

SERFF Tracking Number: FORE-125503168 State: Arkansas
Filing Company: Foremost Insurance Company Grand Rapids, Michigan State Tracking Number: EFT \$100
Company Tracking Number: C-72
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Basics Dwelling and Homeowners Insurance Program
Project Name/Number: /

Filing at a Glance

Company: Foremost Insurance Company Grand Rapids, Michigan
Product Name: Basics Dwelling and Homeowners Insurance Program SERFF Tr Num: FORE-125503168 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: C-72 State Status: Fees verified and received
Filing Type: Rate Co Status: Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
Disposition Date: 03/14/2008
Authors: Kaan Cidanli, Christine Mooney
Date Submitted: 03/14/2008 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:
change to vacant/unoccupied dwelling rate only

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: Domicile Status Comments: n/a
Reference Organization: n/a Reference Number: n/a
Reference Title: n/a Advisory Org. Circular: n/a
Filing Status Changed: 03/14/2008
State Status Changed: 03/14/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Revision to Vacant/Unoccupied annual rates/premiums.

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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: Rates
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Foremost Insurance Company Grand Rapids, Michigan	\$100.00	03/14/2008	18663311

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	03/14/2008	03/14/2008

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Disposition

Disposition Date: 03/14/2008

Effective Date (New): 06/01/2008

Effective Date (Renewal): 06/01/2008

Status: Filed

Comment: change to vacant/unoccupied rate only; not an overall rate change

Rate data does NOT apply to filing.

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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	Form H-1 Homeowners Abstract	Filed	Yes
Supporting Document	Form RF-1 Rate Filing Abstract	Filed	Yes
Rate	Table of Contents, Rate Pages	Filed	Yes

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 Product Name: Basics Dwelling and Homeowners Insurance Program
 Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: File & Use
Rate Change Type: Decrease
Overall Percentage of Last Rate Revision: 0.800%
Effective Date of Last Rate Revision: 03/01/2006
Filing Method of Last Filing: Prior Approval

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):
Foremost Insurance Company Grand Rapids, Michigan	0.000%	-3.700%	\$-101,484	129	\$2,743,060	-57.200%	0.000%

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 Product Name: Basics Dwelling and Homeowners Insurance Program
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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Table of Contents, Rate Pages	Table of Contents - Page 1 and Rate Pages R-14, R-18 thru R-43	Replacement	AR-Manual Pages.PDF

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

TABLE OF CONTENTS

SECTION PAGE NUMBER

RULES

Program Rules 1 thru 3 and E-1

RATES

* Program Rates R-1 thru R-43

FORMS

FORM NUMBER

The forms/endorsements are categorically listed under the Coverage Grant(s) and/or Homeowners Policy with which they may be used.

BASICS ONE DWELLING COVERAGE GRANT
BASICS SPECIAL DWELLING COVERAGE GRANT
HOMEOWNERS POLICY

Loss Payee	10005	01/93
Additional Named Insured	10006	01/93
Unrelated Named Insured	10007	01/93
Additional Insured - Nonresident	10012	01/93
Trampoline Liability Exclusion	20051	03/05
Declarations Page	80000	04/93

BASICS ONE DWELLING COVERAGE GRANT
BASICS SPECIAL DWELLING COVERAGE GRANT

Loss Assessment Coverage For Earthquake	10009	01/93
Comprehensive Personal Liability Coverage Grant	10010	05/95
Loss Assessment Property Coverage	10011	01/93
Office or Professional Use of Residence Premises Section II	10013	01/93
Personal Property Relating To Office or Professional Use of Residence Premises	10014	01/93
Replacement Cost For Personal Property Coverage	10052	01/96
Earthquake - Including Masonry Veneer	10056	04/96
Earthquake	10057	04/96
Comprehensive Personal Liability Coverage Grant Animal Liability Exclusion	10140	04/00
Exception to Coverage – Mold, Mildew, or Other Fungi, Their Secretions, and Dry and Wet Rot	10173	05/02
Basics Dwelling Policy	20000	01/93
Basics One Dwelling Coverage Grant	20001	01/93
Basics Special Dwelling Coverage Grant	20002	01/93

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
 (Continued)

BASICS ONE DWELLING COVERAGE GRANT

* COVERAGE A - DWELLING
 (Except Peril of Vandalism or Malicious Mischief)
 Vacant/Unoccupied

Base Rates

<u>Amount of Insurance</u>	Territories A, B, C and D		
	<u>1-8</u>	<u>8B-9</u>	<u>10</u>
\$5,000	\$127.50	\$266.50	\$312.50
For each additional \$100 add:	1.05	2.33	2.75

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
(Continued)

BASICS ONE DWELLING COVERAGE GRANT

* COVERAGE B - OTHER STRUCTURES

(Except Peril of Vandalism or Malicious Mischief)

Vacant/Unoccupied

Base Rates

Rate Per \$100 of Insurance

Territory A Public Protection Class		
<u>1-8</u>	<u>8B-9</u>	<u>10</u>
\$1.50	\$3.75	\$4.50

Territory B Public Protection Class		
<u>1-8</u>	<u>8B-9</u>	<u>10</u>
\$2.25	\$5.63	\$6.75

Territory C Public Protection Class		
<u>1-8</u>	<u>8B-9</u>	<u>10</u>
\$1.80	\$4.50	\$5.40

Territory D Public Protection Class		
<u>1-8</u>	<u>8B-9</u>	<u>10</u>
\$1.35	\$3.38	\$4.05

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
 (Continued)

