

SERFF Tracking Number: HART-125927578 State: Arkansas
 Filing Company: Sentinel Insurance Company Limited State Tracking Number: EFT \$100
 Company Tracking Number: FN.14.799.2008.02
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: Revised Rule 521 Water Sewer Backup for SIC
 Project Name/Number: Homeowners Multi Peril/FN.14.799.2008.02

Filing at a Glance

Company: Sentinel Insurance Company Limited

Product Name: Revised Rule 521 Water Sewer SERFF Tr Num: HART-125927578 State: Arkansas

Backup for SIC

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 04.0000 Homeowners Sub-TOI

Co Tr Num: FN.14.799.2008.02

State Status: Fees verified and received

Combinations

Filing Type: Rate/Rule

Co Status: Initial Filing

Reviewer(s): Becky Harrington, Betty Montesi

Authors: Joyce Driscoll, Marilu Gonzalez, David Logan, Angela Isaac

Disposition Date: 12/08/2008

Date Submitted: 12/03/2008

Disposition Status: Filed

Effective Date Requested (New): 01/08/2009

Effective Date (New): 01/08/2009

Effective Date Requested (Renewal): 02/19/2009

Effective Date (Renewal): 02/19/2009

State Filing Description:

Not an overall rate change: changes to dwelling age factors and account credit that were offset. 399 policy holders may receive approximately an 8% increase.

General Information

Project Name: Homeowners Multi Peril

Status of Filing in Domicile:

Project Number: FN.14.799.2008.02

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/08/2008

State Status Changed: 12/03/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We herewith file the revised Rule 521 Water Back Up and Sump Discharge or Overflow and revising the factors for the Age of Dwelling, the Account Credit and off balance of the impact with base rate changes as described in the

SERFF Tracking Number: *HART-125927578* *State:* *Arkansas*
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TOI: *04.0 Homeowners* *Sub-TOI:* *04.0000 Homeowners Sub-TOI Combinations*
Product Name: *Revised Rule 521 Water Sewer Backup for SIC*
Project Name/Number: *Homeowners Multi Peril/FN.14.799.2008.02*

Explanatory Memorandum.

Company and Contact

Filing Contact Information

Joyce Driscoll, Filing Analyst joyce.driscoll@thehartford.com
 1 Hartford Plaza (860) 547-3468 [Phone]
 Hartford, CT 06155 (860) 547-5941[FAX]

Filing Company Information

Sentinel Insurance Company Limited	CoCode: 11000	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1552103	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sentinel Insurance Company Limited	\$100.00	12/03/2008	24286739

SERFF Tracking Number: HART-125927578 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	12/08/2008	12/08/2008

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	12/08/2008	12/08/2008	Joyce Driscoll	12/08/2008	12/08/2008
Pending Industry Response	Becky Harrington	12/03/2008	12/03/2008	Joyce Driscoll	12/04/2008	12/04/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
NAIC loss cost data entry document	Supporting Document	Joyce Driscoll	12/03/2008	12/03/2008

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Disposition

Disposition Date: 12/08/2008
 Effective Date (New): 01/08/2009
 Effective Date (Renewal): 02/19/2009
 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:
Sentinel Insurance Company Limited	0.000%	\$0	1,437	\$1,357,184	8.900%	-14.800%	%

SERFF Tracking Number: HART-125927578 State: Arkansas
 Filing Company: Sentinel Insurance Company Limited State Tracking Number: EFT \$100
 Company Tracking Number: FN.14.799.2008.02
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: Revised Rule 521 Water Sewer Backup for SIC
 Project Name/Number: Homeowners Multi Peril/FN.14.799.2008.02

Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-2 Loss Costs Only (not for workers' compensation)	Filed	Yes
Supporting Document	H-1 Homeowners Abstract	Filed	Yes
Supporting Document (revised)	HPCS-Homeowners Premium Comparison Survey	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document (revised)	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	Explanatory Memorandum and Actuarial Exhibits	Filed	Yes
Supporting Document	NAIC loss cost data entry document		Yes
Rate	Endorsements and Forms	Filed	Yes
Rate	521 WATER BACK UP AND SUMP DISCHARGE OR OVERFLOW	Filed	Yes
Rate	801 AGE OF DWELLING CREDIT	Filed	Yes
Rate	802 ACCOUNT CREDIT	Filed	Yes
Rate	Manual Rate Pages	Filed	Yes
Rate	Underwriting Tier Guidelines	Filed	No

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Project Name/Number: Homeowners Multi Peril/FN.14.799.2008.02

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 12/08/2008
Submitted Date 12/08/2008
Respond By Date

Dear Joyce Driscoll,

This will acknowledge receipt of the captioned filing.

Objection 1

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment: The sheet name on the HPCS has been changed. Other worksheets have been "hidden". As stated previously, companies may not alter the HPCS in any way, that includes format changes, addition of worksheets, or changes to the worksheet's name. For multiple company filings, a separate worksheet must be submitted for each company in a filing, they may not be combined in workbook format.

The program used to develop our premium comparison survey is written to recognize field names in addition to them being in specified locations. It will not run on multiple worksheets in a workbook. Re-submit without ANY changes to the form provided or we must disapprove the filing.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

Response Letter

Response Letter Status Submitted to State
Response Letter Date 12/08/2008
Submitted Date 12/08/2008

Dear Becky Harrington,

Comments:

Response 1

Comments: Dear Becky,

SERFF Tracking Number: HART-125927578 State: Arkansas
Filing Company: Sentinel Insurance Company Limited State Tracking Number: EFT \$100
Company Tracking Number: FN.14.799.2008.02
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Revised Rule 521 Water Sewer Backup for SIC
Project Name/Number: Homeowners Multi Peril/FN.14.799.2008.02

In response to your Objection Letter dated 12-08-2008, I have replaced the HPCS Survey form.

Thank you so much for your patience.

Joyce

Related Objection 1

Applies To:

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment:

The sheet name on the HPCS has been changed. Other worksheets have been "hidden". As stated previously, companies may not alter the HPCS in any way, that includes format changes, addition of worksheets, or changes to the worksheet's name. For multiple company filings, a separate worksheet must be submitted for each company in a filing, they may not be combined in workbook format.

