

SERFF Tracking Number: ALSX-125590024 State: Arkansas
Filing Company: Allstate Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: R19751
TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners
Product Name: Mobilehome
Project Name/Number: Reinsurance Rate Charge Filing/R19751

Filing at a Glance

Company: Allstate Insurance Company

Product Name: Mobilehome

TOI: 04.0 Homeowners

Sub-TOI: 04.0002 Mobile Homeowners

Filing Type: Rate

Effective Date Requested (New): 08/25/2008

Effective Date Requested (Renewal): 10/09/2008

State Filing Description:

Not an overall rate filing

SERFF Tr Num: ALSX-125590024 State: Arkansas

SERFF Status: Closed

Co Tr Num: R19751

Co Status:

Author: SPI AllState

Date Submitted: 04/01/2008

State Tr Num: EFT \$100

State Status: Fees verified and received

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

Disposition Date: 04/09/2008

Disposition Status: Filed

Effective Date (New): 08/25/2008

Effective Date (Renewal): 10/09/2008

General Information

Project Name: Reinsurance Rate Charge Filing

Project Number: R19751

Reference Organization:

Reference Title:

Filing Status Changed: 04/09/2008

State Status Changed: 04/09/2008

Corresponding Filing Tracking Number:

Filing Description:

This filing includes a revision to the distinct charge to cover the net cost of reinsurance in Allstate Insurance Company for the Manufactured Home program in the state of Arkansas.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Allstate's revised reinsurance cost will be reflected by revising the reinsurance rate adjustment factor in the rate calculation for the Manufactured Home program. With consideration given to the cost to implement and maintain this

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charge, the reinsurance rate adjustment factor will be set to zero and will apply to the calculation of the reinsurance charge for all policies. This revision will have the same effect as removing the reinsurance charge.

Allstate will evaluate reinsurance costs periodically; preserving the rating structure will enable Allstate to monitor and update the reinsurance rate adjustment factor in the future as appropriate.

The overall impact of changes set forth in this filing is -0.38%.

The target effective date for new business written and renewals processed is August 25, 2008 and renewal business effective October 9, 2008.

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

Allstate Insurance Company CoCode: 19232 State of Domicile: Illinois
2775 Sanders Road Group Code: 8 Company Type: Property and
Casualty

Suite A5
Northbrook, IL 60062 Group Name: Allstate State ID Number:
(847) 402-5000 ext. [Phone] FEIN Number: 36-0719665

Filing Fees

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

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Insurance Company	\$100.00	04/01/2008	19182062

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Correspondence Summary

Dispositions

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

SERFF Tracking Number: *ALSX-125590024* *State:* *Arkansas*
Filing Company: *Allstate Insurance Company* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *R19751*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0002 Mobile Homeowners*
Product Name: *Mobilehome*
Project Name/Number: *Reinsurance Rate Charge Filing/R19751*

Disposition

Disposition Date: 04/09/2008

Effective Date (New): 08/25/2008

Effective Date (Renewal): 10/09/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ALSX-125590024 State: Arkansas
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 Project Name/Number: Reinsurance Rate Charge Filing/R19751

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	Filed	Yes
Supporting Document	OtherActSupport01	Filed	Yes
Rate	CheckingListR19751	Filed	Yes
Rate	ManualR19751	Filed	Yes

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	CheckingListR19751	R19751	Replacement	AR-PC-07-025261 R19751.PDF
Filed	ManualR19751	R19751	Replacement	AR-PC-07-025261 R19751.PDF

CHECKING LIST FOR MOBILEHOME

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: Page 8 dated 9-1-2008
Page RC-1 dated 9-1-2008

Withdrawn: Page 8 dated 9-1-2006
Page FF-1 dated 7-2-2007

RULE 10 - CLASSIFICATION

Mobile Homes are classified either Class 1 or Class 2.

1. Class 1 rates and premiums apply to owner-occupied one-family Mobile Home which meet the following requirements:
 - a. Principal residence of occupant
 - b. Used exclusively for residential purposes
2. All other mobile homes are Class 2. Premiums are determined by applying the factor shown on the Supplementary Rate Page.

RULE 11 - PREMIUM DETERMINATION

The premium calculations should be done in the following order.

