

SERFF Tracking Number: HNVR-125832279 State: Arkansas  
Filing Company: Allmerica Financial Benefit Insurance Company State Tracking Number: EFT \$100  
Company Tracking Number: PA-AR-08545-61R  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: Connections Auto  
Project Name/Number: Connections DriveSmart Advantage/PA-AR-08545-61R

## Filing at a Glance

Company: Allmerica Financial Benefit Insurance Company

Product Name: Connections Auto SERFF Tr Num: HNVR-125832279 State: Arkansas  
TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: EFT \$100  
Sub-TOI: 19.0001 Private Passenger Auto Co Tr Num: PA-AR-08545-61R State Status: Fees verified and received  
(PPA)  
Filing Type: Rate/Rule Co Status: Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding  
Authors: Eleanor Doherty, Kathryn Husson, Cheryl Richards, Susan Whitworth  
Disposition Date: 10/09/2008  
Date Submitted: 10/06/2008 Disposition Status: Filed  
Effective Date Requested (New): 11/07/2008 Effective Date (New): 11/07/2008  
Effective Date Requested (Renewal): 11/07/2008 Effective Date (Renewal):  
State Filing Description:

## General Information

Project Name: Connections DriveSmart Advantage  
Project Number: PA-AR-08545-61R  
Reference Organization:  
Reference Title:  
Filing Status Changed: 10/09/2008  
State Status Changed: 10/09/2008  
Corresponding Filing Tracking Number:  
Filing Description:

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

As part of our commitment to deliver innovative coverage choices to Arkansas drivers, we are proposing to introduce Connections® DriveSmart Advantage for our Arkansas Private Passenger Connections Auto Program effective 11/07/2008 for new and renewal business.

Details of this program are found in the Filing Memorandum. As this is a new endorsement, there is no premium impact

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on our existing business.

Details of the coverages are included in the companion forms filing, PA-AR-08545-61F, which is being submitted separately for your review.

## Company and Contact

### Filing Contact Information

Eleanor Doherty, Product Specialist elfdoherty@hanover.com  
 440 Lincoln Street (508) 855-3251 [Phone]  
 Worcester, MA 01653 (508) 855-4311[FAX]

### Filing Company Information

Allmerica Financial Benefit Insurance Company CoCode: 41840 State of Domicile: Michigan  
 440 Lincoln Street Group Code: 88 Company Type: Property & Casualty  
 Worcester, MA 01653 Group Name: The Hanover Ins State ID Number:  
 Group  
 (508) 855-1000 ext. [Phone] FEIN Number: 23-2643430  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: \$100 per each rate filing  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allmerica Financial Benefit Insurance Company	\$100.00	10/06/2008	22948732

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Product Name: Connections Auto  
Project Name/Number: Connections DriveSmart Advantage/PA-AR-08545-61R

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	10/09/2008	10/09/2008

SERFF Tracking Number: *HNVR-125832279* State: *Arkansas*  
 Filing Company: *Allmerica Financial Benefit Insurance Company* State Tracking Number: *EFT \$100*  
 Company Tracking Number: *PA-AR-08545-61R*  
 TOI: *19.0 Personal Auto* Sub-TOI: *19.0001 Private Passenger Auto (PPA)*  
 Product Name: *Connections Auto*  
 Project Name/Number: *Connections DriveSmart Advantage/PA-AR-08545-61R*

## Disposition

Disposition Date: 10/09/2008  
 Effective Date (New): 11/07/2008  
 Effective Date (Renewal):  
 Status: Filed  
 Comment:

<b>Company Name:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>	<b>Overall % Indicated Change:</b>
Allmerica Financial Benefit Insurance Company	0.000%	\$0	5,352	\$4,156,720	0.000%	0.000%	0.000%

SERFF Tracking Number: HNVN-125832279 State: Arkansas  
 Filing Company: Allmerica Financial Benefit Insurance Company State Tracking Number: EFT \$100  
 Company Tracking Number: PA-AR-08545-61R  
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
 Product Name: Connections Auto  
 Project Name/Number: Connections DriveSmart Advantage/PA-AR-08545-61R