The program used to develop our premium comparison survey is written to recognize field names in addition to them being in specified locations. It will not run on multiple worksheets in a workbook. Re-submit without ANY changes to the form provided or we must disapprove the filing.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: HPCS-Homeowners Premium Comparison Survey

Comment: Attached is the HPCS-Homeowners Premium Comparison Survey.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Angela Isaac, David Logan, Joyce Driscoll, Marilu Gonzalez

SERFF Tracking Number: HART-125927578 State: Arkansas
Filing Company: Sentinel Insurance Company Limited State Tracking Number: EFT \$100
Company Tracking Number: FN.14.799.2008.02
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Revised Rule 521 Water Sewer Backup for SIC
Project Name/Number: Homeowners Multi Peril/FN.14.799.2008.02

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 12/03/2008
Submitted Date 12/03/2008
Respond By Date

Dear Joyce Driscoll,

This will acknowledge receipt of the captioned filing.

Objection 1

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment:

Companies may not change the form in any way, include formulas, or add worksheets. Each company must be submitted as a separate worksheet, not in workbook format.

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 12/04/2008
Submitted Date 12/04/2008

Dear Becky Harrington,

Comments:

Response 1

Comments: Dear Becky,

In response to your Objection Letter dated 12-03-2008, I have replaced the HPCS as requested.

SERFF Tracking Number: HART-125927578 State: Arkansas
Filing Company: Sentinel Insurance Company Limited State Tracking Number: EFT \$100
Company Tracking Number: FN.14.799.2008.02
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Revised Rule 521 Water Sewer Backup for SIC
Project Name/Number: Homeowners Multi Peril/FN.14.799.2008.02

Thank you.

Joyce

Related Objection 1

Applies To:

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment:

Companies may not change the form in any way, include formulas, or add worksheets. Each company must be submitted as a separate worksheet, not in workbook format.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: HPCS-Homeowners Premium Comparison Survey

Comment: Attached is the HPCS-Homeowners Premium Comparison Survey.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Angela Isaac, David Logan, Joyce Driscoll, Marilu Gonzalez

SERFF Tracking Number: HART-125927578 State: Arkansas
Filing Company: Sentinel Insurance Company Limited State Tracking Number: EFT \$100
Company Tracking Number: FN.14.799.2008.02
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Revised Rule 521 Water Sewer Backup for SIC
Project Name/Number: Homeowners Multi Peril/FN.14.799.2008.02

Amendment Letter

Amendment Date:

Submitted Date: 12/03/2008

Comments:

I have corrected the Line of Business to Homeowners Multi Peril on the RF-1 form and replaced the previous one.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: NAIC loss cost data entry document

Comment: Attached is the NAIC loss cost data entry document.

AR LOSS COST DATA ENTRY RF1 SIC.pdf

<i>SERFF Tracking Number:</i>	<i>HART-125927578</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sentinel Insurance Company Limited</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>FN.14.799.2008.02</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>Revised Rule 521 Water Sewer Backup for SIC</i>		
<i>Project Name/Number:</i>	<i>Homeowners Multi Peril/FN.14.799.2008.02</i>		

Rate Information

Rate data applies to filing.

Filing Method:	File & Use
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	6.000%
Effective Date of Last Rate Revision:	01/03/2007
Filing Method of Last Filing:	File & 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):
Sentinel Insurance Company Limited	%	0.000%	\$0	1,437	\$1,357,184	8.900%	-14.800%

SERFF Tracking Number: HART-125927578 State: Arkansas
 Filing Company: Sentinel Insurance Company Limited State Tracking Number: EFT \$100
 Company Tracking Number: FN.14.799.2008.02
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: Revised Rule 521 Water Sewer Backup for SIC
 Project Name/Number: Homeowners Multi Peril/FN.14.799.2008.02

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Endorsements and Forms	FORMS-1 and FORM-2	Replacement	AR Home Dimen FORMS-1 and 2.pdf
Filed	521 WATER BACK UP AND SUMP DISCHARGE OR OVERFLOW	AR-521.1	Replacement	AR Home Dimen AR-521.1.pdf
Filed	801 AGE OF DWELLING CREDIT	AR-801.1	Replacement	AR Home Dimen AR 801.1.pdf
Filed	802 ACCOUNT CREDIT	AR-802.1	Replacement	AR Home Dimen AR 802.1.pdf
Filed	Manual Rate Pages	ARKANSAS R-1 thru R-5	Replacement	AR Home Dimen Rate Pages R-1 thru R-5.pdf

**SENTINEL INSURANCE COMPANY, LTD.
ARKANSAS HOMEOWNERS POLICY PROGRAM
GENERAL RULES**

NUMBER	ENDORSEMENTS AND FORMS
HO 00 02	Broad Form
HO 00 03	Special Form
HO 00 04	Tenants Form
HO 00 05	Comprehensive Form
HO 00 06	Unit Owners Form
HO 01 03	Special Provisions – Arkansas
HO 03 12	Windstorm or Hail Percentage Deductible
HO 04 10	Additional Interest/Residence Premises
HO 04 12	Increased Limits on Business Property
HO 04 14	Special Computer Coverage
HO 04 16	Premises Alarm or Fire Protection System
HO 04 35	Loss Assessment Coverage
HO 04 36	Loss Assessment Coverage for Earthquake
HO 04 40	Structures Rented to Others
HO 04 41	Additional Insured Residence Premises
HO 04 42	Permitted Incidental Occupancies – Residence Premises
HO 04 43	Replacement Cost Loss Settlement for Certain Non-Building Structures on the Residence Premises
HO 04 46	Inflation Guard
HO 04 48	Other Structures on the Residence Premises Increased Limits
HO 04 49	Building Additions and Alterations Other Residence Endorsement
HO 04 50	Increased Limits On Personal Property In Other Residences
HO 04 51	Building Additions and Alterations Increased Limit Form HO 00 04
HO 04 52	Livestock Collision Coverage
HO 04 53	Credit Card, Electronic Fund Transfer Card or Access Device, Forgery and Counterfeit Money Coverage Increased Limit Endorsement
HO 04 54	Earthquake Coverage
HO 04 55	Identity Fraud Expense Coverage
HO 04 56	Special Loss Settlement
HO 04 58	Other Members of Your Household
HO 04 59	Assisted Living Care Coverage
HO 04 60	Scheduled Personal Property Endorsement (With Agreed Value Loss Settlement)
HO 04 61	Scheduled Personal Property Endorsement
HO 04 65	Coverage C Increased Special Limits of Liability
HO 04 66	Coverage C Increased Special Limits of Liability
HO 04 77	Ordinance or Law - Increased Amount of Coverage Endorsement
HO 04 90	Personal Property Replacement Cost Loss Settlement
HO 04 91	Coverage B – Other Structures Away from the Residence Premises
HO 04 92	Specific Structures Away from the Residence Premises
★	
HO 04 96	No Coverage for Home Day Care Business
HO 04 97	Home Day Care Coverage Endorsement

