

SERFF Tracking Number: ALSX-125562278 State: Arkansas
Filing Company: First Colonial Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AF-00007
TOI: 28.0 Credit Sub-TOI: 28.0003 Personal Property
Product Name: Credit Property Insurance
Project Name/Number: Form Filing/AF-00007

Filing at a Glance

Company: First Colonial Insurance Company

Product Name: Credit Property Insurance

TOI: 28.0 Credit

Sub-TOI: 28.0003 Personal Property

Filing Type: Form

Effective Date Requested (New): 04/11/2008

Effective Date Requested (Renewal): 04/11/2008

SERFF Tr Num: ALSX-125562278

SERFF Status: Closed

Co Tr Num: AF-00007

Co Status:

Author: SPI AllState

Date Submitted: 03/20/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Disposition Date: 03/31/2008

Disposition Status: Approved

Effective Date (New): 04/11/2008

Effective Date (Renewal): 04/11/2008

State Filing Description:

General Information

Project Name: Form Filing

Project Number: AF-00007

Reference Organization:

Reference Title:

Filing Status Changed: 03/31/2008

State Status Changed: 03/31/2008

Corresponding Filing Tracking Number:

Filing Description:

Submitted as an informational filing, we provide form FPS4502RAR1 (02/08). The informational filing is made to update the form number and logo to coincide with a recent Credit Life and Disability filing made by our sister company, American Heritage Life Insurance Company, under SERFF filing ALST-125490580. No changes have been made to the form in relation to the credit property portion of the form. The filing is made to keep the form number consistent. The filing will replace form FPS4502RAR (04/04), approved by your Department on May 25, 2004.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

<i>SERFF Tracking Number:</i>	<i>ALSX-125562278</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>First Colonial Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AF-00007</i>		
<i>TOI:</i>	<i>28.0 Credit</i>	<i>Sub-TOI:</i>	<i>28.0003 Personal Property</i>
<i>Product Name:</i>	<i>Credit Property Insurance</i>		
<i>Project Name/Number:</i>	<i>Form Filing/AF-00007</i>		

Unless otherwise advised by your Department, we may vary the layout of the Insurance information in the Schedule subsequent to your Department's formal approval. These changes may become necessary in order to accommodate the data processing system of the Creditor. Sections within brackets are variable and may change according to the agreement with the Creditor Policyholder. However, they will never be more restrictive to the Insured than allowed by law.

These forms may be utilized in either an electronic or paper format. The forms will be printed individually if electronic, or either front and back or individually if paper. The font style may change to accommodate the various platform systems. If used in an electronic format, you have our assurance that appropriate security standards will be implemented to prohibit alteration of the forms.

Any logo, officer signature or Home Office address and telephone number that appears on these forms is subject to change.

Company and Contact

Filing Contact Information

Carrie Deppe, Assistant State Filings Manager cdepp@allstate.com
 2775 Sanders Road (847) 402-2774 [Phone]
 Northbrook, IL 60062 (847) 402-9757[FAX]

Filing Company Information

First Colonial Insurance Company	CoCode: 29980	State of Domicile: Florida
1776 American Heritage Life Drive	Group Code: 8	Company Type: Property and Casualty
Jacksonville, FL 32224	Group Name: Allstate	State ID Number:
(847) 402-5000 ext. [Phone]	FEIN Number: 59-2773658	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Form filing

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Per Company:	No		

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
First Colonial Insurance Company	\$50.00	03/20/2008	18826905

SERFF Tracking Number: ALSX-125562278 State: Arkansas
Filing Company: First Colonial Insurance Company State Tracking Number: EFT \$50
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/31/2008	03/31/2008

SERFF Tracking Number: *ALSX-125562278* *State:* *Arkansas*
Filing Company: *First Colonial Insurance Company* *State Tracking Number:* *EFT \$50*
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TOI: *28.0 Credit* *Sub-TOI:* *28.0003 Personal Property*
Product Name: *Credit Property Insurance*
Project Name/Number: *Form Filing/AF-00007*