- A. Determine the Package Premium for Class 1 Mobile Home from the State Rate Pages according to the Territorial Zone, type of policy, tie down status, deductible, park size, premium group, and purchase price.
- B. Apply the deductible factor, if applicable.
- C. Apply the Out-of-Park Surcharge, if applicable.
- D. Apply the original owner discount, if applicable.
- E. Apply the protective device discount, if applicable.
- F. Apply the 55 and retired discount, if applicable.
- G. For Class 2 Mobile Home, apply the Class 2 factor.
- H. Apply The Good Hands People ® discount, if applicable.
- I. Add the appropriate Reinsurance Charge. Determine the charge as follows:
 - a. Determine the appropriate Base Reinsurance Charge from the Reinsurance Charge Pages.
 - b. Multiply the appropriate charge by a Reinsurance Rate Adjustment Factor of 0.000 (round to three decimals).
 - c. Multiply by the appropriate Coverage A Reinsurance Limit Factor as shown in the Reinsurance Charge Pages (penny round).

BASE REINSURANCE CHARGE:

0.092

Multiply the Base Reinsurance Charge by a Reinsurance Rate Adjustment Factor of 0.000 (round to three decimals).

REINSURANCE LIMIT FACTORS

COVERAGE A LIMIT	FACTOR	COVERAGE A LIMIT	FACTOR
6,000	6	67,000	67
10,000	10	68,000	68
11,000	11	69,000	69
12,000	12	70,000	70
13,000	13	71,000	71
14,000	14	72,000	72
15,000	15	73,000	73
16,000	16	74,000	74
17,000	17	75,000	75
18,000	18	80,000	80
19,000	19	85,000	85
20,000	20	90,000	90
25,000	25	95,000	95
30,000	30	100,000	100
35,000	35	110,000	110
40,000	40	120,000	120
45,000	45	130,000	130
50,000	50	140,000	140
55,000	55	150,000	150
56,000	56	160,000	160
57,000	57	170,000	170
58,000	58	180,000	180
59,000	59	190,000	190
60,000	60	200,000	200
61,000	61	225,000	225
62,000	62	250,000	250
63,000	63	275,000	275
64,000	64	300,000	300
65,000	65	325,000	325
66,000	66	Each Additional 1,000	1

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Supporting Document Schedules

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

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
RateRuleSchedule.PDF

Satisfied -Name: NAIC Loss Cost Filing Document
for OTHER than Workers' Comp **Review Status:** Filed 04/09/2008

Comments:

Attachment:

StateFilingForms02-loss cost.PDF

Satisfied -Name: OtherActSupport01 **Review Status:** Filed 04/09/2008

Comments:

Attachment:

OtherActSupport01.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 #
Allstate	008

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Allstate Insurance Company	IL	19232	36-0719665	

5. Company Tracking Number	R19751
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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)	04.0 Homeowners
10.	Sub-Type of Insurance (Sub-TOI)	04.0002 Mobile Homeowners
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Mobilehome
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 08/25/2008 Renewal: 10/09/2008
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	April 1, 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 #	R19751
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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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This filing includes a revision to the distinct charge to cover the net cost of reinsurance in Allstate Insurance Company for the Manufactured Home program in the state of Arkansas.

Allstate's revised reinsurance cost will be reflected by revising the reinsurance rate adjustment factor in the rate calculation for the Manufactured Home program. With consideration given to the cost to implement and maintain this charge, the reinsurance rate adjustment factor will be set to zero and will apply to the calculation of the reinsurance charge for all policies. This revision will have the same effect as removing the reinsurance charge.

Allstate will evaluate reinsurance costs periodically; preserving the rating structure will enable Allstate to monitor and update the reinsurance rate adjustment factor in the future as appropriate.

The overall impact of changes set forth in this filing is -0.38%.

The target effective date for new business written and renewals processed is August 25, 2008 and renewal business effective October 9, 2008.

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]
<p>Check #: Not applicable. Sent EFT. Amount: \$100.00</p> <p>Independent rate filing</p> <p style="text-align: center;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

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.)

