

SERFF Tracking Number: ALSX-125590046 State: Arkansas  
Filing Company: Allstate Indemnity Company State Tracking Number: EFT \$100  
Company Tracking Number: R19749  
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
Product Name: Homeowners  
Project Name/Number: Reinsurance Rate Charge Filing/R19749

## Filing at a Glance

Company: Allstate Indemnity Company

Product Name: Homeowners

TOI: 04.0 Homeowners

Sub-TOI: 04.0000 Homeowners Sub-TOI  
Combinations

Filing Type: Rate

SERFF Tr Num: ALSX-125590046

SERFF Status: Closed

Co Tr Num: R19749

Co Status:

Author: SPI AllState

Date Submitted: 04/01/2008

State: Arkansas

State Tr Num: EFT \$100

State Status: Fees verified and  
received

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

Disposition Date: 04/16/2008

Disposition Status: Filed

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

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

Effective Date (New): 08/25/2008

Effective Date (Renewal):

10/09/2008

State Filing Description:

not an overall rate change

## General Information

Project Name: Reinsurance Rate Charge Filing

Project Number: R19749

Reference Organization:

Reference Title:

Filing Status Changed: 04/16/2008

State Status Changed: 04/09/2008

Corresponding Filing Tracking Number:

Filing Description:

With this filing, information is provided to support the revision of the distinct charge to cover the net cost of reinsurance in Allstate Indemnity Company for the Owners and Renters programs in the state of Arkansas. The net cost of reinsurance is equal to the reinsurance premium paid less expected reinsurance recoveries under the contract.

Allstate's revised reinsurance cost will be reflected by revising the reinsurance rate adjustment factor in the rate

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calculation for the Owners and Renters programs. The revised reinsurance rate adjustment factor will apply to the calculation of the reinsurance charge for all policies and will therefore have the same effect as a reinsurance base rate change. For the Renters 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 for the Renters program 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 are as follows: for the Owners program, the impact is -0.71%, and for the Renters program, the impact is -0.85%. The proposed change to the Reinsurance Rate Adjustment Factor for the Owners program is -80.9%, which represents the impact to the distinct charge to cover the net cost of reinsurance in Allstate Indemnity Company for the Owners program in the state of Arkansas.

The terms of the applicable 2008 Reinsurance contract are summarized below.

#### 2008 REINSURANCE CONTRACT SUMMARY:

Allstate has a Reinsurance Broker Intermediary Contract with Benfield Inc., which encompasses the marketing and placement of our catastrophe reinsurance programs.

Allstate has again purchased countrywide catastrophe aggregate excess of loss reinsurance agreements to mitigate our exposure to catastrophic losses. One agreement, purchased last year, was 80% placed for a two-year term, effective 06/01/07 to 05/31/09. A portion of the 80% placement has been rewritten under a new two-year agreement, effective 06/01/08 to 05/31/10. This rewritten portion represents 32.5% of the excess of loss layer. The remaining 47.5% will remain intact until 05/31/09. Another new agreement was 15% placed for a two-year term, effective 06/01/08 to 05/31/10, and replaces the expiring one-year agreement that provided coverage from 06/01/07 to 05/31/08. Together the catastrophe aggregate excess reinsurance agreements will apply to Allstate and Encompass brand personal lines auto and property policies nationwide (excluding Florida), providing coverage for the term 06/01/08 to 05/31/09 of 95% of the first \$2 billion in excess of \$2 billion of retained losses. The two new agreements cover losses from storms named or numbered by the National Weather Service, fire following earthquakes, and California wildfires, subject to the terms, conditions, and limitations set forth in these agreements. The agreement effective 6/01/07 will continue to cover

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losses from storms named or numbered by the National Weather Service, earthquakes, and fire following earthquakes, subject to the terms, conditions, and limitations set forth in the agreement.