BASICS SPECIAL DWELLING COVERAGE GRANT

COVERAGE B - OTHER STRUCTURES

Base Rates

Rate Per \$100 of Insurance

Territory A Public Protection Class				
<u>1 - 6</u>	<u>7</u>	<u>8</u>	<u>8B-9</u>	<u>10</u>
\$1.50	\$1.77	\$2.30	\$3.75	\$4.50

Territory B Public Protection Class				
<u>1 - 6</u>	<u>7</u>	<u>8</u>	<u>8B-9</u>	<u>10</u>
\$2.25	\$2.66	\$3.44	\$5.63	\$6.75

Territory C Public Protection Class				
<u>1 - 6</u>	<u>7</u>	<u>8</u>	<u>8B-9</u>	<u>10</u>
\$1.80	\$2.12	\$2.75	\$4.50	\$5.40

Territory D Public Protection Class				
<u>1 - 6</u>	<u>7</u>	<u>8</u>	<u>8B-9</u>	<u>10</u>
\$1.35	\$1.59	\$2.07	\$3.38	\$4.05

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
(Continued)

BASICS ONE DWELLING COVERAGE GRANT

COVERAGE C - PERSONAL PROPERTY

(Except Peril of Vandalism or Malicious Mischief)

Base Rates

*

<u>Amount of Insurance</u>	Territory A Public Protection Class				
	<u>1 - 6</u>	<u>7</u>	<u>8</u>	<u>8B-9</u>	<u>10</u>
First \$100	\$15.76	\$18.57	\$24.04	\$39.21	\$47.02
Each additional \$100	\$.76	\$.87	\$1.09	\$1.71	\$2.02

<u>Amount of Insurance</u>	Territory B Public Protection Class				
	<u>1 - 6</u>	<u>7</u>	<u>8</u>	<u>8B-9</u>	<u>10</u>
First \$100	\$23.65	\$27.87	\$36.08	\$58.83	\$70.55
Each additional \$100	\$1.15	\$1.32	\$1.65	\$2.58	\$3.05

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
 (Continued)

BASICS ONE DWELLING COVERAGE GRANT

COVERAGE C - PERSONAL PROPERTY

(Except Peril of Vandalism or Malicious Mischief)

Base Rates

*

<u>Amount of Insurance</u>	Territory C Public Protection Class				
	<u>1 - 6</u>	<u>7</u>	<u>8</u>	<u>8B-9</u>	<u>10</u>
First \$100	\$18.92	\$22.30	\$28.86	\$47.06	\$56.44
Each additional \$100	\$.92	\$ 1.06	\$1.32	\$2.06	\$2.44

<u>Amount of Insurance</u>	Territory D Public Protection Class				
	<u>1 - 6</u>	<u>7</u>	<u>8</u>	<u>8B-9</u>	<u>10</u>
First \$100	\$14.19	\$16.72	\$21.65	\$35.30	\$42.33
Each additional \$100	\$.69	\$.79	\$.99	\$1.55	\$1.83

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
(Continued)

BASICS ONE DWELLING COVERAGE GRANT

* COVERAGE C - PERSONAL PROPERTY

(Except Peril of Vandalism or Malicious Mischief)

Vacant/Unoccupied

Base Rates

Territory A

<u>Amount of Insurance</u>	<u>Public Protection Class</u>		
	<u>1-8</u>	<u>8B-9</u>	<u>10</u>
First \$100	\$15.76	\$39.21	\$47.02
Each additional \$100	\$.76	\$1.71	\$2.02

Territory B

<u>Amount of Insurance</u>	<u>Public Protection Class</u>		
	<u>1-8</u>	<u>8B-9</u>	<u>10</u>
First \$100	\$23.65	\$58.83	\$70.55
Each additional \$100	\$1.15	\$2.58	\$3.05

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
(Continued)

BASICS ONE DWELLING COVERAGE GRANT

* COVERAGE C - PERSONAL PROPERTY

(Except Peril of Vandalism or Malicious Mischief)

Vacant/Unoccupied

Base Rates

Territory C

<u>Amount of Insurance</u>	<u>Public Protection Class</u>		
	<u>1-8</u>	<u>8B-9</u>	<u>10</u>
First \$100	\$18.92	\$47.06	\$56.44
Each additional \$100	\$.92	\$2.06	\$2.44

Territory D

<u>Amount of Insurance</u>	<u>Public Protection Class</u>		
	<u>1-8</u>	<u>8B-9</u>	<u>10</u>
First \$100	\$14.19	\$35.30	\$42.33
Each additional \$100	\$.69	\$1.55	\$1.83

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
(Continued)

BASICS SPECIAL DWELLING COVERAGE GRANT

COVERAGE C - PERSONAL PROPERTY

Base Rates

<u>Amount of Insurance</u>	Territory A Public Protection Class				
	<u>1 - 6</u>	<u>7</u>	<u>8</u>	<u>8B-9</u>	<u>10</u>
First \$100	\$16.13	\$18.94	\$24.41	\$39.58	\$47.39
Each additional \$100	\$1.13	\$1.24	\$1.46	\$2.08	\$2.39

<u>Amount of Insurance</u>	Territory B Public Protection Class				
	<u>1 - 6</u>	<u>7</u>	<u>8</u>	<u>8B-9</u>	<u>10</u>
First \$100	\$24.20	\$28.42	\$36.63	\$59.38	\$71.10
Each additional \$100	\$1.70	\$1.87	\$2.20	\$3.13	\$3.60

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
(Continued)

