

SERFF Tracking Number: ALSX-125504227 State: Arkansas  
Filing Company: Allstate Indemnity Company State Tracking Number: EFT \$25  
Company Tracking Number: R19031  
TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners  
Product Name: Mobilehome/Manufactured Home  
Project Name/Number: Rule Filing/R19031

## Filing at a Glance

Company: Allstate Indemnity Company

Product Name: Mobilehome/Manufactured Home SERFF Tr Num: ALSX-125504227 State: Arkansas

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 04.0002 Mobile Homeowners

Co Tr Num: R19031

State Status: Fees verified and received

Filing Type: Rule

Co Status:

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

Author: SPI AllState

Disposition Date: 04/02/2008

Date Submitted: 02/24/2008

Disposition Status: Filed

Effective Date Requested (New): 03/10/2008

Effective Date (New):

Effective Date Requested (Renewal): 04/24/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Rule Filing

Status of Filing in Domicile:

Project Number: R19031

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/09/2008

Deemer Date:

State Status Changed: 02/27/2008

Corresponding Filing Tracking Number:

Filing Description:

The attached filing revises the credit-based Insurance Scoring rating procedures currently used in Allstate Indemnity Company for Arkansas Manufactured Home business. Effective for credit reports ordered on or after March 10, 2008, a new credit-scoring model (entitled ISM 7) will be utilized. This model computes an Insurance Score based on information contained in a credit report.

Therefore, Insurance Score Group cut-off scores and No-Hit scores are being updated to reflect the use of this new



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	04/09/2008	04/09/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	03/26/2008	03/26/2008			
Pending Industry Response	Becky Harrington	03/12/2008	03/12/2008	SPI AllState	03/26/2008	03/26/2008
Pending Industry Response	Becky Harrington	02/27/2008	02/27/2008	SPI AllState	03/10/2008	03/10/2008

*SERFF Tracking Number:*      *ALSX-125504227*                      *State:*                      *Arkansas*  
*Filing Company:*              *Allstate Indemnity Company*                      *State Tracking Number:*      *EFT \$25*  
*Company Tracking Number:*      *R19031*  
*TOI:*                      *04.0 Homeowners*                      *Sub-TOI:*                      *04.0002 Mobile Homeowners*  
*Product Name:*              *Mobilehome/Manufactured Home*  
*Project Name/Number:*      *Rule Filing/R19031*

## **Disposition**

Disposition Date: 04/02/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Filed	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		No
<b>Supporting Document</b>	Cover Letter, Rate and Rule Schedule	Filed	Yes
<b>Supporting Document</b>	exhibit a, obj response	Filed	Yes
<b>Supporting Document</b>	Resp 2	Filed	Yes
<b>Rate</b>	Checking List	Filed	Yes
<b>Rate</b>	Manual	Filed	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 03/26/2008

Submitted Date 03/26/2008

Respond By Date

Dear Patrick Torsney,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: I have been unable to verify that the new model has been filed with the Department. Submit the new model pursuant to ACA 23-67-409 or advise the filing in which it was submitted.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 03/12/2008

Submitted Date 03/12/2008

Respond By Date

Dear Patrick Torsney,

This will acknowledge receipt of the captioned filing.

Objection 1

- exhibit a, obj response (Supporting Document)

Comment: You must identify your neutral score in order for us to determine whether the thin file/no hit score is acceptable.

Please feel free to contact me if you have questions.

In accordance with Regulation 23, Section 7.A., this filing may not be implemented until 20 days after the requested amendment(s) and/or information is received.

Sincerely,

Becky Harrington

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 03/26/2008

Submitted Date 03/26/2008

Dear Becky Harrington,

### Comments:

Response to 3/12/8 objection.

### Response 1

Comments: See attached document re: 3/12/8 objection.