1.	This filing transmittal is part of Company Tracking #	R19751
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File and Use
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4a. Rate Change by Company (As Proposed)							
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 Insurance Company	N/A	-0.38%	(\$3,038)	4,054	799,377		

4b. Rate Change by Company (As Accepted) For State Use Only							
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	N/A
7.	Effective Date of last rate revision	8/27/07
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File & Use

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Page 8 – Arkansas Rules, Rule 11	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	RC-1 –Reinsurance Charge Page	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	R19751
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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.	Allstate Insurance Company	B.	19232

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.	Homeowners	B.	Mobilehome

5.			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated Reinsurance Change	(C) Requested Reinsurance Change	(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
TOTAL OVERALL EFFECT							

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
	N/A			N/A			N/A

7.	
Expense Constants	Selected Provisions
A. Other Acquisition	4.7%
B. General Expense	3.6%
C. Taxes, License & Fees	3.0%
D. Underwriting Profit	10.9%
E. Commissions	12.5%
F. TOTAL	34.7%

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

**ALLSTATE INSURANCE GROUP
MANUFACTURED HOME
ARKANSAS**

With this filing, Allstate is revising the distinct charge to cover the net cost of reinsurance in Arkansas. The net cost of reinsurance is equal to the reinsurance premium paid, for all applicable contracts, less expected reinsurance recoveries under these contracts, and represents the incremental cost to Allstate of the contracts. This calculation is consistent with the Provision for Reinsurance discussed in section 3.7 of Actuarial Standards of Practice No. 29, *Expense Provisions in Property/Casualty Ratemaking*.

The net cost figures have been allocated to the state and line level for Allstate Insurance Group, allocation to the company level was not available. The reinsurance premium, net of the expected Benfield Inc.'s premium adjustment provision, has been distributed to the individual states and lines in proportion to their expected loss recovery. Allstate has relied on expected loss recoveries provided by reinsurance intermediary Benfield Inc. For purposes of calculating the net cost of reinsurance, these expected losses have been modified, by Benfield Inc., to reflect current adjustments. The aforementioned adjustments are consistent with those included in previous filings outlining revisions to the distinct charge to cover the net cost of reinsurance in Arkansas.

To determine expected loss recoveries, the adjustments were made to gross modeled losses, prior to application of the terms of the contract. The inclusion of these adjustments increases the expected recoveries under the contract, resulting in a lower net cost of reinsurance.

**ALLSTATE INSURANCE GROUP
MANUFACTURED HOME
ARKANSAS**

**DETERMINATION OF THE REINSURANCE RATE ADJUSTMENT FACTOR
EXPLANATORY MEMORANDUM**

Page 3 outlines the development of the required reinsurance rate adjustment factor for the Manufactured Home program. An explanation, with references to supporting exhibit, is provided below.

1. Reinsurance Premium:
Reinsurance premium paid, net of expected Benfield Inc. premium adjustment provision.
2. Loss Savings Due to Reinsurance:
Provided loss recoveries under the reinsurance contracts, including Allstate adjustments as mentioned on **Page 1**.
3. Net Cost of Reinsurance: {(1) - (2)}
Provided loss recoveries are subtracted from the reinsurance premium to determine the net cost of reinsurance.
4. Commissions, Taxes, and Profit Ratio:
Expense ratio for commissions, taxes, and profit.
5. Net Cost of Reinsurance Including Commissions, Taxes, and Profit: {(3) / [1-(4)]}
6. Adjusted AIY* x Current Reinsurance Base Charge:
This amount represents the reinsurance charge collected, based on expected AIYs, if the reinsurance Rate Adjustment Factor was set to 1.000.
7. Required Reinsurance Rate Adjustment Factor: {(5) / (6)}
The reinsurance rate adjustment factor represents the amount by which the reinsurance base charge is to be adjusted, in order to collect the net cost of reinsurance including commissions, taxes, and profit determined in row 5.

* 1 AIY = One Amount of Insurance Year
= \$1,000 of Coverage In Force for One Year

**ALLSTATE INSURANCE GROUP
MANUFACTURED HOME
ARKANSAS
DETERMINATION OF THE REINSURANCE RATE ADJUSTMENT FACTOR**

	<u>2008</u>
1. Reinsurance Premium	\$2,220
2. Loss Savings Due to Reinsurance	\$244
3. Net Cost of Reinsurance: (1) - (2)	\$1,976
4. Commissions, Taxes and Profit Ratio	26.3%
5. Net Cost of Reinsurance Including Commissions, Taxes, and Profit: (3) / [1 - (4)]	\$2,681
6. Adjusted AIYs x Current Reinsurance Base Charge	\$13,553
7. Required Reinsurance Rate Adjustment Factor (5) / (6)	0.198

	<u>Current</u>	<u>Indicated</u>	<u>Proposed</u>
Proposed Change in Reinsurance Rate Adjustment Factor	0.724	0.198	0.000