

SERFF Tracking Number: AMMH-125706225 State: Arkansas
Filing Company: American Family Home Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: 20080416-02
TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners
Product Name: AD&D Coverage-Rate_Rule
Project Name/Number: AD&D Coverage-Rate_Rule/20080416-02

Filing at a Glance

Company: American Family Home Insurance Company

Product Name: AD&D Coverage-Rate_Rule SERFF Tr Num: AMMH-125706225 State: Arkansas
TOI: 04.0 Homeowners SERFF Status: Closed State Tr Num: EFT \$100
Sub-TOI: 04.0004 Tenant Homeowners Co Tr Num: 20080416-02 State Status: Fees received
Filing Type: Rate/Rule Co Status: Reviewer(s): Becky Harrington,
Betty Montesi
Author: Mellisa Holder Disposition Date: 06/23/2008
Date Submitted: 06/23/2008 Disposition Status: Filed
Effective Date Requested (New): 08/01/2008 Effective Date (New): 08/01/2008
Effective Date Requested (Renewal): 08/01/2008 Effective Date (Renewal):
08/01/2008

State Filing Description:

General Information

Project Name: AD&D Coverage-Rate_Rule Status of Filing in Domicile:
Project Number: 20080416-02 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 06/23/2008
State Status Changed: 06/23/2008 Deemer Date:
Corresponding Filing Tracking Number: 20080623-02

Filing Description:

On behalf of American Family Home Insurance Company and in accordance with the filing requirements of your state, we are submitting for your approval a revision to our Affinity Group Renters Program. We are requesting to add Accidental Death and Dismemberment Coverage to the already approved HO-4 Affinity Group Renters Product.

Company and Contact

SERFF Tracking Number: AMMH-125706225 State: Arkansas
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 Product Name: AD&D Coverage-Rate_Rule
 Project Name/Number: AD&D Coverage-Rate_Rule/20080416-02

Filing Contact Information

Mellisa Holder, Filing Analyst mholder@amig.com
 7000 Midland Blvd (800) 759-9008 [Phone]
 Amelia, OH 45102 (513) 947-4929[FAX]

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: \$100.00
 Retaliatory? No
 Fee Explanation: This is the fee for a Rate/Rule Filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Family Home Insurance Company	\$100.00	06/23/2008	21039295

SERFF Tracking Number: AMMH-125706225 State: Arkansas
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Product Name: AD&D Coverage-Rate_Rule
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	06/23/2008	06/23/2008

SERFF Tracking Number: *AMMH-125706225* *State:* *Arkansas*
Filing Company: *American Family Home Insurance Company* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *20080416-02*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0004 Tenant Homeowners*
Product Name: *AD&D Coverage-Rate_Rule*
Project Name/Number: *AD&D Coverage-Rate_Rule/20080416-02*

Disposition

Disposition Date: 06/23/2008

Effective Date (New): 08/01/2008

Effective Date (Renewal): 08/01/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMH-125706225 State: Arkansas
 Filing Company: American Family Home Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: 20080416-02
 TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners
 Product Name: AD&D Coverage-Rate_Rule
 Project Name/Number: AD&D Coverage-Rate_Rule/20080416-02

Item Type	Item Name	Item Status	Public Access
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	Cover Letter	Filed	Yes
Supporting Document	Proposed Rate_Rule manual	Filed	Yes

SERFF Tracking Number: AMMH-125706225 State: Arkansas
Filing Company: American Family Home Insurance Company State Tracking Number: EFT \$100
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Product Name: AD&D Coverage-Rate_Rule
Project Name/Number: AD&D Coverage-Rate_Rule/20080416-02

Supporting Document Schedules

Review Status:
Satisfied -Name: NAIC loss cost data entry document Filed 06/23/2008
Comments:
Attachment:
AD&D Rate Derivation Exhibit.pdf

Review Status:
Satisfied -Name: Uniform Transmittal Document- Property & Casualty Filed 06/23/2008
Comments:
Attachments:
F777AR_021307[1]_Rate_Rule.pdf
F779KY_050808[1]_Rate_Rule Filing schedule.pdf

Review Status:
Satisfied -Name: Cover Letter Filed 06/23/2008
Comments:
Attachment:
Filing letter- Rate_Rule.pdf

Review Status:
Satisfied -Name: Proposed Rate_Rule manual Filed 06/23/2008
Comments:
Attachment:
Proposed RATE-RULE pages only.pdf