### Related Objection 1

Applies To:



SERFF Tracking Number: ALSX-125504227 State: Arkansas  
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Product Name: Mobilehome/Manufactured Home  
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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 02/27/2008  
Submitted Date 02/27/2008

Respond By Date

Dear Patrick Torsney,

This will acknowledge receipt of the captioned filing.

Objection 1

- Manual (Rate)

Comment: No hits and thin files must be treated as credit neutral. Please indicate your neutral group.

Objection 2

- Manual (Rate)

Comment: Pursuant to ACA 23-67-409, the credit scoring model must be filed.

Please feel free to contact me if you have questions.

In accordance with Regulation 23, Section 7.A., this filing may not be implemented until 20 days after the requested amendment(s) and/or information is received.

Sincerely,

Becky Harrington

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 03/10/2008  
Submitted Date 03/10/2008

Dear Becky Harrington,

### Comments:

Response to 2/27/8 objection.

### Response 1

SERFF Tracking Number: ALSX-125504227 State: Arkansas  
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Comments: Please see the following documents re: objection of 2/27/8.

#### **Related Objection 1**

Applies To:

- Manual (Rate)

Comment:

No hits and thin files must be treated as credit neutral. Please indicate your neutral group.

#### **Related Objection 2**

Applies To:

- Manual (Rate)

Comment:

Pursuant to ACA 23-67-409, the credit scoring model must be filed.

#### **Changed Items:**

#### **Supporting Document Schedule Item Changes**

Satisfied -Name: exhibit a, obj response

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please contact Patrick Torsney at 847 402 7309 or at ptors@allstate.com if you have any questions.

Sincerely,  
SPI AllState

<i>SERFF Tracking Number:</i>	<i>ALSX-125504227</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allstate Indemnity Company</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
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<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0002 Mobile Homeowners</i>
<i>Product Name:</i>	<i>Mobilehome/Manufactured Home</i>		
<i>Project Name/Number:</i>	<i>Rule Filing/R19031</i>		

## **Rate Information**

Rate data does NOT apply to filing.

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Checking List	R19031	New	R19031.PDF
Filed	Manual	R19031	Replacement	R19031.PDF

**CHECKING LIST FOR HOMEOWNERS**

Printing dates are shown on each page to facilitate identification of different editions, but have no direct connection with the effective date of the page.

**RULES**

Enclosed: Pages IMH19-1 thur IMH19-3 dated 1-2-2008

Withdrawn: Page IMH19-1 dated 8-1-2004

Page IMH19-2 dated 1-1-2008

**RULE 19 – RATING GROUP CLASSIFICATION**

Each policy will be assigned a Rating Group based upon the criteria below. At each renewal, the same Rating Group will continue to apply unless the policy qualifies for a different Rating Group under section B of this rule.

**A. INITIAL RATING GROUP DETERMINATION**

The policy will be assigned to a Rating Group based on the Insurance Score assigned when the credit report(s) ordered in connection with the policy were requested, regardless of the effective date of the policy.

For Policy Rating Group assignment on or after 03/10/2008:

<b><u>Insurance Score</u></b>	<b><u>Rating Group</u></b>
000 - 375	1
376 - 384	2
385 - 394	3
395 - 406	4
407 - 429	5
430 - 452	6
453 - 476	7
477 - 504	8
505 - 540	9
541 - 999	10

For Policy Rating Groups assigned from 05/30/2005 to 03/10/2008:

<b><u>Insurance Score</u></b>	<b><u>Rating Group</u></b>
0-148	1
149-160	2
161-171	3
172-189	4
190-241	5
242-286	6
287-338	7
339-406	8
407-487	9
488+	10

With respect to credit reports requested on and after 03/10/2008, where a credit report cannot be obtained, or where a credit report consists only of inquiries, an Insurance Score will be assigned based on the age of the individual at the time of the credit report request as follows:

<b><u>Age</u></b>	<b><u>Insurance Score</u></b>
Less than 65 years old	420
65 years old or older	420