BASICS SPECIAL DWELLING COVERAGE GRANT

COVERAGE C - PERSONAL PROPERTY

Base Rates

<u>Amount of Insurance</u>	Territory C Public Protection Class				
	<u>1 - 6</u>	<u>7</u>	<u>8</u>	<u>8B-9</u>	<u>10</u>
First \$100	\$19.36	\$22.74	\$29.30	\$47.50	\$56.88
Each additional \$100	\$1.36	\$1.50	\$1.76	\$2.50	\$2.88

<u>Amount of Insurance</u>	Territory D Public Protection Class				
	<u>1 - 6</u>	<u>7</u>	<u>8</u>	<u>8B-9</u>	<u>10</u>
First \$100	\$14.52	\$17.05	\$21.98	\$35.63	\$42.66
Each additional \$100	\$1.02	\$1.12	\$1.32	\$1.88	\$2.16

Foremost® Insurance Company
Grand Rapids, Michigan

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
(Continued)

HOMEOWNERS POLICY

Base Premiums

Territory A

Amount of Insurance	Public Protection Class					Amount of Insurance	Public Protection Class				
	1 – 6	7	8	8B-9	10		1 – 6	7	8	8B-9	10
\$20000	\$505	\$576	\$672	\$ 984	\$1152	\$62000	\$1178	\$1351	\$1581	\$2331	\$2735
21000	522	596	696	1019	1192	63000	1195	1371	1605	2366	2775
22000	536	613	715	1048	1226	64000	1210	1387	1624	2395	2809
23000	554	633	738	1082	1267	65000	1227	1407	1648	2429	2850
24000	570	652	760	1115	1305	66000	1242	1424	1667	2458	2884
25000	587	671	784	1149	1346	67000	1258	1443	1689	2491	2922
26000	601	687	802	1176	1378	68000	1274	1462	1711	2524	2960
27000	618	707	825	1211	1418	69000	1292	1481	1734	2558	3001
28000	634	726	847	1244	1457	70000	1307	1499	1755	2589	3037
29000	652	745	871	1278	1497	71000	1324	1519	1779	2624	3078
30000	666	762	890	1307	1531	72000	1338	1534	1797	2650	3109
31000	683	782	913	1342	1572	73000	1355	1554	1820	2685	3150
32000	698	799	933	1370	1606	74000	1370	1572	1841	2716	3186
33000	715	818	956	1405	1646	75000	1387	1591	1863	2748	3225
34000	729	835	976	1434	1680	76000	1402	1608	1884	2779	3261
35000	747	855	999	1468	1721	77000	1419	1628	1907	2814	3301
36000	762	873	1020	1499	1757	78000	1435	1646	1928	2845	3337
37000	779	892	1043	1534	1798	79000	1451	1665	1950	2877	3376
38000	794	909	1063	1563	1831	80000	1467	1683	1971	2908	3412
39000	811	929	1086	1597	1872	81000	1484	1702	1994	2943	3453
40000	826	947	1107	1628	1908	82000	1498	1719	2013	2971	3487
41000	844	966	1130	1663	1949	83000	1515	1738	2035	3004	3525
42000	858	983	1149	1691	1983	84000	1530	1755	2056	3035	3561
43000	875	1002	1172	1724	2021	85000	1547	1775	2079	3069	3602
44000	890	1020	1192	1755	2057	86000	1562	1792	2099	3098	3636
45000	906	1038	1214	1787	2096	87000	1579	1812	2122	3133	3676
46000	922	1056	1235	1818	2132	88000	1595	1831	2144	3166	3715
47000	939	1076	1258	1853	2172	89000	1612	1849	2166	3198	3753
48000	955	1095	1280	1885	2211	90000	1626	1866	2186	3227	3787
49000	971	1112	1301	1916	2247	91000	1643	1886	2209	3262	3827
50000	986	1130	1322	1947	2283	92000	1659	1904	2230	3292	3864
51000	1003	1150	1345	1982	2324	93000	1676	1923	2253	3327	3904
52000	1018	1166	1365	2010	2358	94000	1690	1940	2273	3356	3938
53000	1035	1186	1388	2045	2398	95000	1707	1959	2295	3389	3977
54000	1050	1204	1409	2076	2434	96000	1723	1978	2317	3421	4015
55000	1067	1223	1431	2108	2473	97000	1739	1996	2339	3454	4053
56000	1081	1239	1450	2137	2507	98000	1756	2015	2361	3487	4092
57000	1098	1259	1474	2172	2547	99000	1772	2034	2383	3519	4130
58000	1115	1278	1496	2205	2586	100000	1788	2053	2405	3552	4168
59000	1132	1298	1519	2239	2626						
60000	1146	1315	1539	2268	2660						
61000	1163	1333	1561	2301	2698						
						Additional Rate					
						Per \$1,000	16.34	18.78	22.05	32.67	38.39

Foremost® Insurance Company
Grand Rapids, Michigan

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
(Continued)