Item Type	Item Name	Item Status	Public Access
Supporting Document	A-1 Private Passenger Auto Abstract	Filed	Yes
Supporting Document	APCS-Auto Premium Comparison Survey	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	Filing Memorandum	Filed	Yes
Rate	Connections DriveSmart Advantage Endorsement	Filed	Yes
Rate	Cover Page	Filed	Yes
Rate	Rate Order of Calculation	Filed	Yes
Rate	Other Discounts	Filed	Yes

SERFF Tracking Number: *HNVR-125832279* State: *Arkansas*  
 Filing Company: *Allmerica Financial Benefit Insurance Company* State Tracking Number: *EFT \$100*  
 Company Tracking Number: *PA-AR-08545-61R*  
 TOI: *19.0 Personal Auto* Sub-TOI: *19.0001 Private Passenger Auto (PPA)*  
 Product Name: *Connections Auto*  
 Project Name/Number: *Connections DriveSmart Advantage/PA-AR-08545-61R*

**Rate Information**

Rate data applies to filing.

**Filing Method:** File and Use  
**Rate Change Type:** Neutral  
**Overall Percentage of Last Rate Revision:** 4.300%  
**Effective Date of Last Rate Revision:** 10/01/2008  
**Filing Method of Last Filing:** File and Use

**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):
Allmerica Financial Benefit Insurance Company	0.000%	0.000%	\$0	5,352	\$4,156,720	0.000%	0.000%

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Filing Attachments
Filed	Connections DriveSmart Advantage Endorsement	P18	New		Connections DriveSmart Rule - FINAL.pdf
Filed	Cover Page	Cover Page	Replacement	HNVR-125632061 EFT \$100	Rate Schedule Cover Page 11-7-08.pdf
Filed	Rate Order of Calculation	Page 3	Replacement	AR-PC-06-020322	Rate Schedule ROC Page 11-7-08.pdf
Filed	Other Discounts	Page 158	Replacement	HNVR-125632061 EFT \$100	Rate Schedule Other Discount Page 11-7-08.pdf

## **P18 – Connections DriveSmart Advantage Endorsement**

For an increased premium, this endorsement is available to provide additional coverage features and extensions. These include:

Second Chance Accident Forgiveness – We will not charge for the first surchargeable accident on the policy provided the surchargeable accident occurred after this endorsement has been added to the policy and there are no other surchargeable accidents forgiven for any driver on the policy within the prior 36 months. Only one surchargeable accident per policy can be forgiven during any 36 month timeframe. Once a surchargeable accident is forgiven, all additional surchargeable accidents occurring within the 36 month time frame will be surcharged.

New Car Replacement Guard – This coverage applies if Collision and/or Other Than Collision applies to your auto. If your auto is stolen, this coverage applies only if Other Than Collision applies to your covered auto. To qualify, your auto must have an odometer reading of less than 500 miles on the date of purchase by our insured. The coverage for each such auto will apply until one year from the date of purchase or to an odometer reading of 15,000 miles, whichever comes first. If your auto is declared a total loss by us, we will replace it with a new auto of the same make, model, and equipment or pay the replacement cost. This coverage does not apply to the following types of vehicles:

- a. Any vehicle designed for off-road use.
- b. Motor homes, motorcycles or recreational vehicles
- c. Any vehicle on the restricted vehicle list and/or valued in excess of \$150,000.

Deductible Dividends – We will apply a \$100 credit to your auto's Collision deductible amount upon addition of this endorsement and \$100 at renewal for each one year policy term you are free of accidents that can be surcharged. The maximum amount of deductible reduction that will apply at any time is \$500 and the minimum deductible applicable to Collision is \$100.