The target effective date for new business written and renewals processed is August 25, 2008, and renewal business effective October 09, 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 Indemnity Company CoCode: 19240 State of Domicile: Illinois  
 2775 Sanders Road Group Code: 8 Company Type:  
 Suite A5  
 Northbrook, IL 60062 Group Name: Allstate State ID Number:  
 (847) 402-5000 ext. [Phone] FEIN Number: 36-6115679  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Indemnity Company	\$100.00	04/01/2008	19182440

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	04/16/2008	04/16/2008

### 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	04/09/2008	04/09/2008	SPI AllState	04/15/2008	04/15/2008

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## Disposition

Disposition Date: 04/16/2008  
 Effective Date (New): 08/25/2008  
 Effective Date (Renewal): 10/09/2008  
 Status: Filed  
 Comment:

Company Name:	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):	Overall % Indicated Change:
Allstate Indemnity Company	-0.720%	\$-120,229	74,661	\$16,767,610	%	%	%

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 Project Name/Number: Reinsurance Rate Charge Filing/R19749

Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines	Filed	Yes
Supporting Document	AR - NAIC P&C TRANSMITTAL DOCUMENT, RateRuleSchedule, AR - HOMEOWNERS ABSTRACT FORM H 1, StateFilingForms02-HPCS, OtherActSupport01	Filed	Yes
Supporting Document	ResponseToDOIObjections01	Filed	Yes
Rate	CheckingListR19749	Filed	Yes
Rate	ManualR19749	Filed	Yes

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Product Name: Homeowners  
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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 04/09/2008

Submitted Date 04/09/2008

Respond By Date

Dear Carrie Deppe,

This will acknowledge receipt of the captioned filing.

### Objection 1

- AR - NAIC P&C TRANSMITTAL DOCUMENT, RateRuleSchedule, AR - HOMEOWNERS ABSTRACT FORM H 1, StateFilingForms02-HPCS, OtherActSupport01 (Supporting Document)

Comment: Explain why the owners forms will continue to have a reinsurance charge when it is being removed from other forms.

Provide an exhibit showing the commissions, taxes, and profit ratio development for the owners adjustment factor.

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 04/15/2008

Submitted Date 04/15/2008

Dear Becky Harrington,

### Comments:

Please see our attached response.

## Response 1

SERFF Tracking Number: ALSX-125590046 State: Arkansas  
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TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
Product Name: Homeowners  
Project Name/Number: Reinsurance Rate Charge Filing/R19749

Comments: See attached.

### Related Objection 1

Applies To:

- AR - NAIC P&C TRANSMITTAL DOCUMENT, RateRuleSchedule, AR - HOMEOWNERS ABSTRACT FORM H 1, StateFilingForms02-HPCS, OtherActSupport01 (Supporting Document)

Comment:

Explain why the owners forms will continue to have a reinsurance charge when it is being removed from other forms.

Provide an exhibit showing the commissions, taxes, and profit ratio development for the owners adjustment factor.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: ResponseToDOIObjections01

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Carrie Deppe

Sincerely,

SPI AllState

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 Product Name: Homeowners  
 Project Name/Number: Reinsurance Rate Charge Filing/R19749

**Rate Information**

Rate data applies to filing.

**Filing Method:** File and Use  
**Rate Change Type:** Decrease  
**Overall Percentage of Last Rate Revision:** 17.800%  
**Effective Date of Last Rate Revision:** 08/27/2007  
**Filing Method of Last Filing:** File and Use

**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):
Allstate Indemnity Company	%	-0.720%	\$-120,229	74,661	\$16,767,610	%	%

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	CheckingListR19749	R19749	Replacement	AR-PC-07-025239 R19749.PDF
Filed	ManualR19749	R19749	Replacement	AR-PC-07-025239 R19749.PDF

**CHECKING LIST**

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.

**HOMEOWNERS RULES**

Enclosed: Page IHRLF-1 dated 9-1-2008  
Page IHRRLF-1 dated 9-1-2008  
Page IHRC-2 dated 9-1-2008  
Page IHRRC-1 dated 9-1-2008

Withdrawn: Page IHRLF-1 dated 8-1-2006  
Page IHRRLF-1 dated 8-1-2006  
Page IHRC-2 dated 7-2-2007  
Page IHRRC-1 dated 8-1-2006