HOMEOWNERS POLICY

Base Premiums

Territory B

Amount of Insurance	Public Protection Class					Amount of Insurance	Public Protection Class					
	1 – 6	7	8	8B-9	10		1 – 6	7	8	8B-9	10	
\$20000	\$745	\$852	\$ 997	\$1464	\$1716	\$62000	\$1755	\$2015	\$2361	\$3486	\$4092	
21000	771	882	1032	1516	1777	63000	1781	2044	2396	3538	4153	
22000	792	907	1061	1559	1828	64000	1803	2069	2426	3581	4204	
23000	818	937	1096	1611	1889	65000	1829	2099	2461	3633	4265	
24000	843	965	1129	1660	1947	66000	1851	2124	2490	3676	4315	
25000	869	995	1164	1712	2008	67000	1875	2152	2523	3725	4373	
26000	889	1018	1191	1753	2055	68000	1900	2180	2556	3774	4431	
27000	915	1048	1226	1804	2116	69000	1926	2210	2591	3826	4492	
28000	939	1076	1259	1853	2174	70000	1949	2237	2622	3872	4546	
29000	965	1106	1294	1905	2235	71000	1975	2267	2657	3924	4607	
30000	987	1131	1324	1949	2285	72000	1995	2290	2685	3965	4654	
31000	1013	1161	1359	2001	2346	73000	2021	2320	2720	4016	4715	
32000	1034	1186	1388	2044	2397	74000	2044	2346	2751	4063	4770	
33000	1060	1215	1423	2096	2458	75000	2068	2374	2784	4112	4827	
34000	1082	1240	1452	2139	2509	76000	2091	2401	2815	4158	4881	
35000	1108	1270	1487	2191	2570	77000	2117	2431	2850	4210	4942	
36000	1131	1297	1518	2237	2624	78000	2140	2457	2881	4256	4997	
37000	1157	1327	1553	2289	2685	79000	2165	2485	2914	4305	5054	
38000	1179	1351	1583	2332	2736	80000	2188	2512	2946	4351	5109	
39000	1205	1381	1618	2384	2797	81000	2214	2542	2981	4403	5170	
40000	1228	1408	1649	2430	2851	82000	2236	2567	3010	4446	5220	
41000	1254	1438	1684	2482	2912	83000	2260	2595	3043	4495	5278	
42000	1275	1462	1713	2525	2963	84000	2283	2621	3074	4541	5332	
43000	1300	1491	1746	2574	3021	85000	2309	2651	3109	4593	5393	
44000	1323	1517	1777	2621	3075	86000	2331	2676	3138	4637	5444	
45000	1347	1545	1810	2670	3133	87000	2357	2706	3173	4688	5505	
46000	1370	1572	1842	2716	3187	88000	2381	2734	3206	4737	5563	
47000	1396	1602	1877	2768	3248	89000	2406	2762	3239	4786	5620	
48000	1421	1630	1910	2817	3306	90000	2427	2787	3269	4830	5671	
49000	1444	1656	1941	2863	3360	91000	2453	2817	3304	4882	5732	
50000	1467	1683	1972	2909	3414	92000	2476	2844	3335	4928	5786	
51000	1493	1713	2007	2961	3475	93000	2502	2873	3370	4980	5847	
52000	1515	1738	2036	3004	3526	94000	2524	2898	3399	5023	5898	
53000	1541	1768	2071	3056	3587	95000	2549	2927	3432	5072	5956	
54000	1564	1794	2102	3102	3641	96000	2573	2955	3465	5121	6013	
55000	1588	1822	2136	3151	3699	97000	2598	2983	3498	5170	6071	
56000	1610	1847	2165	3195	3750	98000	2622	3011	3532	5219	6129	
57000	1636	1877	2200	3246	3811	99000	2647	3039	3565	5268	6186	
58000	1660	1905	2233	3295	3868	100000	2671	3067	3598	5317	6244	
59000	1686	1935	2268	3347	3929							
60000	1708	1960	2297	3391	3980							
61000	1732	1988	2330	3440	4038							
							Additional Rate					
							Per \$1,000	24.51	28.19	33.10	49.03	57.61

Foremost® Insurance Company
Grand Rapids, Michigan

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
(Continued)

HOMEOWNERS POLICY

Base Premiums

Territory C

Amount of Insurance	Public Protection Class					Amount of Insurance	Public Protection Class				
	1 – 6	7	8	8B-9	10		1 – 6	7	8	8B-9	10
\$20000	\$528	\$604	\$705	\$1032	\$1208	\$62000	\$1236	\$1417	\$1659	\$2447	\$2870
21000	547	625	729	1068	1251	63000	1254	1438	1684	2483	2913
22000	562	642	750	1099	1286	64000	1269	1455	1704	2513	2948
23000	580	663	774	1135	1329	65000	1287	1476	1729	2550	2991
24000	597	683	797	1169	1369	66000	1302	1494	1749	2580	3027
25000	615	704	822	1206	1412	67000	1320	1513	1772	2614	3067
26000	629	720	841	1234	1445	68000	1337	1533	1796	2648	3107
27000	648	741	865	1270	1488	69000	1355	1554	1820	2685	3150
28000	665	760	889	1304	1528	70000	1371	1572	1842	2717	3188
29000	683	781	913	1341	1571	71000	1389	1593	1866	2753	3231
30000	698	799	933	1371	1606	72000	1403	1610	1885	2782	3264
31000	716	820	958	1407	1649	73000	1421	1630	1910	2818	3306
32000	731	837	978	1438	1685	74000	1438	1649	1932	2850	3344
33000	749	858	1003	1474	1727	75000	1455	1669	1955	2885	3385
34000	765	875	1023	1504	1763	76000	1471	1687	1977	2917	3423
35000	783	896	1048	1541	1806	77000	1489	1708	2001	2953	3465
36000	799	915	1070	1573	1844	78000	1505	1727	2023	2985	3503
37000	817	936	1094	1609	1886	79000	1522	1746	2046	3020	3544
38000	832	953	1115	1639	1922	80000	1539	1765	2068	3052	3582
39000	850	974	1139	1676	1964	81000	1557	1786	2093	3088	3624
40000	867	992	1161	1708	2002	82000	1572	1803	2113	3119	3660
41000	885	1013	1185	1744	2045	83000	1589	1823	2136	3153	3700
42000	900	1031	1206	1775	2081	84000	1605	1842	2158	3185	3738
43000	917	1050	1229	1809	2121	85000	1623	1862	2182	3222	3781
44000	933	1069	1251	1841	2159	86000	1638	1880	2203	3252	3816
45000	950	1089	1274	1876	2199	87000	1657	1901	2227	3288	3859
46000	966	1107	1296	1908	2237	88000	1674	1920	2251	3322	3899
47000	985	1128	1320	1944	2280	89000	1691	1940	2274	3357	3940
48000	1002	1148	1343	1978	2320	90000	1706	1958	2294	3387	3975
49000	1018	1166	1365	2011	2358	91000	1724	1978	2319	3423	4018
50000	1034	1185	1387	2043	2396	92000	1740	1997	2340	3456	4056
51000	1052	1206	1412	2079	2439	93000	1758	2018	2365	3492	4098
52000	1067	1223	1432	2110	2474	94000	1774	2035	2385	3522	4134
53000	1085	1244	1456	2146	2517	95000	1791	2055	2409	3557	4174
54000	1102	1263	1478	2178	2555	96000	1808	2075	2432	3591	4215
55000	1119	1282	1501	2213	2595	97000	1825	2094	2455	3625	4255
56000	1134	1300	1522	2243	2631	98000	1842	2114	2478	3659	4295
57000	1152	1321	1546	2279	2673	99000	1859	2134	2501	3694	4335
58000	1169	1340	1570	2313	2714	100000	1877	2154	2524	3728	4376
59000	1187	1361	1594	2350	2756						
60000	1203	1379	1614	2380	2792						
61000	1220	1398	1638	2414	2832						
						Additional Rate					
						Per \$1,000	17.15	19.72	23.15	34.31	40.31