Disposition

Disposition Date: 03/31/2008
Effective Date (New): 04/11/2008
Effective Date (Renewal): 04/11/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ALSX-125562278 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Retail Installment Contract Schedule	FPS4502 RAR1	02/08	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 FPS4502RAR Previous Filing #:		FPS4502RAR1.PDF

RETAIL INSTALLMENT CONTRACT

INSURED CREDITOR/BENEFICIARY

NOTE: LIFE INSURANCE AGE LIMITS [18-70] [DISABILITY AGE LIMITS [18-65]]

ARK

Seller's Name and Address

Primary Borrower Age Date of Birth
If Joint Life is Elected (Not Eligible for Disability) Age Date of Birth
Street Address
City/State Zip
Telephone #'s Home: Employment:
Second Beneficiary (Estate if None) Master Policy #

SCHEDULE

EFFECTIVE DATE OF INSURANCE
(Month-Day-Year)

Acct. No.
Salesman
Deliver

INSURANCE EXPIRATION:
All insurance expires at the end of the term of this contract.

Check Block For Desired Insurance: Decreasing Term 0 Joint Life 0 Single Life 0 7 Day Retroactive Disability 0 Dual Interest Property 0

APPLICATION: Buyer, being informed as to the above hereby applies for insurance set forth above to American Heritage Life Insurance Company of Jacksonville, Florida, for any Credit Life and/or Credit Disability Insurance and applies to First Colonial Insurance Company for any Property Insurance subject to terms and conditions set forth in certificates of insurance attached hereto with the form, describing the insurance, and which have been read by or to the undersigned. Borrower acknowledges receipt of copy of this application, and certifies that it is both complete and accurate, and freely and voluntarily furnished. I want to purchase the above insurance. NOTICE: Any Person who knowingly presents a false or fraudulent claim for payment of a loss benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Table with columns: Quan., Lot No., Factory No., Color or Size, ARTICLES (PROPERTY INSURED), PRICE

WITNESSETH THE UNDERSIGNED SELLER HEREBY SELLS AND THE UNDERSIGNED BUYER HEREBY PURCHASES THE ABOVE DESCRIBED PROPERTY SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH IN THIS CONTRACT AND FURTHER SUBJECT TO THE BUYER'S CREDIT BEING APPROVED BY THE SELLER.

TOTAL SALES TAX

TRUTH IN LENDING DISCLOSURE STATEMENT

Table with columns: ANNUAL PERCENTAGE RATE, FINANCE CHARGE, Original Amount Of Insurance, Initial Amount of Insurance, Total Sale Price

My payment schedule will be:

Table with columns: Loan / Term of Insurance, Payment Amount/Monthly Benefit, Due Dates

Insurance: Credit life, credit disability and credit property insurance are not required to obtain credit, and will not be provided unless I sign and agree to pay the additional cost. Initial life amount equals the total of payments.

Table with columns: TYPE, PREMIUM, SIGNATURE

I may obtain credit property insurance from anyone I want that is acceptable to Seller. If I get insurance from Seller, I will pay \$ (MAX BENEFIT)

Filing fees \$ Non-filing insurance \$

Security: I am giving a security interest in: the goods or property being purchased (brief description of other property)

Late Charge: If a payment is not paid in full within days after its scheduled due date I will be charged % of the payment or \$ whichever is less.

Prepayment: If I pay off early, I may be entitled to a refund of part of the finance charge and unearned insurance premium, if any. See the contract documents for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and pre-payment refunds and penalties.

I may cancel my credit insurance coverage at any time. I acknowledge that upon cancellation, the unearned credit insurance premium will be refunded. (calculated in accordance with the terms of the Certificate) to the creditor to be applied to the outstanding balance on my account. Any refund amount remaining after payment is applied to the account balance will be refunded to my designee or me.