**SENTINEL INSURANCE COMPANY, LTD.
ARKANSAS HOMEOWNERS POLICY PROGRAM
GENERAL RULES**

NUMBER	ENDORSEMENTS AND FORMS
HO 04 98	Refrigerated Property Coverage
HO 04 99	Sinkhole Collapse
HO 05 24	Special Personal Property Coverage – Form HO 00 04 Only
HO 05 27	Additional Insured - Student Living Away from the Residence Premises
HO 05 41	Theft Coverage For Residence Premises Occasionally Rented to Others
HO 05 43	Residence Held in Trust
HO 05 46	Landlords Furnishings
HO 17 31	Unit-Owners Coverage C Special Coverage Form HO 00 06 Only
HO 17 32	Unit-Owners Coverage A Special Coverage Form HO 00 06 Only
HO 17 33	Unit-Owners Rental to Others Form HO 00 06 Only
HO 17 34	Unit-Owners Modified Insurance and Service Agreement Condition
HO 23 49	Excess Dwelling Coverage
HO 24 13	Incidental Low Power Recreational Motor Vehicles
HO 24 43	Permitted Incidental Occupancies – Other Residence
HO 24 64	Owned Snowmobile
HO 24 70	Additional Residence Rented to Others
HO 24 71	Business Pursuits
HO 24 72	Incidental Farming Personal Liability
HO 24 73	Farmers Personal Liability
HO 24 75	Watercraft
HO 24 82	Personal Injury
HO 24 96	Exclusion Farm Employee Illegally Employed
HW 01 03	Amendatory Endorsement
HW 01 04	Homeowners Policy Pollution Exclusion
HW 04 01	Special Coverage Option Jewelry and Furs
HW 04 70	Sentinel Coverage Package
HW 04 71	Sentinel Platinum Coverage Package
HW 04 72	Sentinel Gold Coverage Package
HW 04 73	Sentinel Gold – Condominiums Package
HW 04 11	Additional Limits Of Liability For Coverages A, B, C, And D
HW 04 15	Refrigerated Property Coverage
HW 04 16	Golf Cart Endorsement
HW 04 74	Sentinel Silver Coverage Package
HW 04 29	Additional Coverage - Form HO 00 06
★HW 05 58	Water Backup and Sump Discharge or Overflow
G-2240-3B	Blank Endorsement



Arkansas Homeowners Policy Program

Effective Date 1/8/2009

ISO2000

HO

521 ★ WATER BACK UP AND SUMP DISCHARGE OR OVERFLOW

A. Coverage Description – HW 05 58

The policy may be endorsed to provide coverage for loss resulting from water which backs up through sewers or drains or which overflows from a sump.

1. Coverage Option

The base limit of liability under this option is \$5,000. The additional available limits are \$10,000, \$20,000, \$30,000.

Premium

- a. Select the base premium for the appropriate territory. The base premium includes a coverage limit of \$5,000, with the Personal Property Replacement Cost Endorsement attached:

Territory	Base Premium
All Territories	\$50

- b. Select the factor for the coverage limit:

Limit	Factor
5,000	1.00
10,000	1.50
20,000	2.50
30,000	3.00

- c. Select the factor for the deductible/limit:

Limit	Deductible \$250	Deductible \$500	Deductible \$1,000
5,000	1.00	0.70	0.60
10,000	1.00	0.76	0.66
20,000	1.00	0.79	0.70
30,000	1.00	0.81	0.73

- a. Multiply the base premium from (a.) by the factors in (b.) and (c.) to determine the premium.

If the Personal Property Replacement Cost Endorsement is not attached, subtract \$10 from the premium in (d.)

2. Endorsement

Use Water Back Up and Sump Discharge or Overflow Endorsement HW 05 58.



Arkansas Homeowners Policy Program

Effective Date 1/8/2009

ISO2000

HO

801 AGE OF DWELLING CREDIT

★

<u>Age of Dwelling</u>	<u>Factor</u>
0	0.573
1	0.596
2	0.613
3	0.637
4	0.663
5	0.689
6	0.717
7	0.745
8	0.775
9	0.798
10	0.821
11	0.853
12	0.870
13	0.887
14	0.905
15	0.923
16	0.942
17	0.961
18	0.980
19+	1.000

Apply the appropriate factor in accordance with the premium computation sequence in Rule 900.



Arkansas Homeowners Policy Program

Effective Date 1/8/2009

ISO2000

HO

802 ACCOUNT CREDIT

★ If the insured has a Hartford Personal Automobile Policy in effect that was written through an Independent Agent or the Affinity Insurance Center Program, apply a factor of .80 in accordance with the premium computation sequence in Rule 900.

Exception: This exception applies to New Business and Renewals.

The above rating factor may be applied providing:

A signed and completed application for a qualifying automobile application with a future effective date of not more than 6 months is submitted for issuance; either simultaneously with the companion homeowners or with a homeowners already in force with The Hartford.



TABLE 1 - PREMIUM FACTORS

Policy Form	Type of Construction	Protection Class							
		2, 3	4, 5	6	7	8	8A	9	10
HO 00 02	Frame	0.98	1.09	1.28	1.42	1.77	2.30	2.91	4.66
	Masonry	0.93	1.04	1.22	1.35	1.69	2.19	2.77	4.44
HO 00 03	Frame	1.00	1.10	1.30	1.45	1.81	2.35	2.97	4.75
	Masonry	0.95	1.05	1.24	1.38	1.72	2.24	2.83	4.52
HO 00 05	Frame	1.10	1.22	1.44	1.59	1.99	2.59	3.27	5.23
	Masonry	1.05	1.16	1.37	1.51	1.90	2.47	3.11	4.98

