

SERFF Tracking Number: ALSX-125504249 State: Arkansas  
Filing Company: Allstate Indemnity Company State Tracking Number: EFT \$25  
Company Tracking Number: R19126  
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
Product Name: Homeowners  
Project Name/Number: Rule Filing/R19126

## 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: Rule

SERFF Tr Num: ALSX-125504249

SERFF Status: Closed

Co Tr Num: R19126

Co Status:

Author: SPI AllState

Date Submitted: 02/24/2008

State: Arkansas

State Tr Num: EFT \$25

State Status: Fees verified and received

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

Disposition Date: 05/14/2008

Disposition Status: Filed

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

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

Effective Date (New): 05/12/2008

Effective Date (Renewal):

05/12/2008

State Filing Description:

## General Information

Project Name: Rule Filing

Project Number: R19126

Reference Organization:

Reference Title:

Filing Status Changed: 05/14/2008

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 Homeowners 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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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.

## Company and Contact

### Filing Contact Information

Patrick Torsney, ptors@allstate.com  
 2775 Sanders Road (847) 402-5000 [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: \$25.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Indemnity Company	\$25.00	02/24/2008	18127968

SERFF Tracking Number: ALSX-125504249

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TOI: 04.0 Homeowners

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	05/14/2008	05/14/2008
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	SPI AllState	04/01/2008	04/01/2008
Pending Industry Response	Becky Harrington	03/12/2008	03/12/2008			
Pending Industry Response	Becky Harrington	02/27/2008	02/27/2008	SPI AllState	03/10/2008	03/10/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
new manual pages	Supporting Document	SPI AllState	05/12/2008	05/12/2008

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
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Project Name/Number: Rule Filing/R19126

New effective date	Note To Reviewer	SPI AllState	04/29/2008 04/29/2008
Response to 3/12/8 objection	Note To Reviewer	SPI AllState	03/26/2008 03/26/2008

*SERFF Tracking Number:*      *ALSX-125504249*                      *State:*                      *Arkansas*  
*Filing Company:*              *Allstate Indemnity Company*                      *State Tracking Number:*      *EFT \$25*  
*Company Tracking Number:*      *R19126*  
*TOI:*                      *04.0 Homeowners*                      *Sub-TOI:*                      *04.0000 Homeowners Sub-TOI Combinations*  
*Product Name:*                      *Homeowners*  
*Project Name/Number:*              *Rule Filing/R19126*

## **Disposition**

Disposition Date: 05/14/2008

Effective Date (New): 05/12/2008

Effective Date (Renewal): 05/12/2008

- Effective Date (New) changed from NULL to 05/12/2008 and Effective Date (Renewal) changed from NULL to 05/12/2008 by Harrington, Becky on 04/30/2008.

Status: Filed

Comment: Disposition to close after receipt of new manual pages.

Rate data does NOT apply to filing.

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 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
 Product Name: Homeowners  
 Project Name/Number: Rule Filing/R19126

<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>	Rate and Rule Schedule, Cover Letter	Filed	Yes
<b>Supporting Document</b>	HPCS-Homeowners Premium Comparison Survey		No
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		No
<b>Supporting Document</b>	obj response, exhibit a	Filed	Yes
<b>Supporting Document</b>	new manual pages	Filed	Yes
<b>Rate</b>	Checking List	Filed	Yes
<b>Rate</b>	Manual		Yes



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 Product Name: Homeowners  
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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>	Rate and Rule Schedule, Cover Letter	Filed	Yes
<b>Supporting Document</b>	HPCS-Homeowners Premium Comparison Survey		No
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		No
<b>Supporting Document</b>	obj response, exhibit a	Filed	Yes
<b>Supporting Document</b>	new manual pages	Filed	Yes
<b>Rate</b>	Checking List	Filed	Yes
<b>Rate</b>	Manual		Yes

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Product Name: Homeowners  
Project Name/Number: Rule Filing/R19126

## 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 new model ISM 7 has been filed with the Department. Submit the model pursuant to ACA 23-67-409 or advise the filing in which it was filed.

RESPOND THROUGH A RESPONSE LETTER INSTEAD OF A NOTE TO REVIEWER.

