

SERFF Tracking Number: RFIC-125684829 State: Arkansas  
Filing Company: Ranchers and Farmers Insurance Company State Tracking Number: #2567 \$125  
Company Tracking Number: AR MHB (08.05) R  
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)  
Product Name: Mobile Home By Line  
Project Name/Number: /

## Filing at a Glance

Company: Ranchers and Farmers Insurance Company

Product Name: Mobile Home By Line SERFF Tr Num: RFIC-125684829 State: Arkansas  
TOI: 01.0 Property SERFF Status: Closed State Tr Num: #2567 \$125  
Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines) Co Tr Num: AR MHB (08.05) R State Status: Fees verified and received  
Filing Type: Rate/Rule Co Status: Filed Reviewer(s): Becky Harrington, Betty Montesi  
Author: Martin Bobek Disposition Date: 06/09/2008  
Date Submitted: 06/06/2008 Disposition Status: Filed  
Effective Date Requested (New): On Approval Effective Date (New):  
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):  
State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Not Filed  
Project Number: Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 06/09/2008  
State Status Changed: 06/09/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:

This initial filing is being re-submitted as requested by AR DOI. Original filing SERFF# 125664312 was rejected.

## Company and Contact

### Filing Contact Information

Martin Bobek, VP mbobek@ssuga.com

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PO Box 3730 (409) 924-8200 [Phone]  
Beaumont, TX 77704-3730 (409) 924-8282[FAX]

**Filing Company Information**

Ranchers and Farmers Insurance Company CoCode: 11853 State of Domicile: Texas  
PO Box 3730 Group Code: 3497 Company Type: Stock Property and Casualty  
Beaumont, TX 77704-3730 Group Name: Mirage Interests, Inc. State ID Number:  
(409) 924-8200 ext. 732[Phone] FEIN Number: 20-0505287  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$125.00  
Retaliatory? No  
Fee Explanation: Fee submitted with filing #RFIC-125664312  
Per Company: No

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	06/09/2008	06/09/2008

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## Disposition

Disposition Date: 06/09/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Arkansas Code Annotated §23- 67-211(a)(1) requires every authorized insurer to file with the Commissioner all rates and supplementary rate information and all changes and amendments made by it for use in this State at least twenty (20) days before they become effective. Your filing was completed on the date above and cannot be effective for 20 days after that date.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Ranchers and Farmers Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines		Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		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	Actuarial Memorandum	Filed	Yes
Supporting Document	2008 Expense Exhibits	Filed	Yes
Rate	Countrywide By Line Manual	Filed	Yes
Rate	State Manual - AR	Filed	Yes

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State: Arkansas  
 State Tracking Number: #2567 \$125  
 Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

## Rate Information

Rate data applies to filing.

**Filing Method:** Prior Approval  
**Rate Change Type:** Neutral  
**Overall Percentage of Last Rate Revision:** 0.000%  
**Effective Date of Last Rate Revision:** 06/06/2008  
**Filing Method of Last Filing:** NA

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Ranchers and Farmers Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Countrywide By Line Manual		New	CW MH Non Package Manual 05.08.pdf
Filed	State Manual - AR		New	AR MHB (08.05) R State Manual.pdf

**RANCHERS AND FARMERS INSURANCE COMPANY**  
**NON-PACKAGE MOBILE HOME PROGRAM**  
**COUNTRYWIDE MANUAL**

**This manual contains copyrighted information of  
AMERICAN ASSOCIATION OF INSURANCE SERVICES**

**RANCHERS AND FARMERS INSURANCE COMPANY  
NON PACKAGE MOBILE HOME MANUAL**

**COUNTRYWIDE**

This manual sets forth the countrywide rules and definitions for writing non-package mobile home policies using AAIS and Company forms and endorsements. Refer to the applicable state manual pages for exceptions to these rules and definitions, and rating information.