TABLE 2 - ANNUAL BASE PREMIUMS - POLICY FORMS HO 00 02, HO 00 03, HO 00 05

Coverage A Dwelling Amount	Territory 13		Territory 14		Territory 15		Territory 16		Territory 17		Territory 18		Territory 19	
	Deductibles		Deductibles		Deductibles		Deductibles		Deductibles		Deductibles		Deductibles	
	\$250	\$500	\$250	\$500	\$250	\$500	\$250	\$500	\$250	\$500	\$250	\$500	\$250	\$500
\$ 10,000	319	287	241	217	446	401	409	368	397	357	323	291	226	203
20,000	335	302	253	228	468	421	429	386	417	375	340	306	238	214
30,000	355	320	269	242	496	446	455	410	442	398	360	324	252	227
40,000	382	344	289	260	534	481	490	441	476	428	388	349	272	245
50,000	414	373	313	282	578	520	530	477	515	464	419	377	294	265
60,000	445	401	337	303	622	560	570	513	554	499	451	406	316	284
70,000	488	439	369	332	682	614	625	563	608	547	494	445	346	311
80,000	529	476	400	360	739	665	677	609	658	592	536	482	375	338
90,000	590	531	447	402	825	743	756	680	735	662	598	538	419	377
100,000	651	599	493	454	910	837	834	767	811	746	660	607	462	425
110,000	710	653	537	494	992	913	910	837	884	813	720	662	504	464
120,000	773	711	585	538	1,081	995	991	912	963	886	784	721	549	505
130,000	832	765	630	580	1,163	1,070	1,066	981	1,037	954	844	776	591	544
140,000	891	820	674	620	1,245	1,145	1,142	1,051	1,110	1,021	903	831	633	582
150,000	949	873	718	661	1,326	1,220	1,216	1,119	1,182	1,087	962	885	674	620
180,000	1,127	1,037	853	785	1,575	1,449	1,445	1,329	1,404	1,292	1,143	1,052	801	737
210,000	1,303	1,212	986	917	1,821	1,694	1,670	1,553	1,623	1,509	1,321	1,229	925	860
240,000	1,482	1,378	1,122	1,043	2,071	1,926	1,899	1,766	1,846	1,717	1,503	1,398	1,053	979
270,000	1,669	1,552	1,263	1,175	2,332	2,169	2,139	1,989	2,079	1,933	1,692	1,574	1,186	1,103
300,000	1,865	1,753	1,411	1,326	2,606	2,450	2,389	2,246	2,323	2,184	1,890	1,777	1,324	1,245
330,000	2,059	1,935	1,558	1,465	2,877	2,704	2,639	2,481	2,565	2,411	2,088	1,963	1,463	1,375
360,000	2,254	2,119	1,705	1,603	3,149	2,960	2,888	2,715	2,807	2,639	2,285	2,148	1,601	1,505
390,000	2,449	2,302	1,853	1,742	3,422	3,217	3,138	2,950	3,051	2,868	2,483	2,334	1,740	1,636
420,000	2,644	2,485	2,000	1,880	3,694	3,472	3,388	3,185	3,293	3,095	2,680	2,519	1,878	1,765
450,000	2,839	2,669	2,148	2,019	3,967	3,729	3,638	3,420	3,537	3,325	2,878	2,705	2,017	1,896
480,000	3,034	2,852	2,295	2,157	4,239	3,985	3,888	3,655	3,779	3,552	3,076	2,891	2,155	2,026
510,000	3,229	3,035	2,443	2,296	4,512	4,241	4,138	3,890	4,022	3,781	3,274	3,078	2,294	2,156
540,000	3,424	3,219	2,591	2,436	4,784	4,497	4,387	4,124	4,265	4,009	3,471	3,263	2,432	2,286
570,000	3,619	3,402	2,738	2,574	5,057	4,754	4,638	4,360	4,508	4,238	3,669	3,449	2,571	2,417
600,000	3,815	3,586	2,886	2,713	5,331	5,011	4,888	4,595	4,752	4,467	3,867	3,635	2,709	2,546
630,000	4,010	3,769	3,034	2,852	5,602	5,266	5,138	4,830	4,994	4,694	4,064	3,820	2,848	2,677
660,000	4,205	3,953	3,181	2,990	5,876	5,523	5,388	5,065	5,237	4,923	4,263	4,007	2,986	2,807
690,000	4,401	4,137	3,329	3,129	6,149	5,780	5,639	5,301	5,481	5,152	4,461	4,193	3,125	2,938
720,000	4,595	4,319	3,477	3,268	6,420	6,035	5,888	5,535	5,723	5,380	4,658	4,379	3,264	3,068
750,000	4,791	4,504	3,624	3,407	6,694	6,292	6,138	5,770	5,967	5,609	4,856	4,565	3,402	3,198
Each add'l \$10,000-ADD	\$ 65	**	\$ 50	**	\$ 91	**	\$ 84	**	\$ 82	**	\$ 66	**	\$ 47	**

** Refer to the Deductible Table for amounts over \$750,000.



ARKANSAS
Sentinel Insurance Company, Ltd.

EFFECTIVE JANUARY 8, 2009

TABLE 1 - PREMIUM FACTORS

Policy Form	Type of Construction	Protection Class							
		2, 3	4, 5	6	7	8	8A	9	10
HO 00 02	Frame	0.98	1.09	1.28	1.42	1.77	2.30	2.91	4.66
	Masonry	0.93	1.04	1.22	1.35	1.69	2.19	2.77	4.44
HO 00 03	Frame	1.00	1.10	1.30	1.45	1.81	2.35	2.97	4.75
	Masonry	0.95	1.05	1.24	1.38	1.72	2.24	2.83	4.52
HO 00 05	Frame	1.10	1.22	1.44	1.59	1.99	2.59	3.27	5.23
	Masonry	1.05	1.16	1.37	1.51	1.90	2.47	3.11	4.98