ITEMIZATION OF AMOUNT FINANCED

Table with columns: CASH PRICE (includes Sales Tax), CASH DOWN PAYMENT, TRADE IN, TOTAL DOWN PAYMENT, UNPAID BALANCE OF CASH PRICE, GROSS PREVIOUS INDEBTEDNESS (OLD BALANCE), FINANCE CHARGE REFUND, LIFE INSURANCE REFUND, DISABILITY INSURANCE REFUND, PROPERTY INSURANCE REFUND, NET BALANCE-PRIOR CONTRACT, SUB TOTAL, ALL INSURANCE CHARGES WILL BE PAID TO INSURANCE COMPANIES, OTHER CHARGES PAID TO:, LIFE INSURANCE PREMIUM, DISABILITY INSURANCE PREMIUM, PROPERTY INSURANCE PREMIUM, FEES PAID TO PUBLIC OFFICIALS OR/ NON-FILING INSURANCE, TOTAL OTHER CHARGES, AMOUNT FINANCED, FINANCE CHARGE, TOTAL OF PAYMENTS

Table with columns: PRIOR CERTIFICATE NUMBER, ARK-, PRIOR CERTIFICATE DATE, PRIOR CERTIFICATE BALANCE \$, PRIOR CERTIFICATE TERM MO'S, PAYMENT \$

The monthly disability insurance benefit is the monthly payment as stated in the payment schedule above. The initial amount of property insurance is the amount needed to repair or replace the property, not to exceed the total of payments.

Contract Coverage: This contract covers my installment purchase from you, for the Total Sale Price instead of the Cash Price, of the property and/or services described above, including attachments, equipment, accessories, and related services, work and labor (all referred to collectively as the "property"). In this contract, the words "I", "me" or "Buyer" means the Buyer(s). "You" and "your" (except in the Notices to Buyer above Buyer's signature) and "Seller" mean the Seller or any assignee of the Seller. I understand that you will assign this contract to located at I understand that anyone who signs this contract as Buyer will be, jointly and severally, responsible for repayment of all amounts owed. I have read the additional terms on the back of this contract and understand that they are part of this contract.

Promise to Pay: I promise to pay you the Total of Payments according to the installment payment schedule shown above. I will make payments to you at the address shown above unless you notify me in writing to make payments to a different address.

Additional Terms: Additional terms and conditions printed on the reverse side are part of this contract and are binding on me in the same way as if they were printed on the front of this contract. Buyer acknowledges that Seller is relying upon representations and acknowledgements made in this contract and Buyer's credit application in entering into this contract.

NOTICE TO BUYER: a) Do not sign this contract before you read it or if it contains any blank spaces b) you are entitled to an exact copy of the contract you sign. Keep it to protect your legal rights.

Buyer acknowledges that Buyer received, at time of signing, a fully completed copy of this contract.

Proposed Primary Borrower Date Resident Agent

Proposed Co-Borrower, if any Date Phone No. Address

ADDITIONAL TERMS

Rebate for Prepayment in Full: I may prepay any amounts due under this contract at any time. Upon prepayment in full prior to the final payment due date, in cash, by refinancing, consolidation, or otherwise, and without regard to whether such prepayment is voluntary or involuntary. I will be entitled to a rebate or credit of the unearned portion of the Finance Charge computed according to the Rule of 78's as of the date of such prepayment if made on a payment due date and otherwise as of the nearest payment due date. In any event, an acquisition charge of \$15.00 will be deducted from the amount of rebate or credit prior to such calculation. No rebate of less than \$1.00 will be made.

Warranties: No warranties, expressed or implied, representations, promises, or statements as to the condition, fitness, or merchantability of the property have been made to you unless covered by a separate written statement delivered to me. No changes may be made in the requirements of this paragraph unless in writing and signed by you and me. If any part of this paragraph is not permitted by law, that part will be ineffective, but the remainder of this paragraph will remain in force.

Security Interest: I grant you a security interest under the Florida Uniform Commercial Code in the property purchased pursuant to this contract and in any other property identified above, including a security interest in any accessories, attachments, and substitutions, and in any proceeds of the sale of such property. I also grant you a security interest in and assign to you the insurance proceeds and unearned insurance premiums of any insurance purchased in connection with this transaction. These security interests shall not terminate until all amounts due under this contract have been paid in full. You hereby waive any other security interest or lien, which may arise by operation of law, except the lien of any judgement which you, may obtain if the contract is not paid as agreed.

