

SERFF Tracking Number: FORE-125485502 State: Arkansas
Filing Company: Foremost Insurance Company Grand Rapids, Michigan State Tracking Number: EFT \$100
Company Tracking Number: D-9
TOI: 04.0 Homeowners Sub-TOI: 04.0005 Other Homeowners
Product Name: Commercial Mobile Home Program
Project Name/Number: /

Filing at a Glance

Company: Foremost Insurance Company Grand Rapids, Michigan

Product Name: Commercial Mobile Home Program SERFF Tr Num: FORE-125485502 State: Arkansas

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 04.0005 Other Homeowners

Co Tr Num: D-9

State Status: Fees verified and received

Filing Type: Rate

Co Status:

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

Author: Dianne Sytsma

Disposition Date: 02/13/2008

Date Submitted: 02/13/2008

Disposition Status: Filed

Effective Date Requested (New): 06/01/2008

Effective Date (New): 06/01/2008

Effective Date Requested (Renewal): 06/01/2008

Effective Date (Renewal):

06/01/2008

State Filing Description:

This is a rule filing

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/13/2008

Deemer Date:

State Status Changed: 02/13/2008

Corresponding Filing Tracking Number:

Filing Description:

Please refer to cover letter.

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Company and Contact

Filing Contact Information

Kaan Cidanli, Administrator kaan.cidanli@foremost.com
 PO Box 2450 (616) 956-3645 [Phone]
 Grand Rapids, MI 49501-2450

Filing Company Information

Foremost Insurance Company Grand Rapids, Michigan CoCode: 11185 State of Domicile: Michigan
 P.O. Box 2450 Group Code: Company Type: Property and Casualty
 Grand Rapids, MI 49501-2450 Group Name: State ID Number:
 (616) 956-3000 ext. [Phone] FEIN Number: 38-1407533

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Foremost Insurance Company Grand Rapids, Michigan	\$100.00	02/13/2008	17957568

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	02/13/2008	02/13/2008

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Disposition

Disposition Date: 02/13/2008

Effective Date (New): 06/01/2008

Effective Date (Renewal): 06/01/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FORE-125485502 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines		No
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		No
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		No
Supporting Document	Cover letter	Filed	Yes
Rate	Definitions	Filed	Yes

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Product Name: Commercial Mobile Home Program
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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Definitions	Rate Page R-1	Replacement	ARKANSAS R-1.pdf

ARKANSAS

COMMERCIAL MOBILE HOME PROGRAM

ANNUAL RATES/PREMIUMS

PARK DEFINITION

* A planned and named community of mobile homes which have permanently installed water, electricity and sewage utility services; which are collectively managed; and whose residents recognize common bylaws or rules. Also, those homes located within an incorporated city or town (This sentence is only available to policies in force prior to June 1, 2008.)

TERRITORIES

Territory A consists of the following:

Remainder of State

Territory B consists of the following counties:

Ashley
Chicot
Clay
Crittenden
Desha

Greene
Independence
Lawrence
Lee
Mississippi

Phillips
Randolph
Sharp

RATING INFORMATION

Use out of park rates, if applicable, for commercially used travel trailers and horse or animal trailers.

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TOI: 04.0 Homeowners Sub-TOI: 04.0005 Other Homeowners
Product Name: Commercial Mobile Home Program
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 02/13/2008

Comments:

Attachment:

AR-Trans07-rr.pdf

Satisfied -Name: Cover letter **Review Status:** Filed 02/13/2008

Comments:

Attachment:

Arkansas R-1 ltr.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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">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					

3. Group Name	Group NAIC #		
	0212		
4. Company Name(s)	Domicile	NAIC #	FEIN #
Foremost Insurance Company Grand Rapids, Michigan	Michigan	11185	38-1407533

5. Company Tracking Number	D-9
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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
	Kaan Cidanli Foremost Insurance Company P. O. Box 2450 Grand Rapids, Michigan 49501-2450	State Filings Administrator	616-956-3645	616-956-2093	kaan.cidanli@foremost.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Kaan Cidanli

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

9.	Type of Insurance (TOI)	4.0000
10.	Sub-Type of Insurance (Sub-TOI)	4.0005
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Commercial Mobile Home Program
13.	Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input 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: 06-01-2008 Renewal: 06-01-2008
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	n/a
17.	Reference Organization # & Title	n/a
18.	Company's Date of Filing	February 13, 2008
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	D-9
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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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Dear Mr. Pickens:

We submit this filing for your formal stamp of approval or acknowledgement.

We are making the following change to the Definition section.

PARK

A planned and named community of mobile homes which have permanently installed water, electricity and sewage utility services; which are collectively managed; and whose residents recognize common bylaws or rules.

Also, those homes located within an incorporated city or town. (This sentence is only available to policies in force prior to June 1, 2008.)

Underline = added

Please withdraw – Rate Page R-1 – Revised Printing 10/98

Please insert – Rate Page R-1 – Revised Printing 2/08

The following rule of implementation will apply:

This filing will be effective for all new and renewal policies written to be effective on and after June 1, 2008. No policy effective prior to the above date is to be cancelled and rewritten to take advantage of or to avoid the application of this filing except at the request of the insured.

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: \$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.)**

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 #	D-9
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	n/a
	<input type="checkbox"/> Rate Increase	<input type="checkbox"/> Rate Decrease <input checked="" type="checkbox"/> 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)
Foremost Insurance Company Grand Rapids, Michigan	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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 (where required)	Minimum % change (where required)

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		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	n/a
7.	Effective Date of last rate revision	n/a
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	n/a

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Rate Page R-1	[] New [x] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	

**Foremost® Insurance Company
Grand Rapids, Michigan**

ADMINISTRATIVE OFFICES
5600 Beech Tree Lane
Caledonia, Michigan 49316-0050

MAILING ADDRESS
ATTN: STATE FILINGS DEPT.
P.O. Box 2450
Grand Rapids, Michigan 49501-2450

February 13, 2008

Honorable Mike Pickens
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: Foremost Insurance Company Grand Rapids, Michigan
NAIC #212-11185
Commercial Mobile Home Program
Revision to the Rate Section

Dear Mr. Pickens:

We submit this filing for your formal stamp of approval or acknowledgement.

We are making the following change to the Definition section.

PARK

A planned and named community of mobile homes which have permanently installed water, electricity and sewage utility services; which are collectively managed; and whose residents recognize common bylaws or rules.

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Underline = added

Please withdraw – Rate Page R-1 – Revised Printing 10/98

Please insert – Rate Page R-1 – Revised Printing 2/08

The following rule of implementation will apply:

This filing will be effective for all new and renewal policies written to be effective on and after June 1, 2008. No policy effective prior to the above date is to be cancelled and rewritten to take advantage of or to avoid the application of this filing except at the request of the insured.

Foremost[®] Insurance Company
Grand Rapids, Michigan

Mr. Pickens
Page Two
February 13, 2008

For your convenience, we have enclosed a duplicate for you to note with your approval or acknowledgement and return to us for our files.

Very truly yours,

Kaan K. Cidanli
State Filings Administrator
State Filings
Phone No. (616) 956-3645
Fax No. (616) 956-2093
e-mail: kaan.cidanli@foremost.com

KKC/ds

Enclosures: Rate Page R-1