TABLE 2 - ANNUAL BASE PREMIUMS - POLICY FORMS HO 00 02, HO 00 03, HO 00 05

Coverage A Dwelling Amount	Territory 20		Territory 21		Territory 22		Territory 24		Territory 29		Territory 30		Territory 31	
	Deductibles		Deductibles		Deductibles		Deductibles		Deductibles		Deductibles		Deductibles	
	\$250	\$500	\$250	\$500	\$250	\$500	\$250	\$500	\$250	\$500	\$250	\$500	\$250	\$500
\$ 10,000	306	275	392	353	266	239	436	392	264	238	457	411	370	333
20,000	322	290	412	371	279	251	459	413	277	249	480	432	389	350
30,000	341	307	437	393	296	266	486	437	294	265	508	457	412	371
40,000	368	331	471	424	319	287	523	471	317	285	548	493	444	400
50,000	398	358	509	458	345	311	566	509	343	309	593	534	480	432
60,000	428	385	548	493	371	334	609	548	369	332	637	573	516	464
70,000	469	422	600	540	407	366	668	601	404	364	699	629	566	509
80,000	508	457	651	586	441	397	724	652	438	394	757	681	613	552
90,000	567	510	726	653	492	443	808	727	489	440	845	761	685	617
100,000	626	576	801	737	543	500	891	820	539	496	932	857	755	695
110,000	682	627	874	804	592	545	972	894	588	541	1,017	936	824	758
120,000	743	684	952	876	645	593	1,059	974	641	590	1,108	1,019	897	825
130,000	800	736	1,024	942	694	638	1,139	1,048	689	634	1,192	1,097	966	889
140,000	856	788	1,097	1,009	743	684	1,220	1,122	738	679	1,276	1,174	1,034	951
150,000	912	839	1,168	1,075	791	728	1,299	1,195	786	723	1,359	1,250	1,101	1,013
180,000	1,083	996	1,388	1,277	940	865	1,543	1,420	934	859	1,614	1,485	1,308	1,203
210,000	1,252	1,164	1,604	1,492	1,086	1,010	1,784	1,659	1,079	1,003	1,866	1,735	1,512	1,406
240,000	1,425	1,325	1,824	1,696	1,236	1,149	2,029	1,887	1,228	1,142	2,123	1,974	1,720	1,600
270,000	1,604	1,492	2,055	1,911	1,391	1,294	2,285	2,125	1,383	1,286	2,390	2,223	1,937	1,801
300,000	1,792	1,684	2,295	2,157	1,554	1,461	2,553	2,400	1,544	1,451	2,670	2,510	2,163	2,033
330,000	1,979	1,860	2,535	2,383	1,716	1,613	2,819	2,650	1,706	1,604	2,949	2,772	2,389	2,246
360,000	2,166	2,036	2,774	2,608	1,879	1,766	3,085	2,900	1,867	1,755	3,228	3,034	2,615	2,458
390,000	2,354	2,213	3,015	2,834	2,042	1,919	3,353	3,152	2,029	1,907	3,508	3,298	2,842	2,671
420,000	2,541	2,389	3,254	3,059	2,204	2,072	3,619	3,402	2,190	2,059	3,786	3,559	3,067	2,883
450,000	2,729	2,565	3,495	3,285	2,367	2,225	3,887	3,654	2,352	2,211	4,066	3,822	3,294	3,096
480,000	2,916	2,741	3,734	3,510	2,529	2,377	4,153	3,904	2,513	2,362	4,345	4,084	3,520	3,309
510,000	3,104	2,918	3,975	3,737	2,692	2,530	4,420	4,155	2,675	2,515	4,625	4,348	3,747	3,522
540,000	3,290	3,093	4,214	3,961	2,854	2,683	4,687	4,406	2,836	2,666	4,903	4,609	3,972	3,734
570,000	3,478	3,269	4,455	4,188	3,017	2,836	4,954	4,657	2,998	2,818	5,183	4,872	4,199	3,947
600,000	3,666	3,446	4,695	4,413	3,180	2,989	5,222	4,909	3,160	2,970	5,463	5,135	4,426	4,160
630,000	3,853	3,622	4,935	4,639	3,342	3,141	5,488	5,159	3,321	3,122	5,742	5,397	4,652	4,373
660,000	4,041	3,799	5,175	4,865	3,505	3,295	5,756	5,411	3,483	3,274	6,022	5,661	4,879	4,586
690,000	4,229	3,975	5,416	5,091	3,668	3,448	6,023	5,662	3,645	3,426	6,302	5,924	5,105	4,799
720,000	4,416	4,151	5,655	5,316	3,830	3,600	6,290	5,913	3,806	3,578	6,580	6,185	5,331	5,011
750,000	4,604	4,328	5,896	5,542	3,993	3,753	6,557	6,164	3,968	3,730	6,860	6,448	5,558	5,225
Each add'l \$10,000-ADD	\$ 63	**	\$ 81	**	\$ 55	**	\$ 90	**	\$ 54	**	\$ 94	**	\$ 76	**

** Refer to the Deductible Table for amounts over \$750,000.



TABLE 1 - PREMIUM FACTORS

Policy Form	Type of Construction	Protection Class							
		2, 3	4, 5	6	7	8	8A	9	10
HO 00 02	Frame	0.98	1.09	1.28	1.42	1.77	2.30	2.91	4.66
	Masonry	0.93	1.04	1.22	1.35	1.69	2.19	2.77	4.44
HO 00 03	Frame	1.00	1.10	1.30	1.45	1.81	2.35	2.97	4.75
	Masonry	0.95	1.05	1.24	1.38	1.72	2.24	2.83	4.52
HO 00 05	Frame	1.10	1.22	1.44	1.59	1.99	2.59	3.27	5.23
	Masonry	1.05	1.16	1.37	1.51	1.90	2.47	3.11	4.98

TABLE 2 - ANNUAL BASE PREMIUMS - POLICY FORMS HO 00 02, HO 00 03, HO 00 05

Coverage A Dwelling Amount	Territory 32	
	Deductibles	
	\$250	\$500
\$ 10,000	431	388
20,000	453	408
30,000	480	432
40,000	517	465
50,000	560	504
60,000	602	542
70,000	660	594
80,000	715	644
90,000	799	719
100,000	881	811
110,000	960	883
120,000	1,046	962
130,000	1,126	1,036
140,000	1,206	1,110
150,000	1,284	1,181
180,000	1,525	1,403
210,000	1,763	1,640
240,000	2,006	1,866
270,000	2,259	2,101
300,000	2,523	2,372
330,000	2,786	2,619
360,000	3,050	2,867
390,000	3,314	3,115
420,000	3,577	3,362
450,000	3,842	3,611
480,000	4,105	3,859
510,000	4,369	4,107
540,000	4,633	4,355
570,000	4,897	4,603
600,000	5,162	4,852
630,000	5,425	5,100
660,000	5,689	5,348
690,000	5,954	5,597
720,000	6,217	5,844
750,000	6,482	6,093
Each add'l \$10,000-ADD	\$ 89	**

** Refer to the Deductible Table for amounts over \$750,000.



TABLE 3 - PREMIUM FACTORS

Policy Form	Type of Construction	Protection Class			
		2-4	5, 6	7-8, 8A	9, 10
HO 00 04	Frame	1.00	1.10	1.28	1.63
	Masonry	1.00	1.10	1.28	1.63

TABLE 4 - ANNUAL BASE PREMIUMS - POLICY FORM HO 00 04

Coverage C Amount of Insurance	Territory 13-22, 24, 29-32	
	Deductibles	
	\$250	\$500
\$ 6,000	26	23
10,000	80	72
15,000	145	131
20,000	215	194
25,000	271	244
30,000	326	293
35,000	382	344
40,000	438	394
45,000	493	444
50,000	549	494
55,000	605	545
60,000	646	581
65,000	686	617
70,000	728	655
75,000	769	692
80,000	810	729
85,000	851	766
90,000	892	803
95,000	933	840
100,000	974	896
Each add'l \$1,000-ADD	\$ 8	**