With respect to credit reports requested from 05/30/2005 to 03/10/2008, where a credit report cannot be obtained, or where a credit report consists only of inquiries, an Insurance Score will be assigned based on the age of the individual at the time of the credit report request as follows:

<b><u>Age</u></b>	<b><u>Insurance Score</u></b>
Less than 65 years old	180
65 years old or older	180

The policy of any insured whose credit report was ordered by Allstate Indemnity Company for the purpose of Rating Group determination pursuant to this rule on or after 3/10/2008 may, at Allstate's sole discretion, be assigned to Rating Group 6 retroactive to the most recent effective date of the policy, if such insured provides proof acceptable to Allstate that his or her credit information has been negatively impacted by any of the following extraordinary circumstances: divorce; death of a spouse or member of the same household; involuntary unemployment; catastrophic medical expense; care of adult dependent; identity theft; long-term injury, illness or disability; care of a dependent grandchild; or domestic violence.

**B. SUBSEQUENT RATING GROUP DETERMINATION**

At each renewal, the same Rating Group will continue to apply unless at renewal one of the following applies:

1. Only once annually at the named insured's request, a new credit report(s) will be obtained for all applicable insureds on the policy at the time of the reorder. The reorder will be done according to the policy regarding ordering of credit reports that is in effect for Allstate Indemnity Company at the time of the reorder.

NOTE: If the named insured requests a credit report reorder(s) less than 45 days prior to the renewal effective date of the policy, the updated Insurance Score will be reflected in the Rating Group determination for the next following policy period.

2. Prior to the first renewal effective date on or after 03/10/2008, a new credit report(s) will be obtained for all applicable insureds on the policy at the time of renewal, according to the policy regarding ordering of credit reports that is in effect for Allstate Indemnity Company at the time of the reorder, and the applicable Rating Group will be assigned as of such renewal date.

The policy of any insured whose credit report was ordered by Allstate Indemnity Company for the purpose of Rating Group determination pursuant to this rule on or after 3/10/2008 may, at Allstate's sole discretion, be assigned to Rating Group 6 retroactive to the most recent effective date of the policy, if such insured provides proof acceptable to Allstate that his or her credit information has been negatively impacted by any of the following extraordinary circumstances: divorce; death of a spouse or member of the same household; involuntary unemployment; catastrophic medical expense; care of adult dependent; identity theft; long-term injury, illness or disability; care of a dependent grandchild; or domestic violence.

**C. CREDIT REPORT REORDERS**

In the event it is necessary to reorder any credit report(s) other than for reasons listed in section B.1 or section B.2, all credit reports needed to assign the proper Rating Group will be reordered.

New credit report(s) will be obtained for all applicable insureds on the policy at the time of the reorder according to the policy regarding ordering of credit reports that is in effect for Allstate Indemnity Company at the time of the reorder, and the applicable Rating Group will be assigned based upon the resulting Insurance Score from the reordered credit report.

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Product Name: Mobilehome/Manufactured Home

Project Name/Number: Rule Filing/R19031

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty  
**Review Status:** Filed 04/09/2008

**Comments:**

**Attachment:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

**Satisfied -Name:** Cover Letter, Rate and Rule Schedule  
**Review Status:** Filed 04/09/2008

**Comments:**

**Attachments:**

Cover Letter.PDF

Rate and Rule Schedule.PDF

**Satisfied -Name:** exhibit a, obj response  
**Review Status:** Filed 04/09/2008

**Comments:**

**Attachments:**

exhibit a.PDF

obj response.PDF

**Satisfied -Name:** Resp 2  
**Review Status:** Filed 04/09/2008

**Comments:**

**Attachment:**

Resp 2.PDF

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>
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<b>2. Insurance Department Use only</b>	
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	

<b>3. Group Name</b>	<b>Group NAIC #</b>
Allstate	008

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Allstate Indemnity Company	IL	19240	36-6115679	

<b>5. Company Tracking Number</b>	R19031
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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
	Patrick Torsney 2775 Sanders Road, Suite A5 Northbrook IL 60062		800-366-2958 Ext. 27309	847-402-9757	ptors@allstate.com

