

SERFF Tracking Number: NWPC-125666492 State: Arkansas
Filing Company: Nationwide Mutual Fire Insurance Company. State Tracking Number: EFT \$25
Company Tracking Number: 08MH-09AR-KEK
TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners
Product Name: Mobile Homeowners
Project Name/Number: Manual Page Correction/08MH-09AR-KEK

Filing at a Glance

Company: Nationwide Mutual Fire Insurance Company.

Product Name: Mobile Homeowners	SERFF Tr Num: NWPC-125666492	State: Arkansas
TOI: 04.0 Homeowners	SERFF Status: Closed	State Tr Num: EFT \$25
Sub-TOI: 04.0002 Mobile Homeowners	Co Tr Num: 08MH-09AR-KEK	State Status: Fees verified and received
Filing Type: Rule	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi
	Author: Kara Kapustar	Disposition Date: 05/30/2008
	Date Submitted: 05/28/2008	Disposition Status: Filed
Effective Date Requested (New): 06/17/2008		Effective Date (New): 06/17/2008
Effective Date Requested (Renewal): 06/17/2008		Effective Date (Renewal): 06/17/2008

State Filing Description:

General Information

Project Name: Manual Page Correction	Status of Filing in Domicile: Not Filed
Project Number: 08MH-09AR-KEK	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 05/30/2008	
State Status Changed: 05/30/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

We are filing an editorial update to the Arkansas Mobile Homeowners manual for the Nationwide Mutual Fire Insurance Company. The effective date for this update is June 17, 2008. This editorial correction has no rate impact and does not affect underwriting standards.

We are removing the Flood Coverage note that currently accompanies the Mobile Homeowners Amount of Insurance Rating Factors table as reflected on draft manual page MH-32 to 50. We began excluding flood coverage from the

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Mobile Homeowners contract in a previous filing; however, we inadvertently overlooked updating the manual page at that time.

Company and Contact

Filing Contact Information

Kara Kapustar, Senior Filings Analyst kapustk1@nationwide.com
 One Nationwide Plaza, 1-18-06 (614) 677-8586 [Phone]
 Columbus, OH 43215 (614) 249-3885[FAX]

Filing Company Information

Nationwide Mutual Fire Insurance Company. CoCode: 23779 State of Domicile: Ohio
 One Nationwide Plaza Group Code: 140 Company Type: Property and
 Casualty
 Columbus, OH 43215 Group Name: Nationwide Insurance State ID Number:
 (614) 249-7022 ext. [Phone] FEIN Number: 31-4177110

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: \$25.00 X 1 rule filing X 1 company = \$25.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Mutual Fire Insurance Company.	\$25.00	05/28/2008	20540950

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	05/30/2008	05/30/2008

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Disposition

Disposition Date: 05/30/2008

Effective Date (New): 06/17/2008

Effective Date (Renewal): 06/17/2008

Status: Filed

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	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		No
Rate	Marked-up manual page	Filed	Yes

SERFF Tracking Number: *NWPC-125666492* *State:* *Arkansas*
Filing Company: *Nationwide Mutual Fire Insurance Company.* *State Tracking Number:* *EFT \$25*
Company Tracking Number: *08MH-09AR-KEK*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0002 Mobile Homeowners*
Product Name: *Mobile Homeowners*
Project Name/Number: *Manual Page Correction/08MH-09AR-KEK*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: NWPC-125666492 State: Arkansas
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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Marked-up manual page	MH-32 to 50	Replacement	Marked-Up Manual Page.pdf

PREMIUM COMPUTATION FOR MOBILE HOME POLICIES (cont'd)

Step (4)

Corrected 6-17-08

Multiply the result from Step (3) by the appropriate Amount of Insurance rating factor from Table D. Interpolation may be used to calculate factors for amounts not shown. See page H --- 401 for instructions. Round to the nearest penny, then round to the nearest whole dollar.

**TABLE D —
AMOUNT OF INSURANCE RATING FACTORS**

Amount of Insurance	Entire State
\$ 5,000	0.415
6,000	0.456
7,000	0.496
8,000	0.536
9,000	0.577
10,000	0.617
11,000	0.653
12,000	0.689
13,000	0.725
14,000	0.761
15,000	0.797
16,000	0.838
17,000	0.878
18,000	0.919
19,000	0.959
20,000	1.000
21,000	1.038
22,000	1.076
23,000	1.113
24,000	1.151
25,000	1.189
30,000	1.391
35,000	1.593
40,000	1.794
45,000	1.994
50,000	2.196
55,000	2.397
60,000	2.597
65,000	2.809
70,000	3.012
75,000	3.212
100,000	4.238
150,000	6.281
** \$ 5,000	0.204

** Add For Each Additional \$5,000

~~Flood Coverage:~~

~~The premium for flood protection is included in the above charges.~~

ARKANSAS
MOBILE HOMEOWNERS

- 2008

MH — 32 to 50

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:
Filed 05/30/2008

Comments:

Attachments:

PC Transmittal Doc.pdf
Rate-Rule Schedule.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: <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Nationwide Insurance Group	0140

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Nationwide Mutual Fire Insurance Company	OH	23779	31-4177110	

5. Company Tracking Number	08MH-09AR-KEK
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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
	Kara E. Kapustar One Nationwide Plaza, 1-18-06 Columbus, OH 43215	Senior State Filings Analyst	800-882-2822, ext. 78586	614-249-3885	kapustk1@nationwide.com
7. Signature of authorized filer			<i>Kara E. Kapustar</i>		
8. Please print name of authorized filer			Kara E. Kapustar		

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

9. Type of Insurance (TOI)	04.0 Homeowners
10. Sub-Type of Insurance (Sub-TOI)	04.0002 Mobile Homeowners
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. 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)
14. Effective Date(s) Requested	New: 6/17/2008 Renewal: 6/17/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	5/28/2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	08MH-09AR-KEK
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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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]
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Check #: Not Applicable (Fee submitted via EFT in SERFF.)

Amount: \$25.00

\$25.00 X 1 rule filing X 1 company = \$25.00

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.)**

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	08MH-09AR-KEK
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	Not Applicable
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File and Use
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4a.	Rate Change by Company (As Proposed)						
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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)
Nationwide Mutual Fire Insurance Co.	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

4b.	Rate Change by Company (As Accepted) For State Use Only						
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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)

Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	+4.8% (Total for last Homeowners filing – includes Homeowners Sub-TOI Combination)
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7.	Effective Date of last rate revision	2/16/2008
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File and Use
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	MH-32 to 50	<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	