

SERFF Tracking Number: SFMA-125643628 State: Arkansas  
Filing Company: State Farm Fire and Casualty Company State Tracking Number: EFT \$50  
Company Tracking Number: HO-23551  
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
Product Name: HO-23551  
Project Name/Number: HO-23551/HO-23551

## Filing at a Glance

Company: State Farm Fire and Casualty Company

Product Name: HO-23551	SERFF Tr Num: SFMA-125643628	State: Arkansas
TOI: 04.0 Homeowners	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations	Co Tr Num: HO-23551	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
	Authors: Richard Haberer, Sheri Anderson	Disposition Date: 05/21/2008
	Date Submitted: 05/21/2008	Disposition Status: Approved
Effective Date Requested (New): 09/15/2008		Effective Date (New): 09/15/2008
Effective Date Requested (Renewal): 09/15/2008		Effective Date (Renewal): 09/15/2008

State Filing Description:

## General Information

Project Name: HO-23551	Status of Filing in Domicile: Not Filed
Project Number: HO-23551	Domicile Status Comments: N/A
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 05/21/2008	
State Status Changed: 05/21/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

We respectfully request your approval of FE-3301, Identity Restoration Coverage Endorsement. This new coverage provides assistance through case management service to restore control of identity information after the insured incurs an identity fraud as defined.

Case Management Service is provided for up to 12 months. Expense for this service does not reduce the Expense Reimbursement limit below.

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Expense Reimbursement is limited to \$25,000 annual aggregate per insured. Included within this limit are separate limits below:

- \$5,000 joint limit for the defined identity fraud expenses, items 3.e. and 3.f., i.e. actual lost wages for necessary time away from work and costs for supervision of dependents are included in this limit : and
- \$1,000 limit for other reasonable and necessary costs incurred by an insured, as shown in item 3.g. of the definition of identity fraud expenses.

The corresponding rate filing is submitted under separate filing HO-23550.

Sincerely,

Nathan Gross  
Forms Manager  
(309)766-3003  
nathan.gross.aiqq@statefarm.com

Tom Monson  
Forms Director  
(309)766-2270  
tom.monson.apky@statefarm.com

## Company and Contact

### Filing Contact Information

Nate Gross, nathan.gross.aiqq@statefarm.com  
One State Farm Plaza (309) 766-3003 [Phone]  
Bloomington, IL 61710 (309) 766-0225[FAX]

### Filing Company Information

State Farm Fire and Casualty Company CoCode: 25143 State of Domicile: Illinois  
1 State Farm Plaza Group Code: 176 Company Type:  
Bloomington, IL 61710 Group Name: State ID Number:

*SERFF Tracking Number:* SFMA-125643628                      *State:* Arkansas  
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*Project Name/Number:* HO-23551/HO-23551

(309) 735-0649 ext. [Phone]

FEIN Number: 37-0533080

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50.00 per filing X 1 filing = \$50.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Fire and Casualty Company	\$50.00	05/21/2008	20434825

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	05/21/2008	05/21/2008

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## **Disposition**

Disposition Date: 05/21/2008

Effective Date (New): 09/15/2008

Effective Date (Renewal): 09/15/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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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	Approved	Yes
<b>Form</b>	Identity Restoration Coverage Endorsement	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Identity Restoration Coverage Endorsement	FE-3301		Endorsement/New Amendment/ Conditions			FE-3301.pdf

## IDENTITY RESTORATION COVERAGE ENDORSEMENT IDENTITY RESTORATION CASE MANAGEMENT SERVICE AND EXPENSE REIMBURSEMENT

### DEFINITIONS

The following new or revised definitions apply only to this endorsement:

1. **insured**, when used in this endorsement, means you and if residents of your household:
  - a. your relatives; and
  - b. any other person under the age of 21 who is in the care of a person described above.
2. **identity fraud** means the fraudulent use of an **insured's** identifying information to:
  - a. commit crimes;
  - b. unlawfully establish credit accounts;
  - c. secure loans; or
  - d. enter into contracts.

**Identity fraud** does not include the fraudulent use of a business name or any other method of identifying a business activity.