Sincerely,

Becky Harrington

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 04/01/2008  
Submitted Date 04/01/2008

Dear Becky Harrington,

### Comments:

Response to 3/26/8 objection

### Response 1

Comments: It was filed under DOI filing number AR-PC-05-015604 (SERFF ID SPIN-66IACGIGP/00, company filing number R16119) on June 30, 2005. The filing was approved August 3, 2005. It was a homeowners rate/rule filing for Allstate Property & Casualty.

### Related Objection 1

Comment:

I have been unable to verify that new model ISM 7 has been filed with the Department. Submit the model pursuant to ACA 23-67-409 or advise the filing in which it was filed.

<i>SERFF Tracking Number:</i>	<i>ALSX-125504249</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>
<i>Company Tracking Number:</i>	<i>R19126</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Homeowners</i>		
<i>Project Name/Number:</i>	<i>Rule Filing/R19126</i>		

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

I have forwarded the model. Please contact Patrick Torsney at 847 402 7309 or at ptors@allstate.com if you do not receive the model or if you have any questions.

Sincerely,  
SPI AllState

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TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
Product Name: Homeowners  
Project Name/Number: Rule Filing/R19126

## 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

- obj response, exhibit a (Supporting Document)

Comment: You must identify your neutral tier/score in order for the Department to determine whether your new score for no hit/thin files will be 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

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TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
Product Name: Homeowners  
Project Name/Number: Rule Filing/R19126

## 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/thin files must be treated as credit neutral. Please advise your neutral rating group.

Objection 2

- Manual (Rate)

Comment: Pursuant to ACA 23-67-409 the credit scoring model must be filed along with experience data to support the factors.

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.

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Company Tracking Number: R19126  
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Product Name: Homeowners  
Project Name/Number: Rule Filing/R19126

## Response 1

Comments: Please see attached documents re: 2/27/8 objection.

### Related Objection 1

Applies To:

- Manual (Rate)

Comment:

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

### Related Objection 2

Applies To:

- Manual (Rate)

Comment:

Pursuant to ACA 23-67-409 the credit scoring model must be filed along with experience data to support the factors.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: obj response, exhibit a

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

SERFF Tracking Number: ALSX-125504249

State: Arkansas

Filing Company: Allstate Indemnity Company

State Tracking Number: EFT \$25

Company Tracking Number: R19126

TOI: 04.0 Homeowners

Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: Homeowners

Project Name/Number: Rule Filing/R19126

### **Amendment Letter**

Amendment Date:

Submitted Date: 05/12/2008

### **Comments:**

Here is the updated manual

### **Changed Items:**

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

### **User Added -Name: new manual pages**

Comment:

new manual pages.PDF

*SERFF Tracking Number:*      *ALSX-125504249*                      *State:*                      *Arkansas*  
*Filing Company:*              *Allstate Indemnity Company*                      *State Tracking Number:*      *EFT \$25*  
*Company Tracking Number:*      *R19126*  
*TOI:*                      *04.0 Homeowners*                      *Sub-TOI:*                      *04.0000 Homeowners Sub-TOI Combinations*  
*Product Name:*                      *Homeowners*  
*Project Name/Number:*      *Rule Filing/R19126*

**Note To Reviewer**

**Created By:**

SPI AllState on 04/29/2008 02:27 PM

**Subject:**

New effective date

**Comments:**

The new effective date for this filing for new and renewal business is 5/12/8.

*SERFF Tracking Number: ALSX-125504249*

*State: Arkansas*

*Filing Company: Allstate Indemnity Company*

*State Tracking Number: EFT \$25*

*Company Tracking Number: R19126*

*TOI: 04.0 Homeowners*

*Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations*

*Product Name: Homeowners*

*Project Name/Number: Rule Filing/R19126*

**Note To Reviewer**

**Created By:**

SPI AllState on 03/26/2008 12:47 AM

**Subject:**

Response to 3/12/8 objection

**Comments:**

Please see attached document re: 3/12/8 objection.