**DELUXE PLUS HOMEOWNERS**

Enclosed: Page DPRC-2 dated 9-1-2008

Withdrawn: Page DPRC-2 dated 9-1-2007

**BASE REINSURANCE CHARGE::**

Rates Per 1000 AIY's	
Owners	0.054

**REINSURANCE LIMITS FACTORS**

COVERAGE A/ COVERAGE C LIMIT	FACTOR	COVERAGE A/ COVERAGE C 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

**BASE REINSURANCE CHARGE:**

Rates Per 1000 AIY's	
Renters	0.074

**REINSURANCE LIMITS FACTORS**

COVERAGE A/ COVERAGE C LIMIT	FACTOR	COVERAGE A/ COVERAGE C 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

15. Apply the appropriate deductible factor, subject to any applicable maximum dollar credit.

<u>Deductible Option</u>	<u>Deductible Relativity</u>	<u>Maximum Deductible Credit *</u>
\$ 50	1.44	-
100	1.25	-
250	Base	-
250/500 WIND/HAIL	.94	\$150
250/1000 WIND/HAIL	.92	210
500	.87	375
500/1000 WIND/HAIL	.84	720
750	.80	825
1000	.75	1200
1500	.70	1575
2000	.65	1800
3000	.60	2025
5000	.53	2325

- relative to the \$250 deductible premium

16. \$250 Theft Deductible - Multiply the \$50 or \$100 Deductible premium by .95

17. Add the Fixed Expense Policy Fee shown on the Supplementary Rate Page

18. For 3/4 Family Dwelling add amount shown on Supplementary Rate Pages

19. Add the appropriate Reinsurance Charge. Determine the charge as follows:

- Determine the appropriate Base Reinsurance Charge from the Reinsurance Charge Pages.
- Multiply the appropriate charge by a Reinsurance Rate Adjustment Factor of 0.172 (round to three decimals).
- Multiply by the appropriate Coverage A Reinsurance Limit Factor as shown in the Reinsurance Charge Pages (penny round).

20 Add the additional premium applicable for increased limits or additional coverage and subtract any applicable credit for reduced coverage shown on the Supplementary Rate Pages. Where applicable, use the same deductible amount as Coverage A.

**Rounding:**

Unless otherwise noted, all premium calculations shall be rounded to the nearest dollar. A premium of \$0.50 or more shall be rounded to the next whole dollar.

The Reinsurance Charge as well as the final premium shall be rounded to the nearest penny.

Amounts of \$0.005 or more shall be rounded to the next whole penny.

The following discounts, credits, and surcharges should be applied in the order listed.

1. Multiply the appropriate premium from the rate pages by a Rate Adjustment Factor of 1.169. (Note: Premiums for policies with Coverage C limits less than \$6,000 may be developed by subtracting \$1 per \$1,000 from the \$6,000 premium and then applying the Rate Adjustment Factor.)
2. \$50, \$500 or \$1,000 Deductible - Multiply \$100 Deductible premium by 1.111, .778, or .700
3. \$250 Theft Deductible - Multiply \$50 or \$100 Deductible premium by .95
4. Personal Property Reimbursement Provision - Multiply by 1.25 (Rule 4.A.16)
5. Protective Device Discount - Multiply by the appropriate factor (Rule 15)
6. 55 and Retired Discount - Multiply by .75 (Rule 16)
7. Home and Auto Discount - Multiply by the appropriate factor .80 for Renters (Rule 17)
8. The Good Hands People® Discount - Multiply by .95 (Rule 18)
9. Rating Group Classification: Renters - Multiply by the appropriate factor (Rule 33)
10. Add the Fixed Expense Policy Fee shown on the Supplementary Rate Page
11. 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 C Reinsurance Limit Factor as shown in the Reinsurance Charge Pages (penny round).
12. Add the additional premium applicable for increased limits or additional coverage and subtract any applicable credit for reduced coverage.

12. Apply the appropriate deductible factor, subject to any applicable maximum dollar credit.

<u>Deductible Option</u>	<u>Deductible Relativity</u>	<u>Maximum Deductible Credit *</u>
100	1.25	-
250	Base	-
250/500 WIND/HAIL	.94	\$150
250/1000 WIND/HAIL	.92	210
500	.85	375
500/1000 WIND/HAIL	.84	720
750	.75	825
1000	.70	1200
1500	.65	1575
2000	.61	1800
3000	.56	2025
5000	.49	2325

\* relative to the \$250 deductible premium

13. Add the Fixed Expense Policy Fee shown on the Supplementary Rate Page

14. 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 0.172 (round to three decimals).
- c) Multiply by the appropriate Coverage A Reinsurance Limit Factor as shown in the Reinsurance Charge Pages (penny round).