3. **identity fraud expenses** means the following reasonable and necessary costs incurred as a direct result of an **identity fraud**:
  - a. costs for re-filing applications for loans, grants or other credit instruments;
  - b. costs for notarizing affidavits or other similar documents, long distance telephone calls and postage;
  - c. costs for credit reports from established credit bureaus;
  - d. fees and expenses for an attorney approved by us for the following:
    - (1) the defense of any civil suit brought against an **insured**;
    - (2) the removal of any civil judgment wrongfully entered against an **insured**;
    - (3) legal assistance for an **insured** at an audit or hearing by a governmental agency;
    - (4) legal assistance in challenging the accuracy of the **insured's** consumer credit report;
    - (5) the defense of any criminal charges brought against an **insured** arising

from the actions of a third party using the personal identity of the **insured**;

- e. actual lost wages of the **insured** for time reasonably and necessarily taken away from work and away from the work premises. Time away from work includes partial or whole work days. Actual lost wages may include payment for vacation days, discretionary days, floating holidays and paid personal days. Actual lost wages do not include time lost for illness or any loss arising from time taken away from self employment. Necessary time off does not include time off to do tasks that could reasonably have been done during non-work hours;
  - f. actual costs for supervision of children or elderly or infirm relatives of the **insured** during time reasonably and necessarily taken away from such supervision. Such care must be provided by a professional care provider who is not a relative of the **insured**; and
  - g. reasonable and necessary costs incurred by an **insured** as a direct result of the **identity fraud**. Such costs include:
    - (1) costs by the **insured** to recover control over his or her personal identity; and
    - (2) deductibles or service fees from financial institutions.Such costs do not include:
    - (1) costs to avoid, prevent or detect **identity fraud** or other loss;
    - (2) monies lost or stolen;
    - (3) balances resulting from the unauthorized use of a credit card, credit account or bank account; or
    - (4) costs that are restricted or excluded elsewhere in this endorsement or policy.
4. **identity restoration case manager** means a person assigned by us to help an **insured** to counteract the effects of **identity fraud**. This help may include, with the permission and cooperation of the **insured**, contacting authorities, credit bureaus, creditors and businesses.

CONTINUED

## IDENTITY RESTORATION COVERAGE

If the **insured** has been a victim of **identity fraud** covered by this endorsement, the following coverages are provided:

### Case Management Service

Services of an **identity restoration case manager** as needed to respond to the **identity fraud**.

### Expense Reimbursement

Reimbursement of necessary and reasonable **identity fraud expenses** incurred as a direct result of the **identity fraud**.

These coverages only apply if the **identity fraud** is:

1. first discovered by any **insured** while this endorsement is in force; and
2. reported to us within 60 days after it is first discovered by any **insured**.

## LIMITS

**Case management service** is available as needed for any one **identity fraud** for up to 12 months from the initial assignment of an **identity restoration case manager**. Expenses we incur to provide **case management service** do not reduce the limit available for **expense reimbursement** coverage.

**Expense reimbursement** coverage is subject to a limit of \$25,000 annual aggregate per **insured**. This limit is the most we will pay for the total of all loss or expense arising out of all **identity frauds** to any one **insured** which are first discovered by any **insured** during the current policy period. This limit applies regardless of the number of claims during that period.

An **identity fraud** may be first discovered by any **insured** in one policy period and continue into other policy periods. If so, all loss and expense arising from the **identity fraud** will be subject to the annual aggregate limit which applies to the policy period when the **identity fraud** was first discovered by any **insured**.

**Identity fraud expenses** are part of, and not in addition to, payment under the **expense reimbursement** coverage limit.

**Identity fraud expenses** are limited to costs incurred within 12 months of the first discovery of the **identity fraud** by any **insured**.

Items 3.e. and 3.f. of the definition of **identity fraud expenses** are jointly subject to a limit of \$5,000. This limit is part of, and not in addition to, payment under the **expense reimbursement** coverage limit.

Item 3.g. of the definition of **identity fraud expenses** is subject to a limit of \$1,000. This limit is part of, and not in addition to, payment under the **expense reimbursement** coverage limit.

The coverage provided by this endorsement is in addition to any other coverage which applies in this policy.

## DEDUCTIBLE

**Case management service** and **expense reimbursement** are not subject to a deductible.

## EXCLUSIONS

We do not cover loss or expense arising from any of the following:

1. **identity fraud** against or incurred by a professional or business entity;
2. any fraudulent, dishonest or criminal act by the **insured**. This includes:
  - a. any act by a person aiding or abetting the **insured**; or
  - b. any act by an authorized representative of the **insured**;  
whether or not the person is acting alone or in collusion with others. However, this exclusion will not apply to the interests of an **insured** who has no knowledge of or involvement in such fraud, dishonesty or criminal act;
3. loss other than **identity fraud expenses**;
4. liability or account balances which arise out of fraudulent charges;

