

<i>SERFF Tracking Number:</i>	<i>AMMA-125894016</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Amica Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>AR-H-08-4-RU</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>AR-H-08-4-RU</i>		
<i>Project Name/Number:</i>	<i>Rule Revision/</i>		

Filing at a Glance

Company: Amica Mutual Insurance Company

Product Name: AR-H-08-4-RU

TOI: 04.0 Homeowners

Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Filing Type: Rule

SERFF Tr Num: AMMA-125894016 State: Arkansas

SERFF Status: Closed

Co Tr Num: AR-H-08-4-RU

Co Status: pending

Authors: Brenda Miller, Carol Pedro, Brenda Walker, Christina Perfetti

Date Submitted: 11/10/2008

State Tr Num: EFT \$25

State Status: Fees verified and received

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

Disposition Date: 11/10/2008

Disposition Status: Filed

Effective Date Requested (New): 03/01/2009

Effective Date Requested (Renewal): 03/01/2009

Effective Date (New): 03/01/2009

Effective Date (Renewal): 03/01/2009

State Filing Description:

General Information

Project Name: Rule Revision

Project Number:

Reference Organization: Insurance Services Office

Reference Title:

Filing Status Changed: 11/10/2008

State Status Changed: 11/10/2008

Corresponding Filing Tracking Number:

Filing Description:

Effective March 1, 2009 for new business and renewal policies, Amica will adopt the rule revision outlined in ISO Filing Designation Number HO2008-OHPRU. In addition, we will be revising Rule 521.D to eliminate endorsement AM 04 95.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number: HO-2008-OHPRU

Advisory Org. Circular: LI-HO-2008-224

Deemer Date:

SERFF Tracking Number: AMMA-125894016 State: Arkansas
 Filing Company: Amica Mutual Insurance Company State Tracking Number: EFT \$25
 Company Tracking Number: AR-H-08-4-RU
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: AR-H-08-4-RU
 Project Name/Number: Rule Revision/

Company and Contact

Filing Contact Information

Carol Pedro, Regulatory Filing Specialist cpedro@amica.com
 P.O. Box 6008 (800) 652-6422 [Phone]
 Providence, RI 02940 (401) 334-6518[FAX]

Filing Company Information

Amica Mutual Insurance Company CoCode: 19976 State of Domicile: Rhode Island
 P.O. Box 6008 Group Code: 28 Company Type:
 Providence, RI 02940 Group Name: State ID Number:
 (800) 652-6422 ext. [Phone] FEIN Number: 05-0348344

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Amica Mutual Insurance Company	\$25.00	11/10/2008	23809777

SERFF Tracking Number: AMMA-125894016 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	11/10/2008	11/10/2008

SERFF Tracking Number: AMMA-125894016 *State:* Arkansas
Filing Company: Amica Mutual Insurance Company *State Tracking Number:* EFT \$25
Company Tracking Number: AR-H-08-4-RU
TOI: 04.0 Homeowners *Sub-TOI:* 04.0000 Homeowners Sub-TOI Combinations
Product Name: AR-H-08-4-RU
Project Name/Number: Rule Revision/

Disposition

Disposition Date: 11/10/2008

Effective Date (New): 03/01/2009

Effective Date (Renewal): 03/01/2009

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMA-125894016 State: Arkansas
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 Product Name: AR-H-08-4-RU
 Project Name/Number: Rule Revision/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-2 Loss Costs Only (not for workers' compensation)		Yes
Supporting Document	H-1 Homeowners Abstract		Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document	NAIC loss cost data entry document		Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Rate	revised manual pages	Filed	Yes

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TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: AR-H-08-4-RU
Project Name/Number: Rule Revision/

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	revised manual pages		Replacement	revised manual pages.pdf

ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL
EXCEPTION PAGES

Effective **MARCH 1, 2009**

RULE 521.
WATER BACKUP AND SUMP DISCHARGE OR OVERFLOW

Paragraph **B.** is replaced by the following:

B. Coverage Option

The policy may be endorsed to provide such coverage for a limit of liability of \$5,000 subject to a \$500 deductible. Higher limits of liability and other deductible options are also available.

Paragraph **C.** is replaced by the following:

C. Premium

Refer to state company rates for the appropriate additional charge for the selected limit of liability and available deductible options.

Paragraph **D.** is replaced by the following:

D. Endorsement

Use Water Back Up and Sump Discharge Or Overflow Endorsement **HO 04 95** for all forms.

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ARKANSAS (03)
HOMEOWNERS POLICY PROGRAM MANUAL
EXCEPTION PAGES

Effective **MARCH 1, 2009**

RULE A1.
SPECIAL STATE REQUIREMENTS

A. Special Provisions Endorsement - HO 01 03

Use this endorsement with all Homeowners policies.

B. No Coverage For Home Day Care Business Endorsement HO 04 96

This endorsement details the exclusions and restrictions of the policy with respect to a home day care exposure. Use this endorsement with all Homeowners policies.

C. Water Exclusion Endorsement

Use Endorsement **HO 16 09** with all **HO 00 02, HO 00 04, HO 00 06** and **HO 00 08** policies.

Use Endorsement **HO 16 10** with all **HO 00 03** and **HO 00 05** policies.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:
Filed 11/10/2008

Comments:

Attachment:

PCtrans.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: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Amica Mutual Insurance Company	RI	028-19976	05-0348344	

5. Company Tracking Number	AR-H-08-4-RU
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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
	Carol E. Pedro P.O. Box 6008 Providence, RI 02940-6008	Regulatory Filing Specialist	1-800-652-6422 (ext. 24045)	1-401-334-6518	cpedro@amica.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Carol E. Pedro		

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

9.	Type of Insurance (TOI)	Homeowner
10.	Sub-Type of Insurance (Sub-TOI)	
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Homeowner
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 checked="" type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 03/01/09 Renewal: 03/01/09
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	HO-2008-OHPRU
17.	Reference Organization # & Title	Insurance Services Office
18.	Company's Date of Filing	November 10, 2008
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—

20.	This filing transmittal is part of Company Tracking #	AR-H-08-4-RU
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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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Effective March 1, 2009 for new business and renewal policies, Amica will adopt the rule revision outlined in ISO Filing Designation Number HO-2008-OHPRU. In addition, we will revise Rule 521.D to eliminate endorsement AM 04 95.

22.	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]
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Check #: EFT
Amount: \$25.00

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

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

PC TD-1 pg 2 of 2

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 #	AR-H-08-4-RU
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File and Use
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4a.	Rate Change by Company (As Proposed)
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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)

4b.	Rate Change by Company (As Accepted) For State Use Only
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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
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	7.7%
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7.	Effective Date of last rate revision	05/01/08
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File and Use
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Rule 521 Water Back Up and Sump Discharge or Overflow	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	Special State Requirements	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	