** Refer to the Deductible Table for amounts over \$100,000.



TABLE 5 - PREMIUM FACTORS

Policy Form	Type of Construction	Protection Class			
		2-4	5, 6	7-8, 8A	9, 10
HO 00 06	Frame	1.00	1.10	1.28	1.63
	Masonry	1.00	1.10	1.28	1.63

TABLE 6 - ANNUAL BASE PREMIUMS - POLICY FORM HO 00 06

Coverage C Amount of Insurance	Territory 13-22, 24, 29-32	
	Deductibles	
	\$250	\$500
\$ 6,000	41	37
10,000	59	53
15,000	88	79
20,000	112	101
25,000	136	122
30,000	159	143
35,000	183	165
40,000	207	186
45,000	231	208
50,000	255	230
55,000	278	250
60,000	297	267
65,000	315	284
70,000	333	300
75,000	351	316
80,000	369	332
85,000	387	348
90,000	406	365
95,000	424	382
100,000	442	407
Each add'l \$1,000-ADD	\$ 4	**

** Refer to the Deductible Table for amounts over \$100,000.

SERFF Tracking Number: HART-125927578 State: Arkansas
 Filing Company: Sentinel Insurance Company Limited State Tracking Number: EFT \$100
 Company Tracking Number: FN.14.799.2008.02
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: Revised Rule 521 Water Sewer Backup for SIC
 Project Name/Number: Homeowners Multi Peril/FN.14.799.2008.02

Supporting Document Schedules

Review Status:
Bypassed -Name: Form RF-2 Loss Costs Only (not for workers' compensation) Filed 12/08/2008
Bypass Reason: Not applicable.
Comments:

Review Status:
Satisfied -Name: H-1 Homeowners Abstract Filed 12/08/2008
Comments:
 Attached is the H-1 Homeowners Abstract.
Attachment:
 ARHOMEH1 SIC.pdf

Review Status:
Satisfied -Name: NAIC loss cost data entry document Filed 12/08/2008
Comments:
 Attached is the NAIC loss cost data entry document.
Attachment:
 AR LOSS COST DATA ENTRY RF1 SIC.pdf

Review Status:
Satisfied -Name: Uniform Transmittal Document-Property & Casualty Filed 12/08/2008
Comments:
 Attached is the Uniform Transmittal Document-Property & Casualty and the Rate/Rule Filing Schedule.
Attachments:
 PC-TD-1 2007 SIC.pdf
 PC-RRFS-1 2007 SIC.pdf

Review Status:
Satisfied -Name: Explanatory Memorandum and Actuarial Exhibits Filed 12/08/2008
Comments:

SERFF Tracking Number: *HART-125927578* *State:* *Arkansas*
Filing Company: *Sentinel Insurance Company Limited* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *FN.14.799.2008.02*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0000 Homeowners Sub-TOI Combinations*
Product Name: *Revised Rule 521 Water Sewer Backup for SIC*
Project Name/Number: *Homeowners Multi Peril/FN.14.799.2008.02*

Attached is the Explanatory Memorandum and Actuarial Exhibits.

Attachment:

AR Home Dimen Filing - eff 1-8-09 EM.pdf

ARKANSAS INSURANCE DEPARTMENT

HOMEOWNERS ABSTRACT

Page 1 of 2

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 submissions that do not alter the information contained herein need not include this form.

Company Name Sentinel Insurance Company, Ltd.
 NAIC No. 11000 Group No. 00914

1. If you have had an insurance to value campaign during the experience filing period, describe the campaign and estimate its impact.

2008	3.1	2005	5.7
2007	8.7	2004	8.0
2006	6.5		

2. If you use a cost estimator (or some similar method) in order to make sure that dwellings (or contents) are insured at their value, state when this program was started in Arkansas and estimate its impact. Marshall & Swift/Boeckh (American Appraisal Associates) in 2001.
Impact not quantifiable

3. If you require a minimum relationship between the amount of insurance to be written and the replacement value of the dwelling (contents) in order to purchase insurance, describe the procedures that are used. N// 100% ITV is requested

4. If you use an Inflation Guard form or similar type of coverage, describe the coverage(s) and estimate the impact.

N// Annual increases	4%	6%	8%	Each additional 4% over 8%
Charge	2%	3%	4%	2%

5. Specify the percentage given for credit or discounts for the following:

a. Fire Extinguisher	0	%
b. Burglar Alarm	2	%
c. Smoke Alarm	2	%
d. Insured who has both homeowners and auto with your company	20	%
e. Deadbolt Locks	2	%
f. Window or Door Locks	0	%
g. Other (specify)		%
Age of Dwelling	0 to 42.7	%
Limited Access (HO-4, HO-6)	10	%
Full Automatic Sprinklers	13	%
Partial Automatic Sprinklers	8	%

6. Are there any areas in the State of Arkansas in which your company will not write homeowners

insurance? No No If so, state areas and explain reason for not writing. N/A
AID PC H-1 (4./96)

Form H-1
Rev. 4/98

Page 2 of 2

7. Specify the form(s) utilized in writing homeowner insurance. Indicate the Arkansas premium volume for each form.

Form	Premium Volume
<u>HO-2</u>	<u>0</u>
<u>HO-3</u>	<u>1190529</u>
<u>HO-4</u>	<u>8961</u>
<u>HO-5</u>	<u>213075</u>
<u>HO-6</u>	<u>9126</u>

8. Do you write homeowner risks which have aluminum, steel or vinyl siding? Yes

9. Is there a surcharge on risks with wood heat? No
If yes, state surcharge N/A
Does the surcharge apply to conventional fire places? No
If yes, state surcharge N/A

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

James Panning
Signature

Actuarial Analyst
Title

860-378-3726
Telephone Number

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	FN.14.799.2008.02
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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. Sentinel Insurance Company, Ltd.	B. 11000

	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. Homeowners Multi Peril	B. Homeowners

5.			FOR LOSS COSTS ONLY				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
COVERAGE (See Instructions)	Indicated % Rate Level Change	Requested % Rate Level Change	Expected Loss Ratio	Loss Cost Modification Factor	Selected Loss Cost Multiplier	Expense Constant (If Applicable)	Co. Current Loss Cost Multiplier
2,3	N/A	0					
4,6	N/A	0					
TOTAL OVERALL EFFECT	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
Aug-04	N/A	N/A	8/15/2004	N/A	N/A	N/A	N/A
May-05	392	-3.80%	5/17/2005	55	16	0.29	0.89
2007	1411	4.10%	1/3/2007	1345	152	0.11	0.52

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	N/A
B. General Expense	N/A
C. Taxes, License & Fees	N/A
D. Underwriting Profit & Contingencies	N/A
E. Other (explain)	N/A
F. TOTAL	N/A

