

SERFF Tracking Number: AMMH-125504548 State: Arkansas  
Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$100  
Company Tracking Number: 20080220-04  
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)  
Product Name: Reduction of Protection class 9 and 10  
Project Name/Number: Reduction of Protection class 9 and 10/20080220-04

## Filing at a Glance

Company: American Modern Home Insurance Company

Product Name: Reduction of Protection class 9 and 10  
SERFF Tr Num: AMMH-125504548 State: Arkansas

TOI: 01.0 Property

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Co Tr Num: 20080220-04

State Status: Fees verified and received

Filing Type: Rate

Co Status:

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

Author: Mellisa Holder

Disposition Date: 02/27/2008

Date Submitted: 02/25/2008

Disposition Status: Filed

Effective Date Requested (New): 03/15/2008

Effective Date (New): 03/15/2008

Effective Date Requested (Renewal): 03/15/2008

Effective Date (Renewal):

03/15/2008

State Filing Description:

not an overall rate change.

## General Information

Project Name: Reduction of Protection class 9 and 10

Status of Filing in Domicile: Not Filed

Project Number: 20080220-04

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/27/2008

State Status Changed: 02/27/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are converting business and our Protection Class 9 and 10 are higher than the policy holder's former rates. So we are just requested a decrease in the rates for our protection class 9 and 10.

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## Company and Contact

### Filing Contact Information

Mellisa Holder, Filing Analyst mholder@amig.com  
 7000 Midland Blvd (800) 759-9008 [Phone]  
 Amelia, OH 45102 (513) 947-4929[FAX]

### Filing Company Information

American Modern Home Insurance Company CoCode: 23469 State of Domicile: Ohio  
 7000 Midland Blvd. Group Code: 127 Company Type:  
 Amelia, OH 45102 Group Name: State ID Number:  
 (800) 759-9008 ext. [Phone] FEIN Number: 31-0715697  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Modern Home Insurance Company	\$100.00	02/25/2008	18129850

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	02/27/2008	02/27/2008

*SERFF Tracking Number:*      *AMMH-125504548*                      *State:*                      *Arkansas*  
*Filing Company:*              *American Modern Home Insurance Company*      *State Tracking Number:*      *EFT \$100*  
*Company Tracking Number:*      *20080220-04*  
*TOI:*                      *01.0 Property*                      *Sub-TOI:*                      *01.0002 Personal Property (Fire and Allied Lines)*  
  
*Product Name:*                      *Reduction of Protection class 9 and 10*  
*Project Name/Number:*              *Reduction of Protection class 9 and 10/20080220-04*

## **Disposition**

Disposition Date: 02/27/2008

Effective Date (New): 03/15/2008

Effective Date (Renewal): 03/15/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMH-125504548 State: Arkansas  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		No
Supporting Document	Cover Letter	Filed	Yes
Supporting Document	Explaniation of decrease	Filed	Yes
Supporting Document	Revised R-3 Page	Filed	Yes

SERFF Tracking Number: AMMH-125504548 State: Arkansas  
Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$100  
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Product Name: Reduction of Protection class 9 and 10  
Project Name/Number: Reduction of Protection class 9 and 10/20080220-04

## Supporting Document Schedules

<b>Satisfied -Name:</b> Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b> Filed	02/27/2008
<b>Comments:</b>		
<b>Attachments:</b>		
Arkansas 077 AMH D1 Transmittal.pdf		
F777AR_021307.pdf		
Rate-Rule Transmittal F 590.pdf		
<b>Satisfied -Name:</b> Cover Letter	<b>Review Status:</b> Filed	02/27/2008
<b>Comments:</b>		
<b>Attachment:</b>		
Cover Letter.pdf		
<b>Satisfied -Name:</b> Explianation of decrease	<b>Review Status:</b> Filed	02/27/2008
<b>Comments:</b>		
<b>Attachment:</b>		
Reason for decreasing Protection Classes.pdf		
<b>Satisfied -Name:</b> Revised R-3 Page	<b>Review Status:</b> Filed	02/27/2008
<b>Comments:</b>		
<b>Attachment:</b>		
revised R-3 page only - submit to state.pdf		

# ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Form RF-1

Rev. 4/96

Insurer Name: American Modern Home Insurance  
 NAIC Number: 23469  
 Name of Advisory Organization Whose Filing You are Referencing n/a  
 Co. Affiliation to Advisory Organization: Member \_\_\_\_\_ Subscriber \_\_\_\_\_ Service Purchaser \_\_\_\_\_  
 Reference Filing #: 20080220-04 Proposed Effective Date: 3/15/2008

Contact Person: Mellisa Holder  
 Signature: \_\_\_\_\_  
 Telephone No: 800-759-9008

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
DP1	10.5%	-1.15%					
<b>TOTAL OVERALL EFFECT</b>							

N Apply Lost Cost Factors to Future Filings? (Y or N)  
0% Estimated Maximum Rate Increase for any Arkansas Insured (%)  
-38% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

Year	Policy Count	Rate Change History		5 Year History		Arkansas Loss Ratio	Countrywide Loss Ratio
		%	Eff. Date	AR Earned Premium (000)	Incurred Losses (000)		
2001	741	0	-	83	11	.128	.624
2002	1,324	3.8	6/1/2002	336	255	.760	.691
2003	1,855	0	-	779	672	.863	.683
2004	2,109	18.3	5/1/2004	1,121	463	.413	.498
2005	1,687	4.5	7/1/2005	1,232	378	.307	.453
2006	1,245	0	-	945	216	.229	.470