15. Add the additional premium applicable for increased limits or additional coverage. Where applicable, use the same deductible amount as Coverage A.

**Note:** All premium calculations shall be rounded to the nearest dollar. A premium of \$0.50 or more shall be rounded to the next higher whole dollar.

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Product Name: Homeowners  
Project Name/Number: Reinsurance Rate Charge Filing/R19749

## Supporting Document Schedules

**Satisfied -Name:** Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines  
**Review Status:** Filed 04/16/2008

**Comments:**

**Attachment:**

StateFilingForms04-loss cost.PDF

**Satisfied -Name:** AR - NAIC P&C TRANSMITTAL DOCUMENT, RateRuleSchedule, AR - HOMEOWNERS ABSTRACT FORM H 1, StateFilingForms02-HPCS, OtherActSupport01  
**Review Status:** Filed 04/16/2008

**Comments:**

**Attachments:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
RateRuleSchedule.PDF  
AR - HOMEOWNERS ABSTRACT FORM H 1.PDF  
StateFilingForms02-HPCS.PDF  
OtherActSupport01.PDF

**Satisfied -Name:** ResponseToDOIObjections01  
**Review Status:** Filed 04/16/2008

**Comments:**

**Attachment:**

ResponseToDOIObjections01.PDF

### NAIC LOSS COST DATA ENTRY DOCUMENT

<b>1.</b>	This filing transmittal is part of Company Tracking #	<b>R19749</b>
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<b>2.</b>	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
<b>3.</b>	<b>A.</b>	<b>Allstate Indemnity Company</b>	<b>B.</b> <b>19240</b>

	Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
<b>4.</b>	<b>A.</b>	<b>Homeowners</b>	<b>B.</b> <b>Owners, Renters, Condominium</b>

**5.**

(A) COVERAGE (See Instructions)	(B) Indicated Reinsurance Change	(C) Requested Reinsurance Change	FOR LOSS COSTS ONLY				(H) Co. Current Loss Cost Multiplier
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	
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
	<b>N/A</b>			<b>N/A</b>			<b>N/A</b>

**7.**

Expense Constants	Selected Provisions
A. Other Acquisition	<b>4.7%</b>
B. General Expense	<b>3.6%</b>
C. Taxes, License & Fees	<b>3.0%</b>
D. Underwriting Profit	<b>10.5%</b>
E. Commissions	<b>12.5%</b>
F. TOTAL	<b>34.3%</b>

- 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): \_\_\_\_\_

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<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: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<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>	R19749
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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

<b>7.</b>	Signature of authorized filer	
<b>8.</b>	Please print name of authorized filer	Carrie M. Deppe

**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)	04.0000 Homeowners Sub-TOI Combinations
<b>11.</b>	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
<b>12.</b>	Company Program Title (Marketing Title)	Homeowners
<b>13.</b>	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)
<b>14.</b>	Effective Date(s) Requested	New: 08/25/2008      Renewal: 10/09/2008
<b>15.</b>	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	Reference Organization (if applicable)	Not applicable
<b>17.</b>	Reference Organization # & Title	Not applicable
<b>18.</b>	Company's Date of Filing	April 1, 2008
<b>19.</b>	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

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	R19749
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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With this filing, information is provided to support the revision of the distinct charge to cover the net cost of reinsurance in Allstate Indemnity Company for the Owners and Renters programs in the state of Arkansas. The net cost of reinsurance is equal to the reinsurance premium paid less expected reinsurance recoveries under the contract.