- 8.** N/A Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** 8.9 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 15
- 10.** -14.8 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 24

PC RLC

**** Note:** Indications were not produced for this filing and Expense Constants are not available

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 #
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Sentinel Insurance Company, Ltd.	Connecticut	0091-11000	06-1552103	

5. Company Tracking Number	FN.14.799.2008.02
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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
	Joyce Driscoll, Technical Services, T-1-54 1 Hartford Plaza, Hartford, CT 06155	Filing Analyst	860-547-3468	860-547-5941	Joyce.Driscoll@TheHartford.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Joyce Driscoll

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

9. Type of Insurance (TOI)	04 Homeowners Multi Peril
10. Sub-Type of Insurance (Sub-TOI)	Homeowners
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	PC
12. Company Program Title (Marketing title)	N/A
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: 1/8/09 Renewal: 2/19/09
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	December 3, 2008
19. Status of filing in domicile	<input 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 #	FN.14.799.2008.02
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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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We herewith file the revisions to the Rule 521 Water Back Up and Sump Discharge or Overflow, overall rate change of 0.0% and the revised Underwriting Tier Guideline as described in the Explanatory Memorandum.

As required, enclosed is the Homeowners Premium Comparison, NAIC Loss Cost Document and the Homeowners Survey Form HPCS.

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]

Check #: EFT
Amount: \$100.00

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.)

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; Lost 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 #	FN.14.799.2008.02
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2. This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	FF.14.001.2008.01
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3. Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Use & File
---	------------

4a. Rate Change by Company (As Proposed)							
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)
Sentinel Insurance Company	N/A	0.0%	0	1,437	1,357,184	8.9%	-14.8%

4b. Rate Change by Company (As Accepted) For State Use Only							
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)
Sentinel Insurance Company							

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	6.0%	
7.	Effective Date of last rate revision	1/3/07	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Use and File	

9. See Next Page

PC RRFS-1

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn ?	Previous state filing number, if required by state
01	Forms - 1 & 2	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	AR - 521.1	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03	AR - 801.1	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04	AR - 802.1	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
05	Arkansas R - 1-5	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
06	Arkansas - UW - 2	<input type="checkbox"/> New <input checked="" 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	
12		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
13		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
14		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
15		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

Sentinel Insurance Company, Ltd.

ARKANSAS HOMEOWNERS

EXPLANATORY MEMORANDUM

We are filing changes to our homeowners business written in the Sentinel Insurance Company, Ltd. We are proposing these changes to be effective for all new business policies written on or after January 8, 2009 and for all renewal policies effective on or after February 19, 2009. The overall impact of these changes is 0.0%.

We are revising factors for Age of Dwelling and the Account Credit and off balancing the impact with base rate changes.

In addition, The Hartford is revising rule 521 Water Back Up and Sump Discharge or Overflow. Deductible options of \$500 and \$1000 are introduced as well as new coverage limits of \$10,000, \$20,000 and \$30,000. Form HW 05 58 will replace forms HO 04 95 and HW 04 18.

The wording for Underwriting Tier Guideline 4 – Months Since Most Recent Prior Loss is being updated to clarify how to calculate Months Since Most Recent Prior Loss. There is no rate impact due to this change.

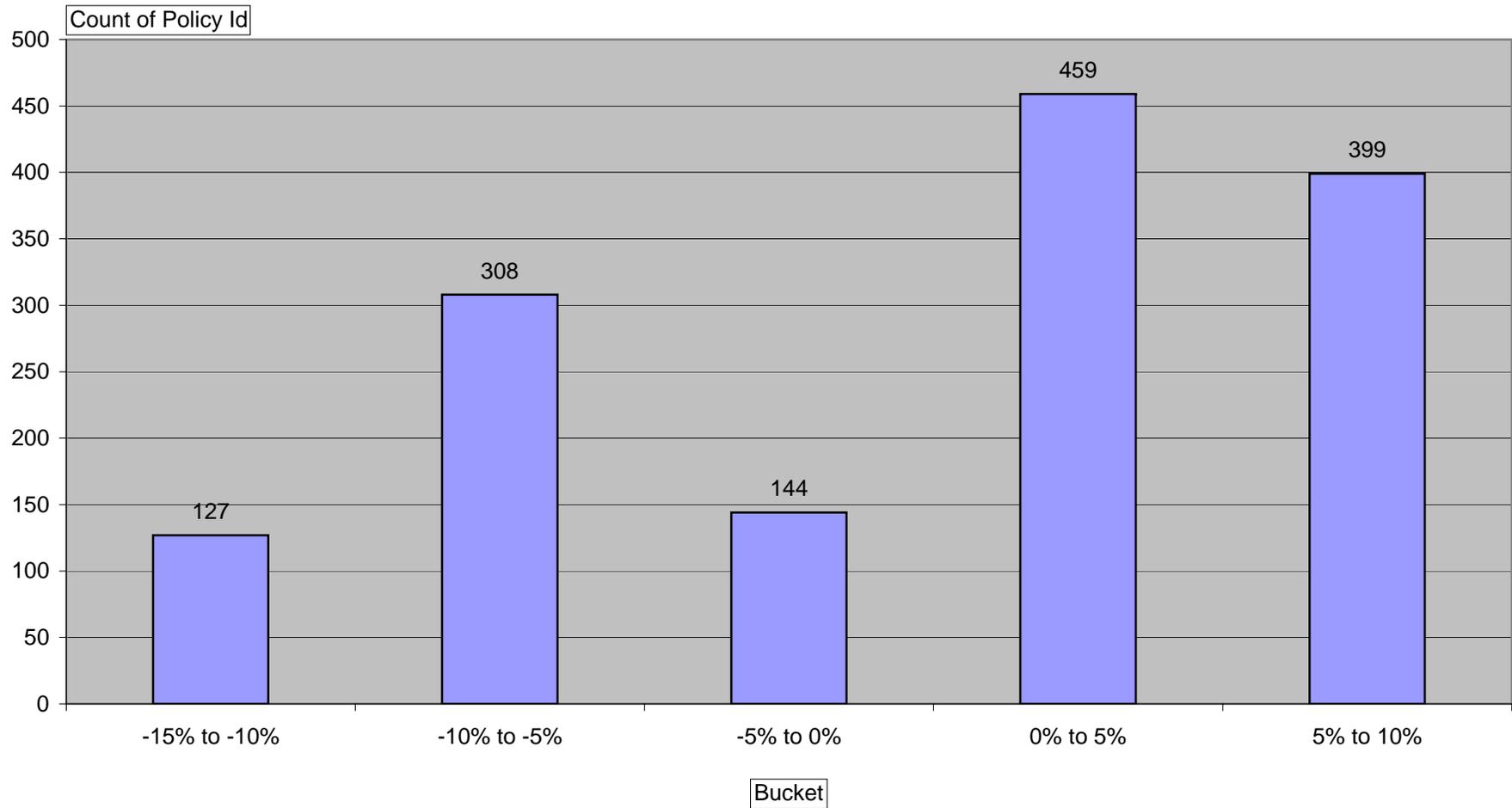
Revised rule and rate pages are attached. The impact of the Homeowners change by form is shown below.