**Allmerica Financial Benefit Insurance Company  
Private Passenger Automobile**

**State of Arkansas  
Effective: 11/07/2008 New and Renewal Business**

**Rate Schedule**

**State of Arkansas**  
**Allmerica Financial Benefit Insurance Company**  
**Private Passenger Automobile**

<b>Rate Order of Calculation*</b>													
Coverage	BI	PD	CSL	PIP	UMBI	UIMBI	UMPD	UM CSL	UIM CSL	COMP	COLL	COMP Auto Loan/ Lease	COLL Auto Loan/ Lease
Average Driver Factor (see below)													
Household Structure Factor	x	x	x	x	x	x	x	x	x	x	x	x	x
Base Rate	x	x	x	x	x	x	x	x	x	x	x	x	x
Unacceptable Risk	x	x	x	x	x	x	x	x	x	x	x	x	x
Unacceptable Vehicle	x	x	x	x	x	x	x	x	x	x	x	x	x
Underwriting Tier Factor	x	x	x	x	x	x	x	x	x	x	x	x	x
Territory Factor	x	x	x	x	x	x	x	x	x	x	x	x	x
Vehicle Symbol Factor	x	x	x	x						x	x	x	x
Value Class Factor										x	x	x	x
Model Year Factor	x	x	x	x	x	x	x	x	x	x	x	x	x
Increased Limit Factor or Deductible Factor	x	x	x	x	x	x	x	x	x	x	x		
Core Discount Factor**	x	x	x	x	x	x	x	x	x	x	x	x	x
Anti Theft Discount										x			
Vehicle Use Surcharge	x	x	x	x	x	x	x	x	x	x	x	x	x
Vehicle Type Factor	x	x	x	x	x	x	x	x	x	x	x	x	x
Association Discount	x	x	x	x	x	x	x	x	x	x	x	x	x
Policy Term Factor	x	x	x	x	x	x	x	x	x	x	x	x	x
Coverage Package Factor	x	x	x	x	x	x	x	x	x	x	x	x	x
Total Premium													

Coverage	OLTE	T & L	Add Cust Equip
Base Rate			
Increased Limit Factor or Deductible Factor	x	x	x
Association Discount	x	x	x
Policy Term Factor	x	x	x
Coverage Package Factor	x	x	x
Total Premium			

\* Dollar round after each calculation

\*\* Core Discounts - Multi Car, Homeowner, Account Credit, Paid in Full

**State of Arkansas  
Allmerica Financial Benefit Insurance Company  
Private Passenger Automobile**

<b>Anti Theft Discount - COMP Only</b>	
	COMP Factor
VEHICLE RECOVERY	0.75

<b>Vehicle Use Surcharge</b>										
	Level	BI, PD & CSL	PIP	UM/UIM BI	UM/UIM CSL	UM PD	COMP	COLL	COMP Auto Loan/Lease	COLL Auto Loan/Lease
Business Use	Vehicle	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22
Artisan Use	Vehicle	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22

<b>Other Discounts &amp; Surcharges</b>										
	Level	BI, PD & CSL	PIP	UM/UIM BI	UM /UIM CSL	UM PD	COMP	COLL	COMP Auto Loan/Lease	COLL Auto Loan/Lease
Unacceptable Risk Surcharge	Policy	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
Unacceptable Vehicle Surcharge	Vehicle	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Accident Prevention Course Discount	Driver	0.95	0.95				0.95	0.95		
Named Operator Exclusion Surcharge	Policy	1.10	1.00				1.00	1.00		
College Graduate Discount	Driver	0.95	0.95				0.95	0.95		
Connections DriveSmart Advantage	Policy	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09

<b>Vehicle Type Factors</b>										
	Level	BI, PD & CSL	PIP	UM/UIM BI	UM/UIM CSL	UM PD	Comp	Coll	COMP Auto Loan/Lease	COLL Auto Loan/Lease
Private Passenger Auto	Vehicle	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Recreational Trailer	Vehicle	1.00	1.00	1.00	1.00	0.63	0.63	0.63	1.00	1.00
Trailer	Vehicle	1.00	1.00	1.00	1.00	0.18	0.18	0.18	1.00	1.00
Motor Homes	Vehicle	0.70	0.70	0.70	0.70	0.70	0.70	0.70	1.00	1.00

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## Supporting Document Schedules

**Satisfied -Name:** A-1 Private Passenger Auto  
 Abstract  
**Review Status:** Filed 10/09/2008

**Comments:**

**Attachment:**

FORM A-1 PPA abstract 11-7-08.pdf

**Satisfied -Name:** APCS-Auto Premium Comparison  
 Survey  
**Review Status:** Filed 10/09/2008

**Comments:**

Both the excel and .pdf versions are attached.