Allstate's revised reinsurance cost will be reflected by revising the reinsurance rate adjustment factor in the rate calculation for the Owners and Renters programs. The revised reinsurance rate adjustment factor will apply to the calculation of the reinsurance charge for all policies and will therefore have the same effect as a reinsurance base rate change. For the Renters 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 for the Renters program 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 are as follows: for the Owners program, the impact is -0.71%, and for the Renters program, the impact is -0.85%. The proposed change to the Reinsurance Rate Adjustment Factor for the Owners program is -80.9%, which represents the impact to the distinct charge to cover the net cost of reinsurance in Allstate Indemnity Company for the Owners program in the state of Arkansas.

The terms of the applicable 2008 Reinsurance contract are summarized below.

### 2008 REINSURANCE CONTRACT SUMMARY:

Allstate has a Reinsurance Broker Intermediary Contract with Benfield Inc., which encompasses the marketing and placement of our catastrophe reinsurance programs.

Allstate has again purchased countrywide catastrophe aggregate excess of loss reinsurance agreements to mitigate our exposure to catastrophic losses. One agreement, purchased last year, was 80% placed for a two-year term, effective 06/01/07 to 05/31/09. A portion of the 80% placement has been rewritten under a new two-year agreement, effective 06/01/08 to 05/31/10. This rewritten portion represents 32.5% of the excess of loss layer. The remaining 47.5% will remain intact until 05/31/09. Another new agreement was 15% placed for a two-year term, effective 06/01/08 to 05/31/10, and replaces the expiring one-year agreement that provided coverage from 06/01/07 to 05/31/08. Together the catastrophe aggregate excess reinsurance agreements will apply to Allstate and Encompass brand personal lines auto and property policies nationwide (excluding Florida), providing coverage for the term 06/01/08 to 05/31/09 of 95% of the first \$2 billion in excess of \$2 billion of retained losses. The two new agreements cover losses from storms named or numbered by the National Weather Service, fire following earthquakes, and California wildfires, subject to the terms, conditions, and limitations set forth in these agreements. The agreement effective 6/01/07 will continue to cover losses from storms named or numbered by the National Weather Service, earthquakes, and fire following earthquakes, subject to the terms, conditions, and limitations set forth in the agreement.

The target effective date for new business written and renewals processed is August 25, 2008, and renewal business effective October 09, 2008.

<b>22.</b>	<b>Filing Fees</b> (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]
<b>Check #:</b>	Not applicable. Sent EFT.
<b>Amount:</b>	\$100.00

Effective March 1, 2007

Independent rate filing

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<a href="#">R19749</a>
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	<a href="#">N/A</a>
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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>	<a href="#">File and Use</a>
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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 Indemnity Company	N/A	Owners: -0.71% Renter: -0.85%	Owners: (\$113,068) Renter: (\$7,161)	Owners: 66,565 Renter: 8,096	Owners: 15,925,134 Renter: 842,476		

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		

<b>6.</b>	Overall percentage of last rate revision	17.8%
<b>7.</b>	Effective Date of last rate revision	<a href="#">8/27/2007</a>
<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	<a href="#">File &amp; Use</a>

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	<a href="#">IHRC-2: Owners Rate Page Calculation Options</a>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	<a href="#">DPRC-2: Deluxe Plus Rate Page Calculation Options</a>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03	<a href="#">IHRR-1: Renters Rate Page Calculation Options</a>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04	<a href="#">IHRFL-1: Homeowners Reinsurance Charge Page</a>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
05	<a href="#">IHRRLF-1: Renters Reinsurance Charge Page</a>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

Effective March 1, 2007

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	Allstate Indemnity Company
NAIC # (including group #)	008-19240

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.  
The company began using the Boeckh index in 1979. However, its impact cannot be estimated.

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.  
The company requires 100% insurance to value.

4. If you use an Inflation Guard form or similar type of coverage, describe the coverage(s) and estimate the impact.  
A Boeckh index is employed for the area. Its impact is included in estimating changes for amount of insurance at approximately 2.5%

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

- |   |       |
|---|-------|
| a. Fire Extinguisher  | 5 %   |
| b. Burglar Alarm  | 5 %   |
| c. Smoke Alarm  | 5 %   |
| d. Insured who has both homeowners and auto with your company | 20 %  |
| e. Deadbolt Locks   | 5 %   |
| f. Window or Door Locks                                       | N/A % |
| g. Other (specify)  | %     |

	Complete Central Burglar Alarm	10 %
Complete Central Fire Alarm	Central Home Sprinkler System	10 %

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 new business is written in this company.