<b>7.</b>	Signature of authorized filer	
<b>8.</b>	Please print name of authorized filer	Patrick Torsney

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

<b>9.</b>	Type of Insurance (TOI)	04.0 Homeowners
<b>10.</b>	Sub-Type of Insurance (Sub-TOI)	04.0002 Mobile Homeowners
<b>11.</b>	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
<b>12.</b>	Company Program Title (Marketing Title)	Mobile Homeowners
<b>13.</b>	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" 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)
<b>14.</b>	Effective Date(s) Requested	New: 03/10/2008      Renewal: 04/24/2008
<b>15.</b>	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	Reference Organization (if applicable)	n/a
<b>17.</b>	Reference Organization # & Title	n/a
<b>18.</b>	Company's Date of Filing	2/24/8
<b>19.</b>	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved



**ALLSTATE INDEMNITY COMPANY**  
**Law and Regulation**  
**2775 Sanders Road, Suite A5**  
**Northbrook, Illinois 60062**

**FILING COVER LETTER**

**State:** Arkansas

**Date:** February 24, 2008

**Re:   Company:** Allstate Indemnity Company  
**NAIC Number:** 008-19240  
**FEIN Number:** 36-6115679  
**Company filing number:** R19031  
**Line of insurance:** Mobilehome/Manufactured Home  
**Type of filing:** Rule Filing

**Description of filing:**

The attached filing revises the credit-based Insurance Scoring rating procedures currently used in Allstate Indemnity Company for Arkansas Manufactured Home business. Effective for credit reports ordered on or after March 10, 2008, a new credit-scoring model (entitled ISM 7) will be utilized. This model computes an Insurance Score based on information contained in a credit report.

Therefore, Insurance Score Group cut-off scores and No-Hit scores are being updated to reflect the use of this new model. Also with this filing, there will be a one-time reorder of credit reports at renewal for all policies written prior to March 10, 2008. We are targeting an overall rate level change of 0.0%.

We are targeting an effective date of March 10, 2008, for new business written and renewals processed on or after this date, with renewals effective on or after April 24, 2008.

If you have any questions or concerns regarding this filing, please contact Marilyn Caldwell at (847) 402-2336.

**Effective date:**

New business: 3/10/2008

Renewals: 4/24/2008

**Company contact:**

Patrick Torsney

Phone: 800-366-2958 extension 27309

Fax: 847-402-9757

E-mail: ptors@allstate.com

## PROPERTY & CASUALTY 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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	R19031
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File & Use
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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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)
Allstate Indemnity Company	N/A	N/A	N/A	N/A	N/A	N/A	N/A

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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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
<b>5a.</b>	Overall percentage rate indication(when applicable)		
<b>5b.</b>	Overall percentage rate impact for this filing		
<b>5c.</b>	Effect of Rate Filing – Written premium change for this program		
<b>5d.</b>	Effect of Rate Filing - Number of policyholders affected		

<b>6.</b>	Overall percentage of last rate revision	
<b>7.</b>	Effective Date of last rate revision	
<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Pages IMH19-1 thru IMH19-3 dated 1-2-2008	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
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	