Accidental Death and Dismemberment - Derivation of Rates

*Accidental Deaths per 100,000 people	63.64
*Annual Accidental Death frequency	0.064%
*Loss Severity	\$1,000
*Annual Accidental Death and Dismemberment Pure Premium/loss cost	\$0.64
Expenses - Commission plus General Expenses - 36%	\$0.23
Profit Load - 5%	\$0.03
Indicated Annual Rate per \$1,000	\$0.90
Selected Annual rate per \$1,000	\$0.90

** Source: Accidental Death and Dismemberment Exhibit, Death Rates from Accidents
Statistical Abstract of the United States*

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">a. Date the filing is received:</td></tr> <tr><td style="padding: 2px;">b. Analyst:</td></tr> <tr><td style="padding: 2px;">c. Disposition:</td></tr> <tr><td style="padding: 2px;">d. Date of disposition of the filing:</td></tr> <tr><td style="padding: 2px;">e. Effective date of filing:</td></tr> <tr> <td style="padding: 2px; text-align: center;">New Business</td> <td style="width: 20%;"></td> </tr> <tr> <td style="padding: 2px; text-align: center;">Renewal Business</td> <td></td> </tr> <tr><td style="padding: 2px;">f. State Filing #:</td></tr> <tr><td style="padding: 2px;">g. SERFF Filing #:</td></tr> <tr> <td style="padding: 2px;">h. Subject Codes</td> <td></td> </tr> </table>	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	
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New Business														
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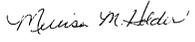
3. Group Name	Group NAIC #
American Modern Insurance Group	127

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Family Home Insurance Company	FL	23450	31-0711074	09

5. Company Tracking Number	20080416-02
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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
	Mellisa Holder PO Box 5323 Cincinnati, OH 45106	Filing Analyst	800-759-9008 x 5835	513-947-4929	mholder@amig.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Mellisa M Holder

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

9. Type of Insurance (TOI)	4.0000
10. Sub-Type of Insurance (Sub-TOI)	4.0004
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	AD&D Coverage
13. 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)
14. Effective Date(s) Requested	New: 08/01/2008 Renewal: 08/01/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a

17. Reference Organization # & Title	n/a
18. Company's Date of Filing	06/23/2008
19. Status of filing in domicile	<input 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 #	20080416-02
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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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On behalf of American Family Home Insurance Company and in accordance with the filing requirements of your state, we are submitting for your approval a revision to our Affinity Group Renters Program. We are requesting to add Accidental Death and Dismemberment Coverage to the already approved HO-4 Affinity Group Renters Product.

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 #:
Amount: 100.00

I will be using EFT through SERFF

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

Effective March 1, 2007

*****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 #	20080416-02
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	20080623-02
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Rate Increase
 Rate Decrease
 X Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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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)
American	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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)			
		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	
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7.	Effective Date of last rate revision	
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8.	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	Complete Filing	<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	



**AMERICAN FAMILY HOME
INSURANCE COMPANY**

June 23, 2008

ARKANSAS INSURANCE DEPARTMENT
PROPERTY & CASUALTY DIVISION
1200 W 3RD ST
LITTLE ROCK AR 72201-1904

RE: American Family Home
Affinity Group Renters - AD&D
Rate/Rule Filing
Company File Number: 20080416-02
Corresponding Form filing: 20080623-02
NAIC Number: 127-23450

Dear Commissioner:

On behalf of American Family Home Insurance Company and in accordance with the filing requirements of your state, we are submitting for your approval a revision to our Affinity Group Renters Program.

We are requesting to add Accidental Death and Dismemberment Coverage to the already approved HO-4 Affinity Group Renters Product.

We feel the proposed premiums are neither excessive, inadequate nor unfairly discriminatory.

We are requesting an effective date for all policies new or renewed on or after 08/01/2008 for new business. If you have any questions, please contact me at the number listed below or by email at mholder@amig.com

Cordially,

Mellisa M. Holder
Compliance Analyst
The Midland Company/AMIG
1-800-759-9008 ext. 5835

**AMERICAN FAMILY HOME
AFFINITY GROUP RENTERS PROGRAM
ARKANSAS**

GENERAL RULES

1. POLICY AND FORMS

Coverage and limits under the Renters Program will be defined by:

- A. the policy forms, H4000 – Contents Broad Form
- B. the Declarations Page; and
- C. the required endorsements, if any.

2. PREMIUM DETERMINATION AND POLICY TERM

All premiums and rates contained in the Rate Section of this manual are annual. A Homeowner or Dwelling policy must be written for a specified term not to exceed one year

3. CHANGES AND WAIVER OF PREMIUM

- A. All changes requiring adjustments of premium shall be computed pro rata using the rates in effect as of the policy or renewal effective date.
- B. When a policy is endorsed subsequent to the inception date, any additional or return premium of \$5.00 or less may be waived, except that a return premium of \$5.00 or less shall be returned to the insured upon request.