## **RULE 1 -- ELIGIBILITY**

### **1.1 Eligible Risks**

#### **All Programs**

- Only single-family mobile homes, fully installed and connected to utilities
- Flood and Earthquake Coverage is excluded
- Residence must be tied down
- Residence should be in good repair and show pride of ownership.
- No existing damage is acceptable
- Maximum property exposure for any risk is \$175,000. (Add Cov A, B, C and D)
- Attached structures must be added to value of residence
- If Replacement Cost loss settlement applies to the Residence it must be insured to 100% of Replacement Cost.
- Specific state and regional rules may apply

#### **By-Line Program**

- May be single or multi-sectional
- Must be owner occupied
- May be primary, secondary, or seasonal

#### **Rental Program**

- May be single or multi-sectional
- Must be occupied by a renter with minimum 6-month lease
- May not be vacant

### **1.3 Ineligible Risks**

A policy may not be issued to cover:

- farm dwellings and farm properties;
- self-propelled mobile homes and mobile homes not permanently situated at a fixed location;
- dwellings containing more than one family unit; or
- dwellings, mobile homes, related private structures, or condominium units with business occupancies.

Additional guidelines may apply.

## **RULE 2 -- PROGRAM DESCRIPTION**

This is a general description of the coverage provided by forms. The policy forms state the complete conditions.

### **2.1 Policy Forms**

#### Non Package Programs

Rental Program: FL-1 -- Basic Form

By Line Program: FL-2 -- Broad Form

### **2.2 Principal Coverages**

Availability varies by program and eligibility.

#### **2.2.1 Coverage A -- Residence**

Coverage A covers the dwelling, additions, built-in components, attached fixtures, and detachable building items.

#### **2.2.2 Coverage B -- Related Private Structures**

Coverage B covers unattached structures related to the dwelling, including their additions, built-in components, fixtures, and detachable building items. Coverage also applies to fences, driveways, sidewalks, and other permanently installed outdoor fixtures.

#### **2.2.3 Coverage C -- Personal Property**

Coverage C covers household contents and personal property usual to the occupancy of the dwelling as a residence.

#### **2.2.4 Coverage D -- Additional Living Costs / Fair Rental Value**

Coverage D covers increased living costs and/or loss of rental value that occurs when an insured loss makes a covered location unfit for use.

## 2.3 Loss Settlement Provisions

### 2.3.1 Form FL-1

Covered losses are settled on an actual cash value basis.

### 2.3.2 Forms FL-2

When Replacement Cost applies, an 80% insurance-to-value requirement triggers replacement cost loss settlement for covered building losses. Other covered losses are settled on an actual cash value basis.

## 2.4 Perils Insured Against

2.4.1 **Forms FL-1 and FL-2** -- Form FL-1 (Basic Form Fire and Extended Coverage) and form FL-2 (Broad Form) provide coverage for loss caused by the perils indicated below.

<b>Form Used:</b>	<b>FL-1</b>	<b>FL-2</b>
<b>Perils Covered</b>	<b>Fire and Extended Coverage</b>	<b>Broad</b>
Fire or Lightning	X	X
Explosion	X	X
Windstorm or Hail	X	X
Riot or Civil Commotion	X	X
Aircraft	X	X
Vehicles	X	X
Smoke	X	X
Volcanic Action	X	X
Sinkhole Collapse	X	X
Vandalism	Optional	X
Burglary Damage		X
Falling Objects		X
Weight of Ice, Snow, or Sleet		X
Accidental Tearing Apart, Burning, or Bulging		X
Accidental Discharge of Liquids or Steam		X
Freezing of Plumbing or Heating System		X
Sudden and Accidental Electrical Damage		X

## 2.5 Policy Limits

	FL-1	FL-2
Coverage A -- Residence	\$5000 Minimum	
Coverage B -- Related Private Structures	Rate Separately	
Coverage C -- Personal Property	Rate Separately	
Coverage D -- Add'l Living Cost/ Fair Rental Value	Rate Separately	

**2.5.1 Form FL-1** -- A policy may include Coverage A and/or Coverage C. Each is rated separately.

Coverage B and/or Coverage D may be provided for an additional charge.

**2.5.2 Form FL-2** – A policy may include Coverage A and/or Coverage C. Each is rated separately.

Coverage B and/or Coverage D may be provided for an additional charge.

Payment of a loss under Coverage B or Coverage D will not reduce the Coverage A limit available for the same loss. Show the Coverage B and Coverage D limits on the declarations.

## **RULE 3 -- POLICYWRITING INSTRUCTIONS**

### **3.1 Inception Time**

The policy will be issued to take effect at 12:01 A.M. on the inception date at no additional premium.

### **3.2 Policy Term**

#### **3.2.1 Annual**

Rating information for annual policies is shown in this manual. An annual policy can be extended for successive terms by using an extension certificate. The premium for each successive term is based on the rating information, rules, forms, and endorsements in effect on the renewal date.