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

March 24, 2008

Carrie Deppe  
Law & Regulation

**RE: Arkansas Allstate Indemnity Company  
Homeowners (Renters)  
Company Filing #R19126**

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 Indemnity Company Renters is 459. 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

<i>SERFF Tracking Number:</i>	<i>ALSX-125504249</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>
<i>Company Tracking Number:</i>	<i>R19126</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Homeowners</i>		
<i>Project Name/Number:</i>	<i>Rule Filing/R19126</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: ALSX-125504249 State: Arkansas  
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 Project Name/Number: Rule Filing/R19126

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Checking List	R19126	New	R19126.PDF
	Manual	R19126	Replacement	R19126.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.

**HOMEOWNERS RENTERS RULES**

Enclosed: Pages IH33-1 thru IH33-3 dated 1-2-2008

Withdrawn: Pages IH33-1 and IH33-2 dated 1-1-2008

**RULE 33 – RATING GROUP CLASSIFICATION FOR RENTERS**

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. This rule applies to the Renters policy form.

**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>	<b><u>Rating Factor</u></b>
000-396	7A	.40
397-437	7B	.50
438-479	7C	.60
480-509	7D	.75
510-999	7E	1.00

For Policy Rating Groups assigned from 05/29/2001 to 03/10/2008:

<b><u>Insurance Score</u></b>	<b><u>Rating Group</u></b>	<b><u>Rating Factor</u></b>
000-294	7A	.40
295-342	7B	.50
343-384	7C	.60
385-414	7D	.75
415-999	7E	1.00

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 of 420 will be assigned.

With respect to credit reports requested from 05/29/2001 to 03/10/2008, where a credit report cannot be obtained, or where a credit report consists only of inquiries, an Insurance Score of 360 will be assigned.

The policy of any insured whose credit report was ordered by Allstate Indemnity Company for the purpose of tier determination pursuant to this rule on or after 3/10/2008 may, at Allstate's sole discretion, be assigned to Rating Group 7C 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. For Rating Group 7E and beginning with the 3<sup>rd</sup> renewal after 1/1/2004, credit report(s) will be ordered for all applicable insureds on the policy at the time of the reorder. Subsequently, credit report(s) will be ordered prior to every 3<sup>rd</sup> renewal effective date following the effective date of the policy for which credit report(s) were most recently ordered. Additionally, effective 1/1/2004, and 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 reorder. If an insured requests a reorder, the next automatic reorder will take place prior to the 3<sup>rd</sup> renewal effective date following the effective date of the policy for which the credit report(s) was most recently ordered to determine the applicable Rating Group. Any reorder will be done according to the procedure regarding ordering of credit reports that is in effect for Allstate Indemnity Company at the time of the reorder.
2. For all Rating Groups other than Rating Group 7E and 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 reorder. The reorder will be done according to the procedure regarding ordering of credit reports that is in effect for Allstate Indemnity Company at the time of the reorder.

NOTE: If 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.

3. 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 tier determination pursuant to this rule on or after 3/10/2008 may, at Allstate's sole discretion, be assigned to Rating Group 7C 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, Section B.2 or Section B.3, 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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## 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:** Rate and Rule Schedule, Cover  
Letter **Review Status:** Filed 04/09/2008

**Comments:**

**Attachments:**

Rate and Rule Schedule.PDF

Cover Letter.PDF

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

**Comments:**

**Attachments:**

obj response.PDF

exhibit a.PDF

**Satisfied -Name:** new manual pages **Review Status:** Filed 05/14/2008

**Comments:**

**Attachment:**

new manual pages.PDF

## 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: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<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>	R19126
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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)	04.0000 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 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



## 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>	R19126
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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)

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		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	
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<b>7.</b>	Effective Date of last rate revision	
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<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Pages IH33-1 thru IH33-3 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 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:** R19126  
**Line of insurance:** Homeowners  
**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 Homeowners 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