4. CANCELLATION OF POLICIES

If insurance is cancelled or reduced at the request of the Company or the insured, the earned premium shall be computed on a pro-rata basis.

5. WHOLE DOLLAR PREMIUM

The premium shall be rounded to the nearest whole dollar, separately for each coverage provided by the policy. A premium involving \$.50 or more shall be rounded up to the next higher whole dollar. In the event of cancellation by the Company, the return premium shall be carried to the next higher whole dollar. This procedure shall apply to all interim premium adjustments, including endorsements and cancellations.

6. DEDUCTIBLES

Coverages may be subject to the application of deductibles as shown in the Rate Section.

7. PROGRAM DESCRIPTION

Tenant Homeowners insurance.

NEW PAGE		PAGE NUMBER	EFFECTIVE DATE	PUBLICATION DATE
REVISION	X	G-1	08/01/2008	06/23/08

**AMERICAN FAMILY HOME
AFFINITY GROUP RENTERS PROGRAM
ARKANSAS**

ELIGIBILITY AND COVERAGES

I. COVERAGE:

- A. Provides tenant homeowners coverage using the standard ISO Homeowners 4 Contents – Broad Form. Personal property is insured worldwide against damage by broad named perils up to the single limit, subject to sub-limits for certain types of property such as jewelry, furs, business property and money. Losses are adjusted on an Actual Cash Value basis.
- B. Additional living expenses are insured should the apartment become untenable due to damage by a named peril. The limit of liability is a single blanket amount included in “A” above.
- C. Personal Liability is insured for a separate limit.

II. ELIGIBILITY

This program is a guaranteed issue program that will be marketed via affinity groups. The only eligibility criterion is that the applicant be a member of an acknowledged and contracted affinity group.

NEW PAGE		PAGE NUMBER	EFFECTIVE DATE	PUBLICATION DATE
REVISION	X	E-1	08/01/2008	06/23/08

**AMERICAN FAMILY HOME
AFFINITY GROUP RENTERS PROGRAM
ARKANSAS**

**AMERICAN FAMILY HOME
AFFINITY GROUP RENTERS PROGRAM
ARKANSAS**

RATE SECTION

TERRITORY DEFINITION

Unless otherwise indicated, the rates and/or premiums apply to the entire state.

RENTERS PACKAGE PROGRAM:

LIMITS OF LIABILITY:

Base limits of liability are:	\$ 10,000	Property Section
	\$ 25,000	Liability Section
	\$ 1,000	Medical Payments, per person
	\$ 25,000	Medical Payments, per accident

PREMIUM COMPUTATION:

- A. Annual Premium: \$132
- B. Optional Limits of Liability – Property Section

<u>Property Section Limit</u>	<u>Annual Policy Premium</u>
\$10,000	\$132
\$15,000	\$161
\$20,000	\$190
\$25,000	\$219
\$30,000	\$248
\$35,000	\$277
\$40,000	\$306

Each additional \$5,000 in coverage \$30
(limits only available in \$5,000 increments)

- C. Increased Limits of Liability – Liability Section

<u>Liability Section Limit</u>	<u>Annual Policy Premium</u>
\$25,000	No Charge
\$50,000	\$9 Additional premium
\$100,000	\$17 Additional premium
\$300,000	\$35 Additional premium

- D. Deductible rating Plan

All other Perils:	<u>Property Section Deductible</u>	<u>Credit</u>
	\$250	0%
	\$500	5%
	\$1,000	7%

- E. Personal Property Replacement cost - \$2.00 per \$1,000 of coverage.
Attach endorsement SCR32 (06/07)

NEW PAGE		PAGE NUMBER	EFFECTIVE DATE	PUBLICATION DATE
REVISION	X	F-1	08/01/2008	06/23/08

**AMERICAN FAMILY HOME
AFFINITY GROUP RENTERS PROGRAM
ARKANSAS**

OTHER COVERAGES

1. Minimum Earned Premium

Applies to the total policy premium.

Minimum earned premium: \$50 per policy

2. Accidental Death and Dismemberment Coverage - \$0.90 per \$1,000 of coverage

Limit will always be equal to the base coverage limit selected above for the Property Section

NEW PAGE		PAGE NUMBER	EFFECTIVE DATE	PUBLICATION DATE
REVISION	X	F-1	08/01/2008	06/23/08