At your option, you may discharge taxes, liens, or security interests or other encumbrances at any time levied or placed on the property and may pay for insurance on the property; I will reimburse you, on demand, for any such payment made or expense incurred by you. With your prior written consent, I may substitute other collateral for property securing this contract with all terms of this contract applying fully to the substitute collateral.

At your request, I will sign or you may sign for me any financing statement or other document relating to your security interest in the property and I will pay all costs and expenses of filing any documents required to perfect your security interest or, in lieu thereof, the premium for non-filing insurance, at your discretion.

If the property purchased under a prior contract secures this contract, each payment on this contract shall be allocated to the purchases made under this contract and to all previous installment purchases not paid in full as of this date on the basis that the item first purchased shall be deemed paid for first and, in the case of items purchased on the same date, the lowest priced item will be deemed fully paid first. The amount of any downpayment on the latest purchase shall be entirely allocated to this purchase. Any security interest in goods terminates as the debt originally incurred with respect to that item is paid.

Late Charge: I understand that there is a charge for late payments as shown in the Disclosure Statement.

I understand that there is a \$10 charge for each payment made via check which is subsequently returned for insufficient funds.

Interest After Maturity or Judgment: After default and acceleration of the contract or after the final payment due date or after judgment I will pay interest on any unpaid balance from time to time outstanding at 1/365 of the Annual Percentage Rate shown on reverse side for each day that there is an unpaid balance, with each year considered to have 365 days; or at such lesser rates as may be required by law.

Deferment Charge: You and I may agree that you may defer the due date of all or any part of one installment and you may charge for such deferment a deferment charge not to exceed 1/12 of the maximum allowable rate per annum of the unpaid balance at the time of the extension for each 30 days' extension.

Default: Time is of the essence of this contract, and if I do not pay any installment when it is due, if any bankruptcy or insolvency proceeding is commenced by or against me, if I die, or if I break any promise, agreement or covenant I make in this contract, or in any other document given as security for this contract, or any such promise, agreement or covenant is false or misleading in any material respect, I am in default. If I am in default, you may accelerate this contract and require, without prior notice or demand, that I pay immediately the entire unpaid balance of the Total of Payments and any other charges due, less a pro rata credit of unearned charges as set forth below. You may also cumulatively exercise other rights at law or equity or under this contract, such as, among others, suing me for the unpaid balance, or taking possession in any lawful manner of any property given as security, providing notice of any sale or intent to pursue a deficiency claim as may be provided by law, selling such property, and applying the money received from such sale to the amounts owed. I will be liable for any deficiency balance to the extent permitted by law. If you accelerate this contract, the balance shall be reduced by a pro rata credit of unearned charges as of the date of such acceleration. Thereafter such reduced balance shall bear interest until paid at the highest rate permitted by law, but not to exceed the Annual Percentage Rate shown on the reverse side. I agree to pay a reasonable attorney's fee if this contract is referred for collection to an attorney who is not your salaried employee, and court costs.

Care of Property: I promise that I will keep, use and maintain the property in a reasonably careful manner so as not to unreasonably or unnecessarily expose the property to damage, wear or depreciation and to keep the property in good order and repair. I also promise that any property traded in is free from any indebtedness unless I have advised you otherwise; I will keep the property securing this contract free from liens and will not sell it, transfer it, or use it for hire or illegally. The property will be kept at my residence or chief place of business as stated in this contract, and not removed from the state without your express written consent. Any damage or loss to the property is at my risk; loss of, injury to, or destruction of the property will not release me from my obligations under this contract.

I will promptly pay all taxes and assessments on the property or on this contract, and for the use and operation of the property.

Property Insurance: I will obtain and keep in force property insurance on the property and any other such insurance you request, all in form amount satisfactory to you. I authorize (but do not require) you to renew or replace any such insurance that expires or is cancelled during the term of this contract. I will reimburse you for the cost of such insurance.

I grant to you my power of attorney, which may not be revoked until the balance of this contract is paid in full, to file proof of loss or claims to collect from any insurer any amount due as a result of loss, damage, or destruction of the property; agree on my behalf to the amount of any such recovery; designate payee(s) for such recoveries; release paying insurers from further liability; grant subrogation rights to such insurers; and endorse settlement checks or drafts. I agree not to exercise any of these powers without your written consent. I further authorize insurers to make any payments pursuant to my coverage direct to you. If I am in default, I authorize you to cancel any insurance and credit the premium refund against the unpaid balance due under this contract.