**These pages are informational only and do not need to be submitted with your filing.**

**Notes for Uniform Property & Casualty Rate/Rule Filing Schedule**

**DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY RATE/RULE FILING SCHEDULE**

**RATE/RULE FILING SCHEDULE**

- 1. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state.
- 2. This filing corresponds to form filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one. **Use check boxes to indicate if this is a rate increase, a rate decrease or rate neutral.**
- 3. Filing Method (Prior Approval, File & Use, Flex Band, etc):** This is the review method for which the filing is being submitted. See State Specific Requirements.
- 4. Rate Change by Company:** Complete all fields for each company included in the filing.
  - **Overall % Indicated Change (when applicable)** - This field is only to be completed when an actuarial indication is included in the filing submission.
  - **Overall % Rate Impact** – This is the statewide average percentage change to the accepted rates for the coverages included for each company.
  - **Written premium change for this program** – This is the statewide change in written premium based on the proposed overall percentage rate impact for each company.
  - **# of policyholders affected for this program** – This is the number of policyholders affected by the overall percentage rate impact for each company.
  - **Written premium for this program** – This is the statewide written premium for each company.
  - **Maximum % Change & Minimum % Change** – This information should be completed if required by the state to which the filing is being submitted.
    - If all the policyholders get increases, then the maximum change is the largest increase and the minimum change is the smallest increase.
    - If all the policyholders get decreases, then the maximum change is the smallest decrease and the minimum change is the largest decrease.
    - If some of the policyholders get increases and others get decreases, then the maximum change is the largest increase and the minimum change is the largest decrease.
- 5a. Overall percentage rate indication (when applicable):** These fields are only to be completed when an actuarial indication is included in the filing submission.
- 5b. Overall percentage rate impact for this filing:** This is the statewide average percentage change to the accepted rates for the coverages included in the filing. This field only needs to be completed for group filings.
- 5c. Effect of Rate Filing – Written Premium Change for this program:** This is the statewide change in written premium based on the proposed overall percentage rate impact. This field only needs to be completed for group filings.
- 5d. Effect of Rate Filing – Number of policyholders affected:** This is the number of policyholders affected by the overall percentage rate impact. This field only needs to be completed for group filings.

**6. Overall percentage of last rate revision:** This is the statewide average of the last percentage change implemented in the state.

**7. Effective Date of last rate revision:** This is the implementation date of the last overall percentage rate impact.

**8. Filing Method of Last Filing (Prior Approval, File & Use, Flex Band, etc):** This is the review method for which the last filing was submitted. See State Specific Requirements.

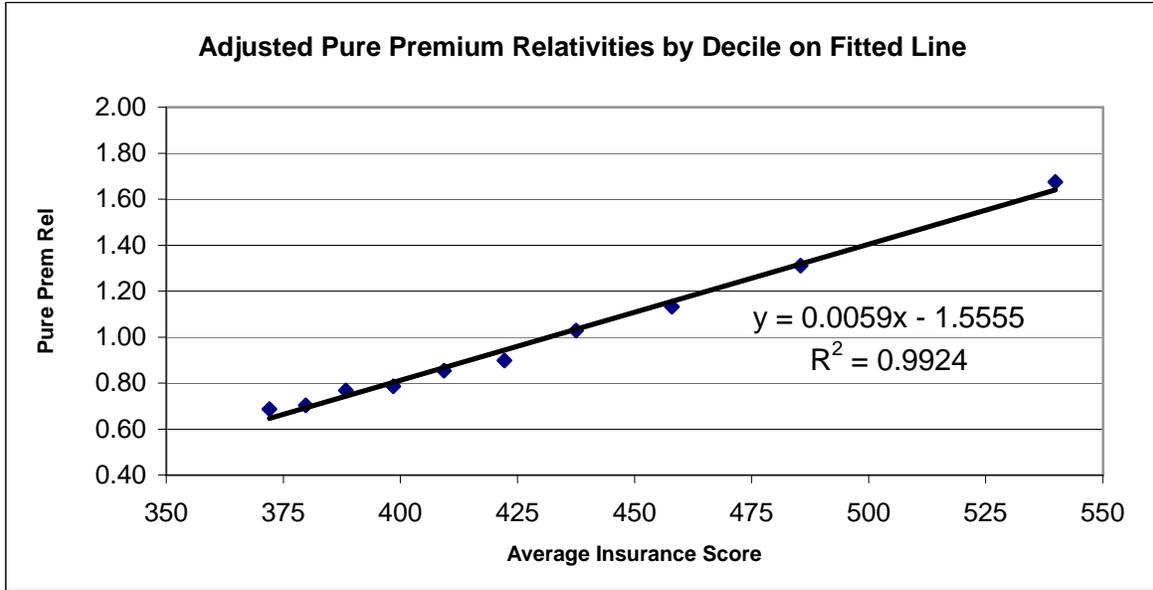
**9. Rule # or Page # Submitted for Review:** This is the list of changes to the rate/rule manual.