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

Form	Premium Volume
Homeowners	\$15,925,134

8. Do you write homeowner risks which have aluminium, steel or vinyl siding?  Yes  No
9. Is there a surcharge on risks with wood heat? No  
If yes, state the surcharge N/A  
Does the surcharge apply to conventional fire places? N/A  
If yes, state the surcharge N/A

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



Signature

Carrie M. Deppe

Printed Name

Assistant State Filings Manager

Title

847-402-2774 Ext. 22774

Telephone Number

cdepp@allstate.com

Email address

NAIC Number: 19240  
 Company Name: Allstate Indemnity Company  
 Contact Person: Carrie Deppe  
 Telephone No.: 847-402-2774  
 Email Address: cdepp@allstate.com  
 Effective Date: 8/25/2008

**Homeowners Premium Comparison Survey Form  
 FORM HPCS - last modified August, 2005**

Submit to: Arkansas Insurance Department  
 1200 West Third Street  
 Little Rock, AR 72201-1904  
 Telephone: 501-371-2800  
 Email as an attachment to [insurance.pnc@arkansas.gov](mailto:insurance.pnc@arkansas.gov)  
 You may also attach to a SERFF filing or submit on a cdr disk

**USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE  
 BLANK**

**Survey Form for HO3 (Homeowners) - Use \$500 Flat Deductible (Risk of direct physical loss for dwelling and other structures; named perils for personal property, RC on dwelling, ACV on personal property, liab and med pay for others incl)**

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$374.54	\$435.90	\$379.35	\$440.71	\$533.34	\$619.95	\$663.26	\$796.80	\$663.26	\$796.80	\$504.47	\$587.47	\$471.99	\$547.77	\$468.38	\$562.21	\$556.20	\$646.42
	\$120,000	\$519.71	\$605.12	\$526.93	\$611.14	\$741.06	\$861.36	\$922.71	\$1,107.98	\$922.71	\$1,107.98	\$701.36	\$815.65	\$656.85	\$762.71	\$650.84	\$780.76	\$786.77	\$915.50
	\$160,000	\$691.34	\$804.42	\$699.76	\$812.84	\$986.08	\$1,146.07	\$1,226.68	\$1,473.29	\$1,226.68	\$1,473.29	\$931.94	\$1,084.72	\$872.99	\$1,013.74	\$864.57	\$1,037.80	\$1,067.88	\$1,241.11
6	\$80,000	\$410.63	\$482.81	\$415.44	\$487.62	\$585.07	\$686.12	\$796.80	\$895.44	\$796.80	\$895.44	\$553.79	\$650.03	\$516.50	\$606.72	\$562.21	\$631.98	\$609.13	\$716.19
	\$120,000	\$570.23	\$670.08	\$577.45	\$677.30	\$813.24	\$955.19	\$1,107.98	\$1,246.32	\$1,107.98	\$1,246.32	\$768.73	\$903.47	\$718.20	\$844.52	\$780.76	\$878.20	\$861.36	\$1,014.14
	\$160,000	\$757.51	\$891.04	\$767.13	\$900.66	\$1,082.32	\$1,269.98	\$1,473.29	\$1,656.15	\$1,473.29	\$1,656.15	\$1,022.17	\$1,201.41	\$956.00	\$1,122.01	\$1,037.80	\$1,168.93	\$1,168.93	\$1,374.64
9	\$80,000	\$1,255.14	\$1,469.27	\$1,269.57	\$1,487.32	\$1,785.66	\$2,103.25	\$2,376.33	\$2,950.17	\$2,376.33	\$2,950.17	\$1,689.42	\$1,979.34	\$1,579.95	\$1,851.83	\$1,644.91	\$1,997.39	\$1,861.45	\$2,206.71
	\$120,000	\$1,744.36	\$2,049.92	\$1,766.02	\$2,077.59	\$2,553.98	\$3,043.60	\$3,422.55	\$4,221.34	\$3,422.55	\$4,221.34	\$2,400.00	\$2,863.15	\$2,226.77	\$2,659.85	\$2,330.22	\$2,894.43	\$2,728.42	\$3,246.91
	\$160,000	\$2,365.92	\$2,824.26	\$2,398.40	\$2,861.55	\$3,495.53	\$4,145.15	\$4,650.41	\$5,712.66	\$4,650.41	\$5,712.66	\$3,291.02	\$3,906.96	\$3,060.05	\$3,636.28	\$3,197.19	\$3,946.66	\$3,808.31	\$4,512.07