Credit Insurance: Purchase of credit insurance described on the front of this contract is not required as a condition of granting the credit and may be cancelled by me at any time by written notice to Seller. I have the right to rescind any credit insurance by giving written notice to the insurer within 15 days after receipt of the insurance certificate describing such coverage. If the credit insurance is rescinded, the full premium will be refunded or credited to the balance owing under this contract.

Miscellaneous: This contract shall constitute the entire agreement between the parties, and no waivers or modification of its terms shall be valid or binding unless written upon or attached to this contract. This contract shall apply to, benefit, and bind the heirs, executors, administrators, successors, and assigns of the parties. The contract shall be governed by, and construed under the laws of Florida.

You may correct patent errors in this contract. Any notices to me will be sufficiently given if mailed to my address shown on this contract. You may accept any payment after I default, or after any transfer, renewal, extension or assignment of this contract, without affecting your rights. I agree that, if you fail to exercise any of your rights upon my default, it shall not be considered as a waiver of any of your rights upon subsequent default (s). I waive all rights of exemption with respect to the property securing this contract.

NOTICE

ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

Accepted By Seller and Assigned Without Recourse: For value received, Seller hereby sells, assigns and transfers to: _____

_____ located at _____

("Assignee") all right, title and interest of Seller in and to this contract without right of recourse against Seller as to Buyer's obligation to pay, subject to terms and conditions and all covenants, representations, and warranties of Seller set forth in the General Dealer Agreement now existing between Seller and Assignee. For Seller identified on the reverse hereof.

by _____ Date: _____

TITLE

<i>SERFF Tracking Number:</i>	<i>ALSX-125562278</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>First Colonial Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AF-00007</i>		
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

03/31/2008

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

AR - NAIC FORM FILING SCHEDULE.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: 50%; 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 #
Allstate	008

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
First Colonial Insurance Company	FL	29980	59-2773658	

5. Company Tracking Number	AF-00007
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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
	Carrie M. Deppe 2775 Sanders Road, Suite A5 Northbrook IL 60062	Assistant State Filings Manager	800-366-2958 Ext. 22774	847-402-9757	cdepp@allstate.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Carrie M. Deppe

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

9.	Type of Insurance (TOI)	28.0 Credit
10.	Sub-Type of Insurance (Sub-TOI)	28.0003 Personal Property
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: 4/11/07 Renewal: 4/11/07
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	Not applicable
17.	Reference Organization # & Title	Not applicable
18.	Company's Date of Filing	March 20, 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 #	AF-00007
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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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Submitted as an informational filing, we provide form FPS4502RAR1 (02/08). The informational filing is made to update the form number and logo to coincide with a recent Credit Life and Disability filing made by our sister company, American Heritage Life Insurance Company, under SERFF filing ALST-125490580. No changes have been made to the form in relation to the credit property portion of the form. The filing is made to keep the form number consistent. The filing will replace form FPS4502RAR (04/04), approved by your Department on May 25, 2004.

Unless otherwise advised by your Department, we may vary the layout of the Insurance information in the Schedule subsequent to your Department's formal approval. These changes may become necessary in order to accommodate the data processing system of the Creditor. Sections within brackets are variable and may change according to the agreement with the Creditor Policyholder. However, they will never be more restrictive to the Insured than allowed by law.

These forms may be utilized in either an electronic or paper format. The forms will be printed individually if electronic, or either front and back or individually if paper. The font style may change to accommodate the various platform systems. If used in an electronic format, you have our assurance that appropriate security standards will be implemented to prohibit alteration of the forms.

Any logo, officer signature or Home Office address and telephone number that appears on these forms is subject to change.

22.	<p>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]</p> <p>Check #: Not applicable. Sent via EFT. Amount: \$50.00</p> <p>Form filing</p> <p style="text-align: center;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>
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***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AF-00007
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	Not applicable
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Retail Installment Contract Schedule	FPS4502RAR1 02/08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	FPS4502RAR	
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		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input 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		