

SERFF Tracking Number: AMMH-125646513 State: Arkansas
Filing Company: American Family Home Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 20080514-03
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: AFH Town & Country Program
Project Name/Number: /20080514-03

Filing at a Glance

Company: American Family Home Insurance Company

Product Name: AFH Town & Country Program SERFF Tr Num: AMMH-125646513 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50

Non-Liability

Sub-TOI: 05.0003 Commercial Package

Co Tr Num: 20080514-03

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Gary Behling

Disposition Date: 05/27/2008

Date Submitted: 05/14/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 05/27/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):
05/27/2008

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number: 20080514-03

Domicile Status Comments:

Reference Organization: ISO

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 05/27/2008

State Status Changed: 05/27/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

(Refer to cover letter.)

Company and Contact

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Filing Contact Information

Gary Behling, Filing Analyst gbehling@amig.com
 7000 Midland Blvd (800) 759-9008 [Phone]
 Amelia, OH 45102

Filing Company Information

American Family Home Insurance Company CoCode: 23450 State of Domicile: Florida
 7000 Midland Blvd. Group Code: 127 Company Type:
 Amelia, OH 45102 Group Name: State ID Number:
 (800) 759-9008 ext. [Phone] FEIN Number: 31-0711074

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: AR filing fee
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|---------|----------------|---------------|
| American Family Home Insurance Company | \$50.00 | 05/14/2008 | 20317105 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 05/27/2008 | 05/27/2008 |

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Disposition

Disposition Date: 05/27/2008

Effective Date (New): 05/27/2008

Effective Date (Renewal): 05/27/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | Cover Letter | Approved | Yes |
| Form | Notice - Offer of Terrorism Coverage and Disclosure of Premium | Approved | Yes |
| Form | Policyholder Disclosure Notice of Terrorism Insurance Coverage | Approved | Yes |

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Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type | Action | Action Specific Data | Readability | Attachment |
|---------------|--|-----------|--------------|--------------------|----------|--|-------------|------------------------------|
| Approved | Notice - Offer of Terrorism Coverage and Disclosure of Premium | AMIG #T-3 | (01/08) | Disclosure/ Notice | Replaced | Replaced Form #: AMIG #T-3 (01/06) Previous Filing #: | | AMIG T-3 01_08 rev.pdf |
| Approved | Policyholder Disclosure Notice 4 of Terrorism Insurance Coverage | AMIG #T-4 | (01/08) | Disclosure/ Notice | Replaced | Replaced Form #: AMIG #T-4 (01/06) Previous Filing #: | | AMIG T-4 01_08 rev.pdf |



American Modern Home Insurance Company*
American Family Home Insurance Company**
American Southern Home Insurance Company
American Western Home Insurance Company
American Modern Select Insurance Company
American Modern Lloyds Insurance Company
American Modern Surplus Lines Insurance Company

**NOTICE – OFFER OF TERRORISM COVERAGE
 NOTICE – DISCLOSURE OF PREMIUM
 NEW/RENEWAL POLICY**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. The term “act of terrorism” means any act that is certified by the Secretary of the Treasury – in concurrence with the Secretary of State, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURER’S LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Failure to pay the premium within 30 days after the effective date of your policy will constitute a rejection of the offer and your policy will automatically exclude the describe coverage.

If you choose to reject the offer, please sign and return this statement to your agent. Your policy will exclude the described coverage.

If you choose to accept this offer of coverage, your premium will be revised to include the additional premium for terrorism as stated.

| | |
|--|---|
| | I hereby elect to purchase Terrorism coverage for a prospective premium of \$_____ . Please return premium to your agent listed below. |
| | I hereby decline to purchase coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism. |

NAMED INSURED:
 POLICY NUMBER:
 AGENT:

 Policyholder/Applicant’s Signature & Date

 Print Name

* California known as American Modern Insurance Company;
 **California known as AFH Insurance Company

EXECUTIVE OFFICES / 7000 MIDLAND BOULEVARD / AMELIA, OHIO 45102-2607
 MAILING ADDRESS / P.O. BOX 5760 / CINCINNATI, OHIO 45201-5670 / TEL. (513) 943-7200



American Modern Home Insurance Company*
American Family Home Insurance Company**
American Southern Home Insurance Company
American Western Home Insurance Company
American Modern Select Insurance Company
American Modern Lloyds Insurance Company
American Modern Surplus Lines Insurance Company

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE
NEW/RENEWAL POLICY

Coverage for acts of terrorism is included in your policy.