**Survey Form for HO4 (Renters) - Use \$500 Flat Deductible (Named perils for personal property, actual cash value for loss, liability and medical payments for others included)**

Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$6,000	\$50.56	\$50.56	\$50.56	\$50.56	\$50.56	\$50.56	\$50.56	\$50.56	\$50.56	\$50.56	\$50.56	\$50.56	\$50.56	\$50.56	\$50.56	\$50.56	\$50.56	\$50.56
	\$15,000	\$90.89	\$90.89	\$90.89	\$90.89	\$90.89	\$90.89	\$90.89	\$90.89	\$90.89	\$90.89	\$90.89	\$90.89	\$90.89	\$90.89	\$90.89	\$90.89	\$90.89	\$90.89
	\$25,000	\$126.15	\$126.15	\$126.15	\$126.15	\$126.15	\$126.15	\$126.15	\$126.15	\$126.15	\$126.15	\$126.15	\$126.15	\$126.15	\$126.15	\$126.15	\$126.15	\$126.15	\$126.15
6	\$6,000	\$60.56	\$60.56	\$60.56	\$60.56	\$60.56	\$60.56	\$60.56	\$60.56	\$60.56	\$60.56	\$60.56	\$60.56	\$60.56	\$60.56	\$60.56	\$60.56	\$60.56	\$60.56
	\$15,000	\$106.89	\$106.89	\$106.89	\$106.89	\$106.89	\$106.89	\$106.89	\$106.89	\$106.89	\$106.89	\$106.89	\$106.89	\$106.89	\$106.89	\$106.89	\$106.89	\$106.89	\$106.89
	\$25,000	\$148.15	\$148.15	\$148.15	\$148.15	\$148.15	\$148.15	\$148.15	\$148.15	\$148.15	\$148.15	\$148.15	\$148.15	\$148.15	\$148.15	\$148.15	\$148.15	\$148.15	\$148.15
9	\$6,000	\$70.56	\$70.56	\$70.56	\$70.56	\$70.56	\$70.56	\$70.56	\$70.56	\$70.56	\$70.56	\$70.56	\$70.56	\$70.56	\$70.56	\$70.56	\$70.56	\$70.56	\$70.56
	\$15,000	\$125.89	\$125.89	\$125.89	\$125.89	\$125.89	\$125.89	\$125.89	\$125.89	\$125.89	\$125.89	\$125.89	\$125.89	\$125.89	\$125.89	\$125.89	\$125.89	\$125.89	\$125.89
	\$25,000	\$175.15	\$175.15	\$175.15	\$175.15	\$175.15	\$175.15	\$175.15	\$175.15	\$175.15	\$175.15	\$175.15	\$175.15	\$175.15	\$175.15	\$175.15	\$175.15	\$175.15	\$175.15

**Survey Form for DP-2 (Dwelling/Fire) - Use \$500 Flat Deductible (Named perils for dwelling and personal property; replacement cost for dwelling, actual cash value for personal property, no liability coverage)**

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$120,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$160,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6	\$80,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$120,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$160,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9	\$80,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$120,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$160,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**SPECIFY THE PERCENTAGE GIVEN FOR CREDITS OR DISCOUNTS FOR THE FOLLOWING:**

**HO3 and HO4 only**

Fire Extinguisher	0 %	Deadbolt Lock	0 %
Burglar Alarm	0 %	Window Locks	0 %
Smoke Alarm	0 %	\$1,000 Deductible	0 %
		Other (specify)	
		Maximum Credit Allowed	0 %

**EARTHQUAKE INSURANCE**

**IMPORTANT, homeowners insurance does NOT automatically cover losses from earthquakes. Ask your agent about this coverage**

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS?  No (yes or no)

WHAT IS YOUR PERCENTAGE DEDUCTIBLE?  N/A %

Zone	Brick	Frame
Highest Risk	\$ N/A	\$ N/A
Lowest Risk	\$ N/A	\$ N/A

WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?