**Attachments:**

PPA Survey Form APCS 11-07-2008.xls  
 PPA Survey Form APCS 11-07-2008.pdf

**Satisfied -Name:** NAIC loss cost data entry document  
**Review Status:** Filed 10/09/2008

**Comments:**

**Attachment:**

AR RFA Form RF1 11-7-08.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document  
 for OTHER than Workers' Comp  
**Review Status:** Filed 10/09/2008

**Bypass Reason:**

This is not a loss cost filing.

**Comments:**

**Satisfied -Name:** Uniform Transmittal Document-  
 Property & Casualty  
**Review Status:** Filed 10/09/2008

**Comments:**

**Attachments:**



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Product Name: Connections Auto  
Project Name/Number: Connections DriveSmart Advantage/PA-AR-08545-61R

**Review Status:**

**Satisfied -Name:** Filing Memorandum **Filed** 10/09/2008

**Comments:**

Please see attached filing memorandum and exhibits for details of this revision.

**Attachments:**

Explanatory Memorandum\_AR DriveSmart.pdf

Exh 1 & 2.pdf

PRIVATE PASSENGER AUTOMOBILE ABSTRACT

Instructions: All questions must be answered. If the answer is "none" or "Not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent homeowners rate/rule submission that do not alter the information contained herein need not include this form.

Company Name Allmerica Financial Benefit Insurance Co.  
NAIC No. 41840 Group No. 088

1. Are there any areas in the State of Arkansas in which your company will not write automobile insurance? No

2. Do you furnish a market for young drivers? Yes  
Over age 65 drivers? Yes

3. Do you require collateral business to support a youthful driver risk? No

4. Do you insure driver with an international or foreign driver's license? Yes

5. Specify the percentage you allow in credit or discounts for the following:

- a. Driver Over 55 5 %
- b. Good Student Discount 0 %
- c. Multi-car Discount 24-31 %
- d. Accident Free Discount\* 0 %  
\*Please Specify Qualification for Discount \_\_\_\_\_
- e. Anti-theft Discount 25 %
- f. Other (specify) \_\_\_\_\_ %  
Homeowner 3 %  
Account Credit 3 %  
Paid in Full 6-12 %

6. Do you have an installment payment plan for automobile insurance? Yes  
If so, what is the fee for installment payments? \$5

7. Does your company utilize a tiered rating plan? No If so, list the programs and percentage difference.  
State the current volume for each program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

*Eleanor Doherty*

\_\_\_\_\_  
Signature  
Eleanor Doherty  
\_\_\_\_\_  
Title  
Product Specialist  
\_\_\_\_\_  
Telephone Number



**Private Passenger Auto Premium Comparison Survey Form**  
FORM APCS - last modified August 2005

NAIC Number: 41840  
 Company Name: Allmerica Financial Benefit Ins. Company  
 Contact Person: Eleanor Doherty  
 Telephone No.: 508-855-3251  
 Email Address: elfdoherty@hanover.com  
 Effective Date: 07-Nov-08

**Assumptions to Use:**  
 1 Liability -Minimum \$25,000 per person  
 2 Bodily Injury \$50,000 per accident  
 \$25,000 per accident  
 3 Property Damage \$100 deductible per accident  
 4 Comprehensive & Collision \$250 deductible per accident  
 5 The insured has elected to accept:  
 Uninsured motorist property and bodily injury equal to liability coverage  
 Underinsured bodily injury equal to liability coverage  
 6 Personal Injury Protection of \$5,000 for medical, loss wages according to statute and \$5,000 accidental  
 7 If male and female rates are different, use the highest of the two

Submit to: Arkansas Insurance Department  
 1200 West Third Street  
 Little Rock, AR 72201-1904  
 Telephone: 501-371-2800  
 Email as an attachment: [insurance.pnc@arkansas.gov](mailto:insurance.pnc@arkansas.gov)  
 You may also attach to a SERFF filing or submit on a compact disk

DISCOUNTS OFFERED:  
 PASSIVE RESTRAINT/AIRBAG 0 %  
 AUTO/HOMEOWNERS 3 %  
 GOOD STUDENT 0 %  
 ANTI-THEFT DEVICE Comp only 25 %  
 Over 55 Defensive Driver Discount 0 %  
 \$250/\$500 Deductible Comp./Coll. Coll only 9 %