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

March 04, 2008

Carrie Deppe  
Law & Regulation

**RE: Arkansas Allstate Indemnity Company  
Homeowners  
Company Filing #R19126**

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.**

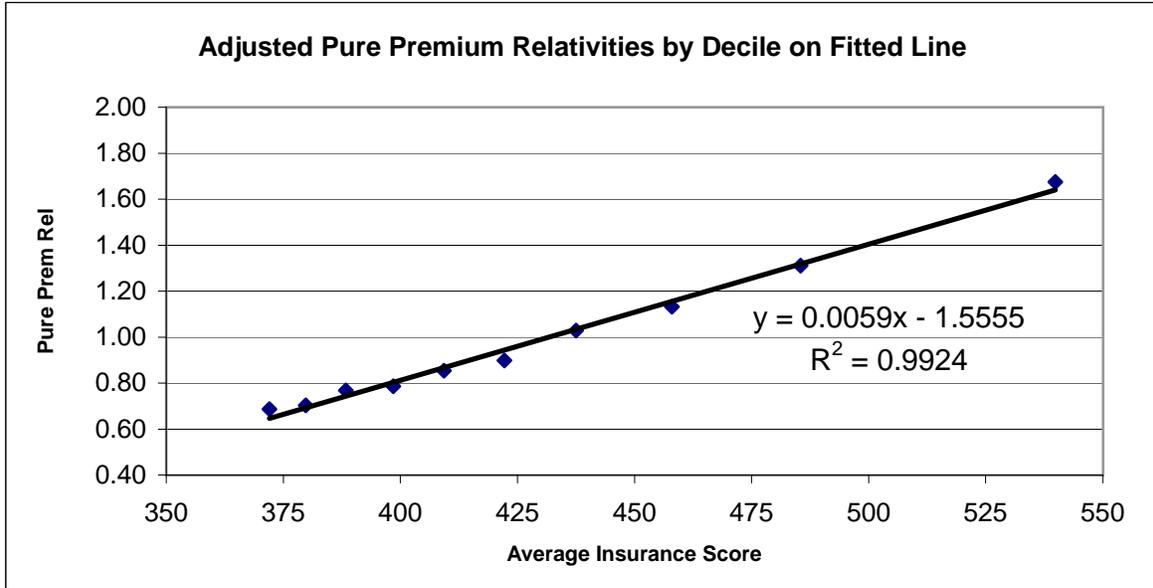
The ISM7 credit scoring model was filed with filing R16119 (DOI #AR-PC-05-015604, SERFF #SPIN-66IACGIGP/00) on 6/30/2005. No change is being proposed to the current Rating Group factors.

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 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

**RULE 33 – RATING GROUP CLASSIFICATION FOR RENTERS**

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. This rule applies to the Renters policy form.

**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>	<b><u>Rating Factor</u></b>
000-396	7A	.40
397-437	7B	.50
438-479	7C	.60
480-509	7D	.75
510-999	7E	1.00

For Policy Rating Groups assigned from 05/29/2001 to 03/10/2008:

<b><u>Insurance Score</u></b>	<b><u>Rating Group</u></b>	<b><u>Rating Factor</u></b>
000-294	7A	.40
295-342	7B	.50
343-384	7C	.60
385-414	7D	.75
415-999	7E	1.00

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 of 420 will be assigned.

With respect to credit reports requested from 05/29/2001 to 03/10/2008, where a credit report cannot be obtained, or where a credit report consists only of inquiries, an Insurance Score of 360 will be assigned.

The policy of any insured whose credit report was ordered by Allstate Indemnity Company for the purpose of tier determination pursuant to this rule on or after 5/12/2008 may, at Allstate's sole discretion, be assigned to Rating Group 7C 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. For Rating Group 7E and beginning with the 3<sup>rd</sup> renewal after 1/1/2004, credit report(s) will be ordered for all applicable insureds on the policy at the time of the reorder. Subsequently, credit report(s) will be ordered prior to every 3<sup>rd</sup> renewal effective date following the effective date of the policy for which credit report(s) were most recently ordered. Additionally, effective 1/1/2004, and 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 reorder. If an insured requests a reorder, the next automatic reorder will take place prior to the 3<sup>rd</sup> renewal effective date following the effective date of the policy for which the credit report(s) was most recently ordered to determine the applicable Rating Group. Any reorder will be done according to the procedure regarding ordering of credit reports that is in effect for Allstate Indemnity Company at the time of the reorder.
2. For all Rating Groups other than Rating Group 7E and 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 reorder. The reorder will be done according to the procedure regarding ordering of credit reports that is in effect for Allstate Indemnity Company at the time of the reorder.

NOTE: If 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.

3. 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 tier determination pursuant to this rule on or after 5/12/2008 may, at Allstate's sole discretion, be assigned to Rating Group 7C 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, Section B.2 or Section B.3, 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.