Foremost® Insurance Company
Grand Rapids, Michigan

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
(Continued)

HOMEOWNERS POLICY

Base Premiums

Territory D

Amount of Insurance	Public Protection Class					Amount of Insurance	Public Protection Class					
	1 – 6	7	8	8B-9	10		1 – 6	7	8	8B-9	10	
\$20000	\$337	\$384	\$446	\$649	\$758	\$62000	\$775	\$888	\$1038	\$1525	\$1788	
21000	348	397	461	671	784	63000	786	901	1053	1548	1814	
22000	358	408	474	690	807	64000	796	912	1066	1566	1836	
23000	369	420	489	713	833	65000	807	924	1081	1589	1863	
24000	379	433	504	734	858	66000	816	935	1094	1608	1885	
25000	391	446	519	756	884	67000	827	947	1108	1629	1910	
26000	399	456	531	774	905	68000	838	960	1122	1650	1935	
27000	411	469	546	796	931	69000	849	973	1137	1673	1961	
28000	421	481	560	818	956	70000	859	984	1151	1693	1985	
29000	433	494	575	840	983	71000	870	997	1166	1715	2011	
30000	442	505	588	859	1005	72000	879	1007	1178	1733	2032	
31000	453	518	603	881	1031	73000	890	1020	1193	1755	2058	
32000	463	528	616	900	1053	74000	900	1032	1207	1775	2082	
33000	474	541	631	923	1080	75000	911	1044	1221	1796	2107	
34000	483	552	644	941	1102	76000	921	1055	1234	1816	2130	
35000	494	565	659	964	1128	77000	932	1068	1250	1839	2157	
36000	504	576	672	984	1152	78000	942	1080	1263	1859	2180	
37000	516	589	688	1006	1178	79000	953	1092	1277	1880	2205	
38000	525	600	700	1025	1200	80000	963	1104	1291	1900	2229	
39000	536	613	715	1048	1227	81000	974	1116	1306	1923	2255	
40000	546	625	729	1068	1250	82000	983	1127	1319	1941	2277	
41000	558	638	744	1090	1277	83000	994	1139	1333	1963	2302	
42000	567	648	757	1109	1299	84000	1004	1151	1347	1983	2325	
43000	578	661	771	1130	1324	85000	1015	1164	1362	2005	2352	
44000	588	672	785	1150	1347	86000	1024	1175	1375	2024	2374	
45000	598	684	799	1171	1372	87000	1036	1188	1390	2046	2400	
46000	608	696	812	1191	1396	88000	1046	1200	1404	2068	2425	
47000	619	709	828	1214	1422	89000	1057	1212	1418	2089	2450	
48000	630	721	842	1235	1447	90000	1066	1223	1431	2108	2472	
49000	640	732	855	1255	1470	91000	1078	1236	1446	2130	2499	
50000	650	744	869	1275	1494	92000	1088	1247	1460	2150	2522	
51000	661	757	884	1298	1520	93000	1099	1260	1475	2173	2549	
52000	671	768	897	1316	1542	94000	1108	1271	1488	2191	2571	
53000	682	781	912	1339	1569	95000	1119	1283	1502	2213	2596	
54000	692	792	926	1359	1592	96000	1129	1295	1516	2234	2621	
55000	703	804	940	1380	1617	97000	1140	1308	1531	2255	2646	
56000	712	815	953	1399	1639	98000	1151	1320	1545	2276	2671	
57000	723	828	968	1421	1666	99000	1161	1332	1559	2298	2696	
58000	734	840	982	1443	1691	100000	1172	1344	1574	2319	2721	
59000	745	853	997	1465	1717							
60000	754	864	1010	1484	1739							
61000	765	876	1024	1505	1764							
							Additional Rate					
							Per \$1,000	10.62	12.22	14.35	21.25	24.97