5. an **identity fraud** that is not reported in writing to the police. You may make a claim under this coverage prior to making such a report and we may refer the **insured** to **case management service** if all other coverage requirements are met. However, we will not pay any **expense reimbursement** until the **identity fraud** has been reported in writing to the police and we reserve our right to terminate the **case management service** if the **insured** does not make such a written report to the police within a reasonable period of time;
6. war, including any undeclared war, civil war, insurrection, rebellion, revolution, warlike act by a military force or military personnel, destruction or seizure or use for a military purpose and including any consequence of any of these. Discharge of a nuclear weapon shall be deemed a warlike act even if accidental;
7. nuclear hazard, meaning any nuclear reaction, radiation, or radioactive contamination, all whether controlled or uncontrolled or however caused, or any consequence of these. Loss caused by the nuclear hazard shall not be considered loss caused by fire, explosion or smoke.

## CONDITIONS

The following **Conditions** apply to this coverage.

### Assistance and Claims

In some cases, we may provide **case management service** at our expense to an **insured** prior to a determination that a covered **identity fraud** has occurred. Our provision of services is not an admission of liability under this endorsement. We reserve the right to

deny further coverage or service if, after investigation, we determine that a covered **identity fraud** has not occurred.

For **expense reimbursement** coverage, you must send to us receipts, bills or other records that support your claim for **identity fraud expenses**. These must be sent to us within 60 days after our request.

### Cooperation and Permission

As respects any services provided by us or our designees to any **insured** under this endorsement, that **insured** must provide cooperation, permission and assistance.

### No Warranty

There is no warranty that any services will:

1. end or solve all problems associated with an **identity fraud**; or
2. prevent future **identity frauds**.

All services may not be applicable or available for us or our designees to provide.

### Other Insurance or Benefits

The insurance provided by this endorsement is excess over any other valid and collectible insurance or non-insurance benefit available to you from any source for the same **identity fraud** covered by this endorsement.

## APPLICABLE POLICY PROVISIONS

The following policy provisions apply to this coverage except as modified by endorsement:

### DECLARATIONS;

### SECTION I – CONDITIONS;

### SECTION I AND SECTION II – CONDITIONS

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**

Approved 05/21/2008

**Comments:**

**Attachments:**

AR 23551 PC TD-1 - P-C Transmittal Document.pdf

AR 23551 PC FFS-1 - Form Filing Schedule.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:
	New Business
	Renewal Business
	f. State Filing #:
g. SERFF Filing #:	
h. Subject Codes	

<b>3. Group Name</b>	State Farm Insurance Companies				<b>Group NAIC #</b>	0176
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
State Farm Fire and Casualty Company	Illinois	25143	37-0533080			

<b>5. Company Tracking Number</b>	<b>HO-23551</b>
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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
	Nate Gross State Farm Fire and Casualty Company One State Farm Plaza, D-4 Bloomington, IL 61710	Forms Manager	(309) 766-3003	(309) 766-0225	nathan.gross.aiqq@statefarm.com
	Tom Monson State Farm Fire and Casualty Company One State Farm Plaza, D-4 Bloomington, IL 61710	Forms Director	(309) 766-2270	(309) 766-0225	tom.monson.apky@statefarm.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Thomas W. Monson		

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

<b>9. Type of Insurance (TOI)</b>	04.0
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	04.0000
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	N/A
<b>12. Company Program Title (Marketing title)</b>	Homeowners Program
<b>13. Filing Type</b>	<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) -
<b>14. Effective Date(s) Requested</b>	September 15, 2008.
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	n/a
<b>17. Reference Organization # &amp; Title</b>	n/a
<b>18. Company's Date of Filing</b>	May 21, 2008
<b>19. Status of filing in domicile</b>	<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>	<b>HO-23551</b>
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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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We respectfully request your approval of FE-3301, Identity Restoration Coverage Endorsement. This new coverage provides assistance through case management service to restore control of identity information after the insured incurs an identity fraud as defined.

Case Management Service is provided for up to 12 months. Expense for this service does not reduce the Expense Reimbursement limit below.

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- \$1,000 limit for other reasonable and necessary costs incurred by an insured, as shown in item 3.g. of the definition of identity fraud expenses.

The corresponding rate filing is submitted under separate filing HO-23550.

<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]
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**Check #: 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>HO-23551</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	<b>HO-23550</b>			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Identity Restoration Coverage Endorsement	FE-3301	<input checked="" type="checkbox"/> New <input 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		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		