**ALLSTATE INSURANCE GROUP  
OWNERS, RENTERS, AND CONDOMINIUM  
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 the adjustment increases the expected recoveries under the contract, resulting in a lower net cost of reinsurance.

**ALLSTATE INSURANCE GROUP  
OWNERS, RENTERS, AND CONDOMINIUM  
ARKANSAS**

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

Pages 3, 4, and 5 outline the development of the required reinsurance rate adjustment factor for the Owners, Renters, and Condominium programs, respectively. 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  
OWNERS  
ARKANSAS  
DETERMINATION OF THE REINSURANCE RATE ADJUSTMENT FACTOR**

	<u>2008</u>
1. Reinsurance Premium	\$78,757
2. Loss Savings Due to Reinsurance	\$8,399
3. Net Cost of Reinsurance: (1) - (2)	\$70,358
4. Commissions, Taxes and Profit Ratio	25.9%
5. Net Cost of Reinsurance Including Commissions, Taxes, and Profit: (3) / [1 - (4)]	\$94,950
6. Adjusted AIYs x Current Reinsurance Base Charge	\$552,252
7. Required Reinsurance Rate Adjustment Factor (5) / (6)	0.172

	<u>Current</u>	<u>Indicated &amp; Proposed</u>	<u>Percent Change</u>
Proposed Change in Reinsurance Rate Adjustment Factor	0.900	0.172	-80.9%

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

	<u>2008</u>
1. Reinsurance Premium	\$665
2. Loss Savings Due to Reinsurance	\$63
3. Net Cost of Reinsurance: (1) - (2)	\$602
4. Commissions, Taxes and Profit Ratio	25.9%
5. Net Cost of Reinsurance Including Commissions, Taxes, and Profit: (3) / [1 - (4)]	\$812
6. Adjusted AIYs x Current Reinsurance Base Charge	\$8,201
7. Required Reinsurance Rate Adjustment Factor (5) / (6)	0.099

	<u>Current</u>	<u>Indicated</u>	<u>Proposed</u>
Proposed Change in Reinsurance Rate Adjustment Factor	1.000	0.099	0.000

**ALLSTATE INDEMNITY COMPANY  
OWNERS AND RENTERS  
ARKANSAS**

Response to letter dated April 9, 2008 regarding Filing #R19749

- 1. Explain why the owners forms will continue to have a reinsurance charge when it is being removed from other forms.**

As displayed in the filing, the distinct charge to cover the net cost of reinsurance for both lines (Owners and Renters) has decreased since 2007. Because of the magnitude of the net cost of reinsurance for the Renters Line (\$602 as shown on Pages 4 in the filing), the benefit of implementing and maintaining the charge is outweighed by the systems costs incurred by Allstate to do so. Therefore, the rate adjustment factor applied for this line will be 0.000. However, the net cost of reinsurance for the Owners Line (\$70,358 as shown on Page 3 in the filing) is large enough to justify the systems implementation and maintenance costs. The rate adjustment factor for the Owners Line is detailed in the filing.

Allstate will continue to evaluate reinsurance costs in the future; if the net cost of reinsurance for any line exceeds the systems implementation and maintenance costs in the future, adjustments to the rate adjustment factor will be made as appropriate.

- 2. Provide an exhibit showing the commissions, taxes, and profit ratio development for the owners adjustment factor.**

Please see Exhibit I.

**ALLSTATE INSURANCE GROUP  
OWNERS AND RENTERS  
ARKANSAS**

**COMMISSIONS, TAXES, AND PROFIT RATIO USED IN THE  
DETERMINATION OF THE AVERAGE INDICATED REINSURANCE CHARGE**

	Provision in Rate
Commission and Brokerage	12.5%
Taxes *	2.9%
Underwriting Profit	<u>10.5%</u>
Commissions, Taxes, and Profit Ratio	25.9%

\* State Taxes - Does not include Federal Income Tax