You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in section 102(1) of the Act: the term "act of terrorism" means any act that is certified by the Secretary of the Treasury-in concurrence with the Secretary of State, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premise of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 Billion cap that limits U.S. Government reimbursement as well as insurer' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 Billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 Billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$ 0 and does not include any charges for the portion of losses covered by the United States government under the Act.

NAMED INSURED:
POLICY #:
AGENT:

***California known as American Modern Insurance Company**
****California known as AFH Insurance Company**

EXECUTIVE OFFICES / 7000 MIDLAND BOULEVARD / AMELIA, OHIO 45102-2607
MAILING ADDRESS / P.O. BOX 5760 / CINCINNATI, OHIO 45201-5670 / TEL. (513) 943-7200
AMIG #T-4 (01/08)

SERFF Tracking Number: AMMH-125646513 State: Arkansas
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Liability
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 05/27/2008

Comments:

Attachments:

P&C transmittal.pdf
Form filing schedule.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 05/27/2008

Comments:

Attachment:

Filing letter_F_.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 # |
| American Modern Insurance Group, Inc. | 127 |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|--|----------|--------|------------|---------|
| American Family Home Insurance Company | Florida | 23450 | 31-0711074 | |
| | | | | |
| | | | | |

| | |
|-----------------------------------|--------------------|
| 5. Company Tracking Number | 20080514-03 |
|-----------------------------------|--------------------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|----|--|--------------------|----------------------------|--------------|-------------------|
| | Gary Behling PO Box 5323 Cincinnati, OH 45201-5323 | Compliance Analyst | 800-759-9008, ext. 5791 | 513-688-8939 | gbehling@amig.com |
| | | | | | |
| | 7. Signature of authorized filer | | <i>Gary P. Behling</i> | | |
| | 8. Please print name of authorized filer | | Gary P. Behling | | |

Filing information (see General Instructions for descriptions of these fields)

| | |
|--|--|
| 9. Type of Insurance (TOI) | Commercial Multi-Peril |
| 10. Sub-Type of Insurance (Sub-TOI) | Commercial Package |
| 11. State Specific Product code(s) (if applicable)[See State Specific Requirements] | 05.0003 |
| 12. Company Program Title (Marketing title) | AFH Town & Country Program |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: (Upon approval) Renewal: (Upon approval) |
| 15. Reference Filing? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Reference Organization (if applicable) | ISO |
| 17. Reference Organization # & Title | |
| 18. Company's Date of Filing | 5/14/08 |
| 19. Status of filing in domicile | <input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

Property & Casualty Transmittal Document—

| | | |
|------------|--|-------------|
| 20. | This filing transmittal is part of Company Tracking # | 20080514-03 |
|------------|--|-------------|

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

(Please refer to cover letter.)

| | |
|------------|---|
| 22. | Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] |
|------------|---|

Check #: (Not applicable - submitted via EFT)

Amount: \$50.00

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

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

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

| | | | | | |
|-----------|---|------------------------------------|---|--|---|
| 1. | This filing transmittal is part of Company Tracking # | 20080514-03 | | | |
| 2. | This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable) | n/a | | | |
| 3. | Form Name /Description/Synopsis | Form # Include edition date | Replacement or Withdrawn? | If replacement, give form # it replaces | Previous state filing number, if required by state |
| 01 | Notice - Offer of Terrorism Coverage and Disclosure of Premium | AMIG #T-3 (01/08) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | AMIG #T-3 (01/06) | |
| 02 | Policyholder Disclosure Notice of Terrorism Insurance Coverage | AMIG #T-4 (01/08) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | AMIG #T-4 (01/06) | |
| 03 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |



AMERICAN FAMILY HOME
INSURANCE COMPANY

May 14, 2008

Arkansas Insurance Department
Property & Casualty Division
1200 W. 3rd St.
Little Rock, AR 72201-1904

RE: American Family Home Insurance Company: NAIC# 127-23450
Town & Country Program
Terrorism Risk Insurance Program Reauthorization Act of 2007
Form Filing
Company File Number: 20080514-03

In accordance with the filing requirements of your state, we are submitting a revision to the captioned program.

It is our intent to adopt the Terrorism Risk Insurance Program Reauthorization Act of 2007 ISO Filing Designation #'s CL-2007-OTRP1 and CL-2007-OTRL1. We are submitting our revised disclosure notices.

We are submitting this filing to become effective upon approval for new business and renewals.

To the best of our knowledge and belief, this filing is in compliance with the statutes and regulations of your state.

If you have any questions, please contact the undersigned at the telephone number or e-mail address shown.

Gary P. Behling, CPCU
Compliance Analyst
American Modern Insurance Group, Inc.
Phone: 1-800-759-9008, ext. 5791
E-mail: gbehling@amig.com