#### **3.2.2 Three-Year Prepaid**

A policy may be written for a period of three years at three times the annual premium.

#### **3.2.3 Three-Year Deferred**

A policy may be written for a period of three years and the premiums paid in annual installments. The premium for each installment is based on the rating information, rules, forms, and endorsements in effect on the anniversary date.

Endorsement FL-11

#### **3.2.4 Less Than One Year or Less Than Three Years**

A policy may be written for a term of less than one year or less than three years. Prorate the annual premium.

#### **3.2.5 Continuous Renewal Plan**

A policy may be written for a term of three, six, or twelve months. The premium for a three- or six-month term is prorated. The policy may be continued for successive terms by payment of the required premium.

Endorsement FL-52

### **3.3 Additional Interests**

An additional owner's interest in a covered building may be covered without additional charge.

### **3.6 Restriction of Coverage**

If a policy would not be issued because of unusual exposures, the applicant may request a restriction of coverage at no reduction in premium. The request, signed by the applicant, must be referred to the company.

Endorsement FL-304

### **3.7 Cancellation or Reductions in Limits of Liability or Coverages**

If the policy is canceled or the limits are reduced, the amount of any return premium due is calculated on a pro rata basis.

### **3.9 Multiple Locations**

A single policy can be issued to cover property at different locations in the same state if the same form and same deductible option apply at each location. Describe each location and show the limits that apply. Use supplemental declarations if necessary. Indicate that the deductible applies "at each location".

### **3.10 Policy and Billing Fees**

#### **Policy Fee**

An annual policy fee of \$35.00 is charged for each location in addition to the individual coverage premiums.

#### **Installment Plans and Billing Related Fees**

The following installment plans are offered as alternatives to full-pay.

#### 4-Pay

The minimum down payment is 25% of the policy premium, plus 100% of the policy fee. The remainder due will be billed in 3 equal installments. There will be a charge of \$5 per installment.

#### 9-Pay

The minimum down payment is 15% of the policy premium, plus 100% of the policy fee. The remainder due will be billed in eight equal monthly installments. There will be a charge of \$5 per installment.

#### Monthly Pay

After 1/12 down-payment, the premium will be deducted from the insured's checking or savings account in 11 monthly installments. There are no installment fees.

#### NSF Fee

A charge of \$25 is assessed if a check for premium payment is returned due to non-sufficient funds in the billed account.

### **3.11 Waiver of Premium**

An additional or return premium due when a policy is endorsed after its inception may be waived if the amount is \$5 or less. However, return premiums must be refunded at the request of the insured.

### **3.12 Premium Rounding**

Premiums shown on the declarations and any applicable endorsements are to be rounded to the nearest whole dollar. Premiums of fifty cents (\$.50) or more are to be rounded to the next higher whole dollar.

### **3.13 Interpolation**

Rating information for a limit that is between two limits shown in the applicable rate pages can be developed by interpolation.

## **RULE 4 -- PREMIUM DETERMINATION**

### **4.1 Calculation of Premium**

Refer to the rating information shown in the state manual pages.

### **4.2 Special Rating Instructions**

#### **4.2.3 Seasonal Properties**

A mobile home normally unoccupied for three or more consecutive months during the year is considered seasonal. Apply the seasonal dwelling factors shown in the state manual pages.

### **4.3 Changes in Limits or Addition of Coverages**

Policy limits may be increased or coverages added during the policy term. Compute the additional premium on a pro rata basis using the same forms, endorsements, and rating information in effect when the current policy premiums were calculated.

## **RULE 5 -- DEDUCTIBLES**

### **5.1 Flat Deductibles -- All Perils**

The policy may be issued with one of the deductible options shown below. Apply the deductible factors shown in this manual.

#### **Deductible Amount**

\$ 250  
500  
1,000  
2,500

The deductible amount is shown on the declarations; no endorsement is needed.

## 5.2 Higher Windstorm or Hail Deductibles

A policy that includes Coverage A can be issued with a deductible applicable to loss caused by windstorm or hail that is higher than the deductible that applies to all other perils. The windstorm or hail deductible is applicable to the dwelling and related coverages (Coverages B, C, and D and any applicable incidental coverages).