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
(Continued)

HOMEOWNERS POLICY

COVERAGE B – OTHER STRUCTURES

<u>Territory</u>	<u>For Each Additional \$1,000 of Insurance</u>
A	\$15.00
B	22.50
C	15.80
D	9.75

COVERAGE C – PERSONAL PROPERTY

<u>Territory</u>	<u>For Each Additional \$1,000 of Insurance</u>
A	\$11.30
B	17.00
C	11.90
D	7.35

COVERAGE D - ADDITIONAL LIVING EXPENSES

<u>Territory</u>	<u>For Each Additional \$1,000 of Insurance</u>
A	\$5.00
B	7.50
C	5.30
D	3.25

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
(Continued)

PREMIUM MODIFICATION FACTORS

CREDIT BASED INSURANCE RISK ASSESSMENT SCORE

<u>Score</u>	<u>Factor</u>
<375	+.90
375 – 499	+.35
500 – 699	.00
700+	-.10

DWELLINGS CONSTRUCTED PRIOR TO 1930

Apply a factor of +.25 if the dwelling or any part of the dwelling was constructed prior to 1930.

MASONRY DISCOUNT

Apply a factor of -.15 if the dwelling is constructed with at least 90% brick, masonry veneer, or fire resistive construction.

NAMED INSURED 50 YEARS OF AGE OR OLDER

Apply a factor of -.05 when any Named Insured in an owner occupied dwelling is 50 years of age or older.

OWNER OCCUPIED DWELLING

Apply a factor of -.10 for owner occupied risks. Homeowners and seasonal/secondary residence risks not applicable. This only applies to policies insured using the Basics Special Dwelling Coverage Grant or the Basics One Dwelling Coverage Grant.

PROTECTIVE DEVICE

- Apply a factor of -.05 if the dwelling is protected by a fire alarm system that alerts a central station or directly notifies the fire department.
- Apply a factor of -.02 if the dwelling is protected by an electronic burglar alarm system that alerts a central station or the residents of the dwelling.

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
(Continued)

PREMIUM MODIFICATION FACTORS (Continued)

ROW HOUSE

Apply a factor of +.25 when the dwelling is a row house.

TWO, THREE OR FOUR FAMILY DWELLINGS

<u>Families Per Dwelling</u>	<u>Factor</u>
2	+.10
3	+.50
4	+.50

WOOD BURNER

A \$50 premium applies when the dwelling or other structure is equipped with a wood burning device other than a fireplace or fireplace with insert.

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
(Continued)

BASICS ONE DWELLING COVERAGE GRANT
BASICS SPECIAL DWELLING COVERAGE GRANT

DEDUCTIBLE

<u>Deductible Amount</u>	<u>Deductible Factor</u>
\$ 100	1.15
250	1.00
500	.90
1,000	.85
2,500	.80
5,000	.70

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
(Continued)

HOMEOWNERS POLICY

DEDUCTIBLE

<u>Deductible Amount</u>	<u>Deductible Factor</u>	<u>Maximum Dollar Amount Credit</u>
\$ 100	1.15	
250	1.00	
500	.90	\$200
1,000	.85	400
2,500	.80	800
5,000	.70	999

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
(Continued)

BASICS ONE DWELLING COVERAGE GRANT

COVERAGE A – DWELLING
COVERAGE B – OTHER STRUCTURES
COVERAGE C – PERSONAL PROPERTY

PERIL OF VANDALISM OR MALICIOUS MISCHIEF

Non-Vacant/Occupied

<u>Territory</u>	<u>Rate Per \$100 of Insurance</u>
A	\$.10
B	.15
C	.12
D	.09

* Vacant/Unoccupied

Rates Per \$100 of Insurance
of Coverage A - Dwelling

<u>Territory A</u>	<u>Territory B</u>	<u>Territory C</u>	<u>Territory D</u>
\$.10	\$.10	\$.10	\$.10

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
(Continued)

BASICS ONE DWELLING COVERAGE GRANT
BASICS SPECIAL DWELLING COVERAGE GRANT
HOMEOWNERS POLICY

EARTHQUAKE

10% Earthquake Deductible (\$1,000 minimum)

Territories A, C and D: \$10 + \$1.00 per \$1,000 of insurance
Territory B: \$10 + \$1.50 per \$1,000 of insurance

EARTHQUAKE - INCLUDING MASONRY VENEER

10% Earthquake Deductible (\$1,000 minimum)

Territories A, C and D: \$10 + \$1.00 per \$1,000 of insurance
Territory B: \$10 + \$1.50 per \$1,000 of insurance

LOSS ASSESSMENT COVERAGE FOR EARTHQUAKE

\$250 Deductible

\$1.00 per \$1,000 of insurance

UNRELATED NAMED INSURED

\$25

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
 (Continued)

BASICS ONE DWELLING COVERAGE GRANT
 BASICS SPECIAL DWELLING COVERAGE GRANT

AMENDMENT TO LANDLORD LIABILITY
EXPANDED PERSONAL LIABILITY COVERAGES

<u>Limits</u>	<u>Premiums</u>
\$ 25,000	\$18
50,000	22
100,000	27
300,000	35
500,000	41

BROAD THEFT COVERAGE
 \$250 Deductible

\$44 for \$1,000 of insurance

COMPREHENSIVE PERSONAL LIABILITY COVERAGE GRANT

(\$500 Medical Payments To Others Coverage and \$500 Damage To Property Of Others automatically included)