Selected Provisions

A. Total Production Expense	<u>22.7%</u>
B. General Expense	<u>18.4%</u>
C. Taxes, License & Fees	<u>3.6%</u>
D. Underwriting Profit & Contingencies	<u>6.6%</u>
E. Other (explain)	<u>0.8%</u>
F. TOTAL	<u>52.2%</u>

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table>	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	
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g. SERFF Filing #:																					
h. Subject Codes																					

<b>3. Group Name</b>	<b>Group NAIC #</b>
American Modern Insurance Group	127

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Modern Home Insurance Company	OH	23469	31-0715697	34

<b>5. Company Tracking Number</b>	<b>20080220-04 SERFF# AMMH--125504548</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
	Mellisa Holder PO Box 5323 Cincinnati OH 45102	Filing Analyst	800-759-9008 x 5835	513-947-4929	mholder@amig.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Mellisa M. Holder		

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

<b>9. Type of Insurance (TOI)</b>	01.0 Property
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	01.0002 Personal property (fire and allied lines)
<b>11. State Specific Product code(s) (if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title</b> (Marketing title)	Dwelling/Protection Class Change
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New: 03/15/2008                      Renewal: 03/15/2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	n/a

<b>17. Reference Organization # &amp; Title</b>	n/a
<b>18. Company's Date of Filing</b>	02/25/2008
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

### Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	20080220-04
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<b>21. 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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I just received approval for SERFF# AMMH-125480024. Unfortunately, for this conversion of business we were too high in our protection class 9 and 10 for our owner occupied program. Please note that I have only reduced the rate in the protection class and submitted a revised form R-3 page.

<b>22. 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 #:**  
**Amount:**

Using EFT

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

Effective March 1, 2007

**\*\*\*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; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>20080220-04</b>	
<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)		
	Rate Increase                      X                      Rate Decrease	Rate Neutral (0%)	
<b>3.</b>	<b>Overall percentage rate impact for this filing</b>	<b>-1.15%</b>	
<b>4.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>	<b>-\$6638</b>	
<b>5.</b>	<b>Effect of Rate Filing – Number of policyholders</b>	<b>45</b>	
<b>6.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	<b>Prior Approval</b>	
<b>7.</b>	<b>Rate Change by Company</b>		
	<b>Company Name</b>	<b>Percentage Change</b>	<b>Effect of Rate Filing</b>
			<b># of policyholders for this program                      Written premium change for this program</b>
	<b>AMH</b>	<b>-1.15%</b>	<b>45                      -\$6638</b>

<b>8.</b>	<b>Overall percentage of last rate revision</b>	<b>0.00%</b>
<b>9.</b>	<b>Effective Date of last rate revision</b>	<b>3/1/2008</b>
<b>10.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	<b>Prior Approval</b>

11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or Withdrawn?	Previous state filing number, if required by state
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



AMERICAN MODERN HOME  
INSURANCE COMPANY

February 25, 2008

ARKANSAS INSURANCE DEPARTMENT  
PROPERTY & CASUALTY DIVISION  
1200 W 3RD ST  
LITTLE ROCK AR 72201-1904

RE: American Modern Home Insurance Company  
NAIC: 127-23469  
FEIN: 31-03715697

Company file number: 20080220-04  
Serff # AMMH-125504548

Dear Commissioner:

On behalf of American Modern Home Insurance Company please accepted the above filing. The changes in this filing are as follows:

- Reduction in Protection Class 9 and 10.

I just received approval for SERFF# AMMH-125480024. Unfortunately, for this conversion of business we were too high in our protection class 9 and 10 for our owner occupied program. Please note that I have only reduced the rate in the protection class and submitted a revised form R-3 page.

If you have any questions please do not hesitate to contact me.

Thank you for your time and consideration of this filing.

Sincerely, \_\_\_\_\_

Mellisa Holder  
Compliance Analyst  
mholder@amig.com  
1-800-759-9008 Extension 5835

### **Reason for decreasing Protection Classes**

The justification for the filing is that we are converting business formerly with State National and our rates for PC 9 and 10 are higher than the policy holder's former rate. The overall impact is - 1.15%.

**ARKANSAS  
AMERICAN MODERN HOME  
D1 PROGRAM**

**OWNER OCCUPIED, RENTAL OCCUPIED AND SEASONAL OCCUPIED**

**DP-1 Program (4V1/4V2/4V3)**

Fire and Extended Coverage

Frame and Masonry Construction

Product	Flat Base Rate	Covg Incr	Base Rate per Incr	Min Prem Amount	Min Rate Value	Min Val Accept	UVRC Code	Cov Relativity	Deductible
4V1	131.11	N/A	N/A	100.00	10,000	1,000	New	1.00	500.00
4V2	139.59	N/A	N/A	100.00	10,000	1,000	New	1.00	500.00
4V3	139.59	N/A	N/A	100.00	10,000	1,000	New	1.00	500.00

**Owner**

Territory Relativity Table				
60	61	62	63	64
1.00	1.32	1.32	0.87	0.92

Protection Class Table									
Class	Factor	Class	Factor	Class	Factor	Class	Factor	Class	Factor
1-3	1.00	4-6	1.07	7-8	1.50	9	1.50	10	1.50

Construction Type	
Masonry	0.94

NEW PAGE	X	PAGE NUMBER	EFFECTIVE DATE	PUBLICATION DATE
REVISION		R-3	03/01/08	02/25/08