Homeowners Rate Change:

	Current Total Inforce Premium	AOD Impact	AC Impact	Base Rate Impact	Total Impact
Building	1,338,642	-4.7%	-2.5%	7.7%	0.0%
Tenant	10,490	0.0%	-3.1%	3.2%	0.0%
Condo	8,052	0.0%	-2.0%	2.1%	0.0%
Total	1,357,184	-4.7%	-2.5%	7.6%	0.0%

Form	Territory	Current			Base Rate Impact	Proposed	
		Total Premium	AOD Impact	AC Impact		Total Premium	Total Impact
Total		1357184	-4.7%	-2.5%	7.6%	1357201	0.0%
Building	13	31173	-2.7%	-1.3%	7.7%	32194	3.3%
	14	342352	-5.6%	-2.7%	7.6%	337956	-1.3%
	15	65203	-2.1%	-1.6%	8.1%	67872	4.1%
	16	52945	-3.3%	-2.3%	7.5%	53769	1.6%
	17	3916	-10.7%	-5.6%	8.7%	3586	-8.4%
	18	50061	-4.5%	-2.5%	7.9%	50328	0.5%
	19	63646	-5.8%	-2.4%	7.4%	62844	-1.3%
	20	47660	-5.9%	-2.5%	8.2%	47294	-0.8%
	21	53478	-3.8%	-1.9%	7.7%	54278	1.5%
	22	242565	-4.7%	-3.2%	7.2%	239712	-1.2%
	24	186729	-5.3%	-1.8%	7.9%	187259	0.3%
	29	92072	-5.1%	-2.3%	7.7%	91961	-0.1%
	30	63812	-2.3%	-2.6%	8.0%	65552	2.7%
	31	22649	-4.3%	-3.5%	7.9%	22571	-0.3%
Tenant	32	20381	-1.7%	-0.8%	8.0%	21479	5.4%
	13	338	0.0%	-5.0%	3.3%	332	-1.8%
	14	4439	0.0%	-3.9%	3.2%	4401	-0.9%
	15	0	0.0%	0.0%	0.0%	0	0.0%
	16	475	0.0%	0.0%	3.4%	491	3.4%
	17	0	0.0%	0.0%	0.0%	0	0.0%
	18	0	0.0%	0.0%	0.0%	0	0.0%
	19	310	0.0%	-4.8%	3.2%	304	-1.9%
	20	0	0.0%	0.0%	0.0%	0	0.0%
	21	0	0.0%	0.0%	0.0%	0	0.0%
	22	624	0.0%	-1.9%	3.2%	632	1.3%
	24	2412	0.0%	-1.4%	3.2%	2454	1.7%
	29	0	0.0%	0.0%	0.0%	0	0.0%
	30	1182	0.0%	-4.3%	3.3%	1168	-1.2%
31	710	0.0%	-3.4%	3.4%	709	-0.1%	
Condo	32	0	0.0%	0.0%	0.0%	0	0.0%
	13	0	0.0%	0.0%	0.0%	0	0.0%
	14	3607	0.0%	-1.2%	2.2%	3639	0.9%
	15	0	0.0%	0.0%	0.0%	0	0.0%
	16	0	0.0%	0.0%	0.0%	0	0.0%
	17	0	0.0%	0.0%	0.0%	0	0.0%
	18	1066	0.0%	0.0%	2.3%	1090	2.3%
	19	0	0.0%	0.0%	0.0%	0	0.0%
	20	0	0.0%	0.0%	0.0%	0	0.0%
	21	612	0.0%	0.0%	2.1%	625	2.1%
	22	0	0.0%	0.0%	0.0%	0	0.0%
	24	260	0.0%	-3.8%	1.9%	255	-1.9%
	29	0	0.0%	0.0%	0.0%	0	0.0%
	30	2507	0.0%	-4.3%	2.0%	2446	-2.4%
31	0	0.0%	0.0%	0.0%	0	0.0%	
32	0	0.0%	0.0%	0.0%	0	0.0%	

**Arkansas
Sentinel Insurance Company, Ltd.
Effective January 8, 2009**



SERFF Tracking Number: HART-125927578 *State:* Arkansas
Filing Company: Sentinel Insurance Company Limited *State Tracking Number:* EFT \$100
Company Tracking Number: FN.14.799.2008.02
TOI: 04.0 Homeowners *Sub-TOI:* 04.0000 Homeowners Sub-TOI Combinations
Product Name: Revised Rule 521 Water Sewer Backup for SIC
Project Name/Number: Homeowners Multi Peril/FN.14.799.2008.02

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	NAIC loss cost data entry document	12/02/2008	AR LOSS COST DATA ENTRY RF1 SIC.pdf

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	FN.14.799.2008.02
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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. Sentinel Insurance Company, Ltd.	B. 11000

	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. Private Passenger Auto	B. Automobile

5.			FOR LOSS COSTS ONLY				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
COVERAGE (See Instructions)	Indicated % Rate Level Change	Requested % Rate Level Change	Expected Loss Ratio	Loss Cost Modification Factor	Selected Loss Cost Multiplier	Expense Constant (If Applicable)	Co. Current Loss Cost Multiplier
2,3	N/A	0					
4,6	N/A	0					
TOTAL OVERALL EFFECT	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
Aug-04	N/A	N/A	8/15/2004	N/A	N/A	N/A	N/A
May-05	392	-3.80%	5/17/2005	55	16	0.29	0.89
2007	1411	4.10%	1/3/2007	1345	152	0.11	0.52

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	N/A
B. General Expense	N/A
C. Taxes, License & Fees	N/A
D. Underwriting Profit & Contingencies	N/A
E. Other (explain)	N/A
F. TOTAL	N/A

8. N/A Apply Lost Cost Factors to Future filings? (Y or N)
9. 8.9 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 15
10. -14.8 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 24

PC RLC

**** Note: Indications were not produced for this filing and Expense Constants are not available**