Vehicle	Coverages	Gender	Age	Fayetteville				Trumann				Little Rock				Lake Village				Pine Bluff			
				Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66
				1999 Chevrolet Silverado 1500 2WD "LS" regular cab 119" WB	Minimum Liability			\$1,156	\$3,188	\$980	\$1,056	\$1,492	\$2,008	\$658	\$704	\$1,508	\$2,048	\$634	\$682	\$1,492	\$2,008	\$658	\$704
	Minimum Liability with Comprehensive and Collision			\$3,640	\$5,148	\$1,602	\$1,596	\$2,788	\$3,968	\$1,280	\$1,244	\$2,498	\$3,546	\$1,094	\$1,088	\$2,788	\$3,968	\$1,280	\$1,244	\$2,388	\$3,406	\$1,068	\$1,042
	100/300/50 Liability with Comprehensive and Collision			\$3,408	\$4,792	\$1,396	\$1,458	\$2,568	\$3,620	\$1,106	\$1,122	\$2,342	\$3,298	\$956	\$998	\$2,568	\$3,620	\$1,106	\$1,122	\$2,192	\$3,104	\$916	\$932
2003 Ford Explorer "XL" 2WD, 4 door	Minimum Liability			\$1,324	\$3,684	\$1,118	\$1,208	\$1,708	\$2,308	\$744	\$796	\$1,736	\$2,366	\$722	\$780	\$1,708	\$2,308	\$744	\$796	\$1,466	\$1,996	\$614	\$662
	Minimum Liability with Comprehensive and Collision			\$4,718	\$6,746	\$2,112	\$2,060	\$3,728	\$5,370	\$1,738	\$1,648	\$3,272	\$4,690	\$1,448	\$1,414	\$3,728	\$5,370	\$1,738	\$1,648	\$3,194	\$4,612	\$1,450	\$1,386
	100/300/50 Liability with Comprehensive and Collision			\$4,338	\$6,158	\$1,792	\$1,834	\$3,356	\$4,788	\$1,450	\$1,438	\$3,002	\$4,274	\$1,232	\$1,260	\$3,356	\$4,788	\$1,450	\$1,438	\$2,870	\$4,110	\$1,204	\$1,202
2003 Honda Odyssey "EX"	Minimum Liability			\$990	\$2,716	\$844	\$908	\$1,284	\$1,716	\$576	\$614	\$1,290	\$1,748	\$546	\$588	\$1,284	\$1,716	\$576	\$614	\$1,092	\$1,476	\$468	\$502
	Minimum Liability with Comprehensive and Collision			\$3,814	\$5,462	\$1,726	\$1,670	\$3,096	\$4,462	\$1,458	\$1,376	\$2,674	\$3,840	\$1,194	\$1,158	\$3,096	\$4,462	\$1,458	\$1,376	\$2,644	\$3,822	\$1,212	\$1,148
	100/300/50 Liability with Comprehensive and Collision			\$3,470	\$4,928	\$1,454	\$1,470	\$2,764	\$3,940	\$1,214	\$1,194	\$2,424	\$3,456	\$1,010	\$1,020	\$2,764	\$3,940	\$1,214	\$1,194	\$2,350	\$3,372	\$1,002	\$990
2005 Toyota Camry LE 3.0L 4 door Sedan	Minimum Liability			\$1,156	\$3,176	\$984	\$1,060	\$1,494	\$2,000	\$660	\$706	\$1,508	\$2,042	\$636	\$684	\$1,494	\$2,000	\$660	\$706	\$1,276	\$1,722	\$542	\$584
	Minimum Liability with Comprehensive and Collision			\$5,138	\$7,410	\$2,384	\$2,252	\$4,286	\$6,234	\$2,060	\$1,898	\$3,614	\$5,230	\$1,648	\$1,564	\$4,286	\$6,234	\$2,060	\$1,898	\$3,656	\$5,328	\$1,716	\$1,590
	100/300/50 Liability with Comprehensive and Collision			\$4,564	\$6,536	\$1,940	\$1,918	\$3,728	\$5,370	\$1,654	\$1,584	\$3,210	\$4,606	\$1,350	\$1,336	\$3,728	\$5,370	\$1,654	\$1,584	\$3,176	\$4,594	\$1,368	\$1,322
2003 Cadillac Seville "STS" 4 door Sedan	Minimum Liability			\$1,046	\$2,882	\$890	\$958	\$1,356	\$1,818	\$604	\$646	\$1,366	\$1,854	\$576	\$620	\$1,356	\$1,818	\$604	\$646	\$1,156	\$1,566	\$492	\$530
	Minimum Liability with Comprehensive and Collision			\$5,802	\$8,474	\$2,780	\$2,550	\$5,038	\$7,410	\$2,494	\$2,238	\$4,120	\$6,026	\$1,926	\$1,780	\$5,038	\$7,410	\$2,494	\$2,238	\$4,286	\$6,314	\$2,074	\$1,872
	100/300/50 Liability with Comprehensive and Collision			\$5,026	\$7,284	\$2,194	\$2,102	\$4,272	\$6,230	\$1,938	\$1,804	\$3,566	\$5,180	\$1,532	\$1,476	\$4,272	\$6,230	\$1,938	\$1,804	\$3,632	\$5,312	\$1,608	\$1,504
1998 Chevrolet Cavalier LS 4D Sedan	Minimum Liability			\$1,156	\$3,188	\$980	\$1,056	\$1,492	\$2,008	\$658	\$704	\$1,508	\$2,048	\$634	\$682	\$1,492	\$2,008	\$658	\$704	\$1,278	\$1,730	\$542	\$582
	Minimum Liability with Comprehensive and Collision			\$4,014	\$5,720	\$1,814	\$1,768	\$3,162	\$4,540	\$1,492	\$1,416	\$2,770	\$3,958	\$1,238	\$1,208	\$3,162	\$4,540	\$1,492	\$1,416	\$2,702	\$3,888	\$1,244	\$1,184
	100/300/50 Liability with Comprehensive and Collision			\$3,696	\$5,228	\$1,542	\$1,578	\$2,856	\$4,056	\$1,252	\$1,242	\$2,550	\$3,614	\$1,056	\$1,082	\$2,856	\$4,056	\$1,252	\$1,242	\$2,432	\$3,472	\$1,034	\$1,032

**FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT**

**1.** This filing transmittal is part of Company Tracking # \_\_\_\_\_

**2.** If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number \_\_\_\_\_

		Company Name		Company NAIC Number
<b>3.</b>	<b>A.</b>	Allmerica Financial Benefit Insurance Co.	<b>B.</b>	41840

		Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)
<b>4.</b>	<b>A.</b>	19.0 Personal Auto	<b>B.</b>	19.0001 Private Passenger Auto (PPA)

**5.**

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY			
				(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
<b>TOTAL OVERALL EFFECT</b>	N.A.	0%					

**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
2006	89	N.A.	N.A.	12	5	40.2	60.6%
2007	3376	-18.9%	05/01/07	1583	1076	68.0%	62.8%
2007		3.0%	11/05/07				
2008	5352	4.3%	10/01/08	3277	2248	68.6%	58.7%

**7.**

Expense Constants	Selected Provisions
A. Total Production Expense	N.A.
B. General Expense	N.A.
C. Taxes, Licenses & Fees	N.A.
D. Underwriting Profit & Contingencies	N.A.
E. Other (explain)	N.A.
<b>F. TOTAL</b>	<b>N.A.</b>

**8.**   N   Apply Loss Cost Factors to Future filings? (Y or N)

**9.**   0%   Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): \_\_\_\_\_

**10.**   0%   Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): \_\_\_\_\_

## 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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Hanover Insurance Group	088

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Allmerica Financial Benefit Ins. Co.	MI	41840	23-2643430	

<b>5. Company Tracking Number</b>	<b>PA-AR-08545-61R</b>
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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
	Eleanor Doherty 440 Lincoln Street Worcester, MA 01653	Product Specialist	508-855-3251	508-855-4311	elfdoherty@hanover.com

7.	Signature of authorized filer	<i>Eleanor Doherty</i>
8.	Please print name of authorized filer	Eleanor Doherty

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

9.	Type of Insurance (TOI)	19.0
10.	Sub-Type of Insurance (Sub-TOI)	19.0001
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	<b>Connections Auto</b>
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" 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: 11-7-2008      Renewal: 11-7-2008

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)	
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	
<b>18.</b>	<b>Company's Date of Filing</b>	
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	PA-AR-08545-61R
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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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As part of our commitment to deliver innovative coverage choices to Arkansas drivers, we are proposing to introduce Connections® DriveSmart Advantage for our Arkansas Private Passenger Connections Auto Program effective 11/07/2008 for new and renewal business.