COVERAGE L - PERSONAL LIABILITY COVERAGE

<u>Limits</u>	<u>1 Family</u>	<u>2 Family</u>
\$ 25,000	\$35	\$ 53
50,000	43	65
100,000	53	80
300,000	70	105
500,000	79	119

COVERAGE M - MEDICAL PAYMENTS TO OTHERS

<u>To Increase Limit To</u>	<u>Additional Premium</u>
\$1,000	\$ 5

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
 (Continued)

BASICS ONE DWELLING COVERAGE GRANT
 BASICS SPECIAL DWELLING COVERAGE GRANT

COVERAGE D - ADDITIONAL LIVING EXPENSES

<u>Territory</u>	<u>Rate Per \$100 of Insurance</u>
A	\$.50
B	.75
C	.60
D	.45

COVERAGE E - LOSS OF RENTS

<u>Territory</u>	<u>Rate Per \$100 of Insurance</u>
A	\$.50
B	.75
C	.60
D	.45

LANDLORD LIABILITY COVERAGE GRANT

(\$500 each person, \$10,000 each accident Medical Payments To Others Coverage automatically included)

COVERAGE G - PREMISES LIABILITY COVERAGE

<u>Limits</u>	<u>1 Family</u>	<u>Premiums</u> <u>2 Family</u>	<u>3 – 4 Family</u>
\$ 25,000	\$35	\$ 53	\$105
50,000	43	65	129
100,000	53	80	159
300,000	70	105	210
500,000	79	119	237

COVERAGE H - MEDICAL PAYMENTS TO OTHERS

<u>To Increase Limit To - Each Person</u>	<u>Additional Premium</u>
\$1,000	\$5

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
 (Continued)

BASICS ONE DWELLING COVERAGE GRANT
 BASICS SPECIAL DWELLING COVERAGE GRANT

LIMITED THEFT COVERAGE
 \$250 Deductible

\$30 for \$1,000 of insurance

LOSS ASSESSMENT PROPERTY COVERAGE
 \$250 Deductible

\$2.00 per \$1,000 of insurance

OFFICE OR PROFESSIONAL USE OF RESIDENCE PREMISES - SECTION II

<u>Limits</u>	<u>Premiums</u>
\$ 25,000	\$18
50,000	22
100,000	27
300,000	35
500,000	41

(Medical Payments To Others Coverage automatically included.)

PERSONAL PROPERTY RELATING TO OFFICE OR
 PROFESSIONAL USE OF RESIDENCE PREMISES

<u>Amount of Insurance</u>	<u>Basics One</u>	<u>Basics Special</u>
First \$100	\$15.76	\$16.13
Each additional \$100	.76	1.13

REPLACEMENT COST INCLUDING INFLATION GUARD

Basics Special Dwelling Coverage Grant only

\$10

WINDSTORM AND HAIL COVERAGE FOR SATELLITE
 DISHES AND RADIO AND TELEVISION AERIALS

\$4.00 per \$100 of insurance

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
(Continued)

BASICS SPECIAL DWELLING COVERAGE GRANT
HOMEOWNERS POLICY

REPLACEMENT COST FOR PERSONAL PROPERTY COVERAGE

<u>Amount of Insurance</u>	<u>Premium</u>
First \$100	\$5.20
Each additional \$100	.20

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
(Continued)

HOMEOWNERS POLICY

ADDITIONAL RESIDENCE – OWNER-OCCUPIED

Personal Liability Coverage	
<u>Limit of Liability</u>	<u>Premiums</u>
\$ 25,000	\$18
50,000	22
100,000	27
300,000	35
500,000	40

(Medical Payments To Others Coverage automatically included.)

ADDITIONAL RESIDENCE RENTED TO OTHERS

Personal Liability Coverage	
<u>Limit of Liability</u>	<u>Premiums</u>
\$ 25,000	\$27
50,000	33
100,000	40
300,000	53
500,000	59

(Medical Payments To Others Coverage automatically included.)

BUSINESS SAMPLES COVERAGE

Amount of Insurance \$2,500

<u>Deductible</u>	<u>Premiums</u>
\$ 100	\$49
250	43
500	39
1,000	34

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
(Continued)

HOMEOWNERS POLICY

COVERAGE C – PERSONAL PROPERTY SPECIAL AMOUNT
OF INSURANCE FOR BUSINESS PERSONAL PROPERTY

<u>Amount of Insurance</u>	<u>Homeowners</u>
First \$100	\$ 16.13
Each additional \$100	1.13

COVERAGE E - PERSONAL LIABILITY COVERAGE

<u>Limits</u>	<u>Premiums</u>
\$25,000	Included in Base Premium
50,000	Add \$ 8
100,000	Add 18
300,000	Add 35
500,000	Add 44

COVERAGE F - MEDICAL PAYMENTS TO OTHERS

<u>To Increase Limit To</u>	<u>Additional Premium</u>
\$1,000	\$ 5

EXPANDED COVERAGE ON JEWELRY, WATCHES, AND FURS

\$33

LOSS ASSESSMENT COVERAGE INCREASE IN AMOUNT OF INSURANCE
\$250 Deductible

\$2.00 per \$1,000 of insurance

ARKANSAS

BASICS DWELLING AND HOMEOWNERS INSURANCE PROGRAM

ANNUAL RATES/PREMIUMS
(Continued)

HOMEOWNERS POLICY

ON PREMISES STRUCTURES RENTED TO OTHERS

\$3.00 per \$100 of insurance

PERMITTED INCIDENTAL BUSINESS

<u>Limits</u>	<u>Premium</u>
\$ 25,000	\$ 18
50,000	22
100,000	27
300,000	35
500,000	41

(Medical Payments To Others Coverage automatically included.)