**To be complete a filing must include the following:**

- A completed Property & Casualty Transmittal Document (PC TD-1).
- A completed Form Filing Schedule Document (PC FFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- A completed Rate/Rule Filing Transmittal document (PC RRFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- The appropriate state specific requirements.
- The appropriate filing fees, when required.
- A postage-paid, self-addressed envelope large enough to accommodate the return of acknowledgement, as required by state.
- 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.)

**ALLSTATE PROPERTY & CASUALTY INSURANCE COMPANY  
HOMEOWNERS**

INDICATED & RECOMMENDED IS SCORE FOR NO-HITS - ISM7 MODEL



Decile Group	Adj Pure Premium Relativity	Average Insurance Score
1	0.69	372
2	0.70	380
3	0.77	388
4	0.79	398
5	0.85	409
6	0.90	422
7	1.03	438
8	1.13	458
9	1.31	485
10	1.67	540
<b>Total</b>	<b>1.00</b>	<b>429</b>

	Adj Pure Premium Relativity	Indicated Score	Recommended Score
<b>No-Hit</b>	0.92	419	420

The adjusted pure premium relativities reflect loss experience excluding the affect of Insurance Scoring Data from Calendar/Accident years 2001-2002 @ 3/03



**Allstate**<sup>®</sup>  
You're in good hands.

March 04, 2008

Carrie Deppe  
Law & Regulation

**RE: Arkansas Allstate Indemnity Company  
Manufactured Home  
Company Filing #R19031**

This response addresses the inquiries below concerning the above-captioned filing.

**1. No hits/thin files must be treated as credit neutral. Please identify your neutral rating group.**

Allstate is submitting this information to demonstrate the risk related to insuring consumers who either have no credit information or for which there is insufficient information from which to calculate a score and to support the proposed treatment of customers. We are requesting approval for our proposed treatment of no-hits/thin files consistent with Arkansas statute 23-67-405 section (5) (A).

No hit/no score risks are assigned a specific score which is based upon the loss experience of no hit/no score policies. In other words, the fact that a person does not have a credit report (or has a credit report, but with insufficient information from which to generate a score) provides information about the risk that person represents. Our no hit scores are selected to be commensurate with the risk that these groups present. The updated score and corresponding rating factor reflects the usage of the new ISM7 model. Please see the attached **Exhibit A** for the "no hit" score support.

**2. Pursuant to ACA 23-67-409, the credit scoring model and supporting experience justifying the factors must be filed.**

The ISM7 credit scoring model was filed with filing R16119 (DOI #AR-PC-05-015604, SERFF #SPIN-66IACGIGP/00) on 6/30/2005. No change is being proposed to the current Rating Group factors.

If you have any questions or need additional information, please contact me at (847) 402-8174.

Thank you,  
Ji Yun Park  
Technical Specialist  
jpaap@allstate.com



**Allstate**<sup>®</sup>  
You're in good hands.

March 24, 2008

Carrie Deppe  
Law & Regulation

**RE: Arkansas Allstate Indemnity Company  
Manufactured Home  
Company Filing #R19031**

This response addresses the inquiry below concerning the above-captioned filing.

**You must identify your neutral score in order for us to determine whether the thin file/no hit score is acceptable.**  
The neutral score for Arkansas Allstate Insurance Company Manufactured Home is 441. We define a "neutral" Insurance Score as a score that would rate all risks at their appropriate rate level if we no longer took credit history into account (on our book of business).

If you have any questions or need additional information, please contact me at (847) 402-8174.  
Thank you,

Ji Yun Park  
Technical Specialist  
jpaap@allstate.com