Details of this program are found in the Filing Memorandum. As this is a new endorsement, there is no premium impact on our existing business.

Details of the coverages are included in the companion forms filing, PA-AR-08545-61F, which is being submitted separately for your review.

<b>22.</b>	<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]
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**Check #:** EFT  
**Amount:** \$100.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

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

**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>	PA-AR-08545-61R
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	PA-AR-08545-61F
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Rate Increase
  Rate Decrease
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File & Use
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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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)
Allmerica Financial Benefit Ins. Co.	N.A.	0%	\$0	5,352	\$4,156,720	0%	0%

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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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	Minimum % Change

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

		COMPANY USE	STATE USE
<b>5a.</b>	<b>Overall percentage rate indication (when applicable)</b>	N.A.	
<b>5b.</b>	<b>Overall percentage rate impact for this filing</b>	0.0%	
<b>5c.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>	\$0	
<b>5d.</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>	5352	

<b>6.</b>	<b>Overall percentage of last rate revision</b>	+4.3%
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<b>7.</b>	<b>Effective Date of last rate revision</b>	11-1-2008 new; 10-1-2008 renewals
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File and Use
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<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	P18	<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	

**State of Arkansas**  
**Private Passenger Connections Auto Program**

**Effective:** November 7, 2008 for New and Renewal Business

**Explanatory Memorandum – Page 1 of 1**

**Proposal:** As part of our commitment to deliver innovative coverage choices to Arkansas drivers, we are proposing to introduce Connections® DriveSmart Advantage for our Arkansas Private Passenger Connections Auto Program effective 11/07/2008 for new and renewal business.

Our Connections® DriveSmart Advantage endorsement provides drivers more choices without having to add a-la-carte coverages or endorsements to their base policies. Connections® DriveSmart Advantage offers drivers:

- second chance accident forgiveness;
- new car replacement protection; and
- deductible dividends for the collision coverage.

As this coverage is new, there is limited information on which to price this coverage. The proposed charge for this optional coverage is based on a combination of Hanover information, competitor information and actuarial judgment.

We have utilized actuarial judgment and our own countrywide experience in states currently offering this coverage for the collision deductible dividend and second chance accident forgiveness coverages. For new car replacement coverage, the pricing was based on actuarial judgment and a review of Allstate's New Jersey and Michigan filings for this coverage. See Exhibit 1 for details. The proposed factors are attached as Exhibit 2.

Full details of these coverages are included in the companion forms filing which has been submitted for your review.

As this is a brand new endorsement, there is no premium impact on our existing business.

Updated Rate Example attached.

**State of Arkansas  
Private Passenger Connections® Auto Program  
DriveSmart Advantage Endorsement**

***DriveSmart Advantage***

<b>Coverage</b>	<b>Cost</b>
Second Chance Accident Forgiveness	4.1% <sup>/1</sup>
New Car Replacement Guard	1.3% <sup>/2</sup>
Deductible Dividends	3.5% <sup>/3</sup>
<b>Total</b>	<b>9.0%</b> <sup>/4</sup>
<b>Proposed cost</b>	<b>9.0%</b>

<sup>/1</sup> Selected based on CW experience in states offering this coverage and actuarial judgement.

<sup>/2</sup> Selected based on actuarial judgement and a review of Allstates NJ and MI filings.

<sup>/3</sup> Selected based on CW experience in states offering this coverage and actuarial judgement.

<sup>/4</sup> = <sup>/1</sup> + <sup>/2</sup> + <sup>/3</sup>

**State of Arkansas**  
**Private Passenger *Connections*® Auto**  
**Program**  
**Drivesmart Advantage Endorsement**

<b>Coverage</b>	<b>Factor*</b>
BI	1.09
PD	1.09
CSL	1.09
PIP	1.09
UM BI	1.09
UIM BI	1.09
UM CSL	1.09
UIM CSL	1.09
Comp	1.09
Coll	1.09
OLTE	1.09
T&L	1.09
Add Cust Equip	1.09
Comp Loan Lease	1.09
Coll Loan Lease	1.09

\* Policy level factor