SERFF Tracking Number: FORE-125503168 State: Arkansas
Filing Company: Foremost Insurance Company Grand Rapids, Michigan State Tracking Number: EFT \$100
Company Tracking Number: C-72
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Basics Dwelling and Homeowners Insurance Program
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 03/14/2008

Comments:
see attached

Attachment:
AR-Transmittal Doc.pdf

Satisfied -Name: Form H-1 Homeowners Abstract **Review Status:** Filed 03/14/2008

Comments:
see attached

Attachment:
AR-Form H-1 Homeowners Abstract.pdf

Satisfied -Name: Form RF-1 Rate Filing Abstract **Review Status:** Filed 03/14/2008

Comments:
see attached

Attachment:
AR-Rate Filing Abstract RF-1.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:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3.	Group Name	Group NAIC #
	n/a	0212

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

5. Company Tracking Number	C-72
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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 Grand Rapids, Michigan P. O. Box 2450 Grand Rapids MI 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)	1.0000
10.	Sub-Type of Insurance (Sub-TOI)	1.0002
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Basics Dwelling and Homeowners Insurance 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: Sept. 1, 2008 Renewal: Sept. 1, 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	March 14, 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 # C-72

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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
Basics Dwelling and Homeowners Insurance Program
Revision to the Rate Section

Dear Commissioner Pickens:

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

VACANT/UNOCCUPIED

We are proposing to reduce our annual rates/premiums for vacant/unoccupied risks by -55.4%. This results in an overall effect, for our entire program, of -3.7%.

This change is intended to make us competitive in the vacant/unoccupied market.

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 September 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.

Please withdraw:

Table of Contents – Page 1 – Revised Printing 10/05
Rate Page R-14 – Revised Printing 10/05
Rate Pages R-18 thru R-22 – Revised Printing 6/02
Rate Pages R-23 thru R-26– Revised Printing 9/03
Rate Page R-27 – Revised Printing 1/01
Rate Pages R-28 and R-29 – Revised Printing 10/05
Rate Pages R-30 and R-31 – Revised Printing 1/01
Rate Page R-32 – Revised Printing 6/02
Rate Page R-33 – Original Printing 1/01
Rate Pages R-34 and R-35 – Revised Printing 10/05
Rate Pages R-36 thru R-40 – Original Printing 1/01

Please insert:

Table of Contents – Page 1 – Revised Printing 3/08
Rate Pages R-14 and R-18 thru R-40 – Revised Printing 3/08
Rate Pages R-41 thru R-43 – Original Printing 3/08

KKC/cm

Enclosures: \$100.00 EFT Payment
Transmittal Document
Form RF-1 Rate Filing Abstract
Form H-1 Homeowners Abstract
Rate Pages

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 payment 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; 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 #	C-72
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	n/a

Rate Increase x Rate Decrease Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File & Use
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)
Foremost Insurance Company Grand Rapids MI	0	-3.7%	-\$101,484	129	\$2,743,060	-57.2%	0

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)			
		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	+0.8%
7.	Effective Date of last rate revision	March 1, 2006
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Table of Contents – Page 1	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	Rate Pages R-14, R-18 thru R-40	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03	Rate Pages R-41 thru R-43	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

ARKANSAS INSURANCE DEPARTMENT

FORM H-1 HOMEOWNERS ABSTRACT

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
 NAIC # (including group #) Foremost Insurance Company Grand Rapids, Michigan 212-11185

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

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. n/a

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/a

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

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

a. Fire Extinguisher		%
b. Burglar Alarm	-2.0	%
c. Smoke Alarm		%
d. Insured who has both homeowners and auto with your company		%
e. Deadbolt Locks		%
f. Window or Door Locks		%
g. Other (specify) Masonry	-15.0	%
Fire Alarm	-5.0	%
Owner Occupied Discount	-10.0	%

6. Are there any areas in the State of Arkansas In which your company will not write homeowners insurance? If so, state the areas and explain reason for not writing. no

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

Form	Premium Volume
Basics Homeowners	\$2,743,060

8. Do you write homeowner risks which have aluminum, steel or vinyl siding? Yes No

9. Is there a surcharge on risks with wood heat? yes
If yes, state the surcharge \$50
Does the surcharge apply to conventional fire places? no
If yes, state the surcharge _____

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



Signature
Kaan K. Cidanli

Printed Name
State Filings Administrator

Title
(616) 956-3645

Telephone Number
kaan.cidanli@foremost.com

Email address

FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	C-72
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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	
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		Company Name	Company NAIC Number	
3.	A.	Foremost Insurance Company Grand Rapids, Michigan	B.	212-11185

		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.	1.0000	B.	1.0002

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Vacant/Unoccupied	n/a	-3.7%					
TOTAL OVERALL EFFECT		-3.7%					

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
2003	2,389	-	-	1,476.9	639.3	43%	44%
2004	2,998	+9.9%	2/15 new	2,237.8	577.9	26%	40%
			3/15 renewal				
2005	3125	-	-	2558.1	1578.7	62%	59%
2006	3224	+0.8%	3/1	2598.8	1723.0	66%	48%
2007	3255	-	-	2704.9	1021.7	38%	47%

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	15.1
B. General Expense	18.0
C. Taxes, License & Fees	3.53
D. Underwriting Profit & Contingencies	5.0
E. Other (explain)	
F. TOTAL	41.63

8. N Apply Lost Cost Factors to Future filings? (Y or N)
 9. 0 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
 10. -57.2 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

