEDULE	PRIMARY BORROWER (Called "You")		Age	Date of Birth	Certificate Number [C] Allstate Credit Division AMERICAN HERITAGE LIFE INSURANCE COMPANY FIRST COLONIAL INSURANCE COMPANY (Called "We" or "Us") 1776 American Heritage Life Drive Jacksonville, FL 32224	
	If Joint Life is elected CO-BORROWER (also called "You")		Age	Date of Birth		
	Street Address					
	City		State			Zip
	Telephone Numbers: Home: _____ Employment: _____					
	Second Beneficiary (Estate-If none named)					

NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Joint Life Premium \$
 Single Life Premium \$

Disability Premium \$

Property Premium \$

(Available only on the Primary Borrower for a maximum of [60] mos.)

Property Insured

Initial Amount of \$ Insurance	Monthly Benefit \$	Term of Insurance Mos.	Check Block for Desired Insurance: Joint Life <input type="checkbox"/> Single Life <input type="checkbox"/> (Benefits are payable after) <input checked="" type="checkbox"/> 7 Day Retroactive Disability <input type="checkbox"/> Dual Property w/Theft <input type="checkbox"/> Decreasing Term <input type="checkbox"/> (To commence with the 1 st day)
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Proposed Insured Primary Borrower	Proposed Joint Insurance Borrower, If any	Effective Date	I Do Not <input type="checkbox"/> I Want <input type="checkbox"/>
X	X	Month/Day/Year	Want Insurance Insurance
Age	Age		

I Certify answers are truly and accurately recorded on this application as stated by the proposed insured Borrower(s).

Resident Agent	Phone No.	Address
		(or attach business card)

For specific information about credit insurance issued in conjunction with your loan, contact your creditor or American Heritage Life Insurance Company at [800-858-4570]. For general information or complaints regarding your credit insurance, please contact the Arkansas Insurance Department locally at [501-371-2600] or [1-800-282-9134]. You may write to the Arkansas Insurance Department at 1200 West Third Street, Little Rock, AR 72201.

REFUND RECEIPT AND CANCELLATION OF INSURANCE

Cancel as of _____ 12:00 Noon, Standard Time Amount of Life Refund \$ _____
Month-Day-Year

In force _____ months. _____ % Unearned Premium. Amount of Disability Refund \$ _____

REASON FOR REFUNDS: Early Pay Off Trade Repossession Renewal or Refinancing Other _____

The undersigned requests cancellation of this coverage as shown and acknowledges that refund of the unearned portion of the premium(s) has been paid or credited to the Borrower(s) and therefore releases American Heritage Life Insurance Company from all liability pursuant to this coverage.

_____ Authorized Representative of Creditor	_____ Date	_____ Borrower(s)
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ARKANSAS

ELECTED	PRIMARY BORROWER (Called "You")		Age	Date of Birth	Creditor Beneficiary /Insured Creditor Certificate Number C	 FIRST COLONIAL INSURANCE COMPANY (Called "We" or "Us") 1776 American Heritage Life Drive Jacksonville, FL 32224
	If Joint Life is elected CO-BORROWER (also called "You")		Age	Date of Birth		
	Street Address					
	City State Zip					
	Telephone Numbers: Home: Employment:					
	Second Beneficiary (Estate-If non named)					

NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

\$ \$

\$ **Property Premium** \$

Property Insured

Original Amount of \$ Insurance		Term of Insurance	Mos.	Check Block for Desired Insurance: <input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> Dual Property w/Theft <input type="checkbox"/>

I may cancel my credit insurance coverage at any time. I acknowledge that upon cancellation, the unearned credit insurance premium will be refunded (calculated in accordance with the terms of the certificate) to the Creditor to be applied to the outstanding balance on my account. Any refund amount remaining after payment is applied to the account balance will be refunded to my designee or me.

Proposed Insured Primary Borrower	Proposed Joint Insurance BORROWER, If any	Effective Date	I Want <input type="checkbox"/> Insurance	I Do Not <input type="checkbox"/> Want Insurance
X	Age	X	Age	Month/Day/Year

<i>SERFF Tracking Number:</i>	<i>ALSX-125843314</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Credit Property Insurance</i>		
<i>Project Name/Number:</i>	<i>Form Filing/AF-00050</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ALSX-125843314 State: Arkansas
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Company Tracking Number: AF-00050
TOI: 28.0 Credit Sub-TOI: 28.0003 Personal Property
Product Name: Credit Property Insurance
Project Name/Number: Form Filing/AF-00050

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 10/06/2008

Comments:

Attachments:

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

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 #	AF-00050
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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	Application	FPS4502CAR1 (02/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	FPS4502CAR (05/04)	
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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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 #
Allstate	008

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
First Colonial Insurance Company	FL	29980	59-2773658	

5. Company Tracking Number	AF-00050
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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
	Chris Ewing 2775 Sanders Road, Suite A5 Northbrook IL 60062		800-366-2958 Ext. 27309	847-402-9757	

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

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

9.	Type of Insurance (TOI)	28.0 Credit
10.	Sub-Type of Insurance (Sub-TOI)	28.0003 Personal Property
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Credit Property Insurance
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: 10/16/2008 Renewal: 10/16/2008
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	10-02-2008
19.	Status of filing in domicile	<input checked="" 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 #	AF-00050
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Submitted as an informational filing, we provide form FPS4502CAR1 (02/08). The informational filing is made to update the form number and logo to coincide with a recent Credit Life and Disability filing made by our sister company, American Heritage Life Insurance Company, under SERFF filing ALST-125818114. No changes have been made to the form in relation to the credit property portion of the form. The filing is made to keep the form number consistent. The filing will replace form FPS4502CAR (05/04), approved by your Department on May 25, 2004.

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22.	<p>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]</p> <p>Check #: Not applicable. Fee paid via EFT. Amount: \$50.00</p> <p>State fee \$50.00 per form filing.</p> <p style="text-align: center;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</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.)