The following windstorm or hail deductible options are available:

### Flat Amount

\$ 500  
1,000  
2,000  
5,000

## RULE 6 -- PREMIUM MODIFICATIONS

### 6.6 Mobile Home Replacement Cost

Subject to eligibility, coverage for a mobile home can be provided on a replacement cost basis. Apply the mobile home replacement cost factors shown in the state manual pages.

Endorsement FL-200

## RULE 7 -- COVERAGE OPTIONS

(options for Rental program are designated)

### 7.1 Vandalism – Rental Program

Vandalism is an optional coverage under policy form FL-1. Make an entry on the declarations to show that FL-1 coverage applies "with vandalism" or "without vandalism". Use the rating information shown in the state manual pages.

### 7.3 Water Damage

Coverage can be added for loss caused by water that backs up through sewers, drains, or sumps. A \$5,000 limit and a \$250 deductible apply. When added to a policy that includes both

Coverage A and Coverage C, coverage for the back up of sewers or drains must apply to Coverage A and to Coverage C. Use the rating information shown in the state manual pages.

Endorsement FL-208

## **7.6 Private Structures**

### **7.6.1 Blanket Coverage**

Coverage B, coverage can be provided for private structures adjacent to the covered dwelling for an additional charge. Coverage applies on a blanket basis and cannot exceed 80% of the Coverage A limit. To be eligible for coverage under this rule, a private structure cannot be:

- used for business purposes; or
- rented or held for rental to anyone other than a tenant of the residence, except for use solely as a private garage.

Use the rating information shown in the state manual pages.

## **7.7 Theft Coverage**

### **7.7.1 Broad**

Theft coverage can be added to policies that insure personal property in owner-occupied dwellings. Separate on premises and off premises rates apply. Use the rating information shown in the state manual pages.

Endorsement FL-34

## **7.8 Replacement Value -- Personal and Miscellaneous Property**

Personal property and other miscellaneous property can be insured for its replacement value. Use the rating information shown in the state manual pages.

Endorsement FL-55

## **7.11 Coverage D - Fair Rental Value – Rental Program**

**7.11.1 Form FL-1** -- The policy does not automatically include Coverage D, however, coverage for fair rental value can be provided for an additional charge.

Attach endorsement RMC 0086

## **7.14 Refrigerated Food Products**

Coverage can be added for loss or damage to food products contained in a freezer or refrigerated unit. A \$500 limit applies. No deductible applies to this coverage. Use the rating information shown in the state manual pages.

Endorsement FL-155

## **7.18 Limited Fungi, Wet or Dry Rot, or Bacteria Coverage for Mobile Homes – All Programs**

All policies are endorsed to limit coverage for loss to covered property caused by fungi, wet or dry rot, or bacteria, as generally described below.

Refer to the endorsement for complete terms.

An aggregate limit of \$3500 applies to the total of all loss covered under the Principal Coverages and under the Incidental Coverages, except Emergency Removal and, if provided by the policy, Collapse, caused by fungi, wet or dry rot, or bacteria.

The aggregate limit also applies to any:

- cost or expense to clean up fungi, wet or dry rot, or bacteria;
- cost or expense to remove and replace those parts of covered property necessary to gain access to fungi, wet or dry rot, or bacteria;
- cost or expense to test for fungi, wet or dry rot, or bacteria, however, such cost or expense is covered only when there is reason to believe that fungi, wet or dry rot, or bacteria is present;

Coverage applies only when the fungi, wet or dry rot, or bacteria result from a peril insured against that occurs during the policy

period. Coverage for fungi, wet or dry rot, or bacteria that result from fire or lightning is not subject to the aggregate limit.

Attach endorsement FL 0452 and make an entry to show the limit that applies.

### **FIRE PROTECTION DEFINITIONS**

- Protected** Building is located within five road miles of a responding fire department and:
- within 1,000 feet of a fire hydrant; or
  - within 1,000 feet of a year-round water source of at least 3,500 gallons and the responding fire department is equipped to respond with pumper truck capabilities; or
  - the responding fire department is equipped to respond with pumper/tanker truck capabilities of at least 3,500 gallons.
- Partially Protected** Building is located within five road miles of a responding fire department, but does not otherwise qualify for Protected status.
- Unprotected** All others.

### **TERRITORY DEFINITIONS**

Refer to applicable state manual pages.

**ARKANSAS – STATE MANUAL PAGES  
RANCHERS AND FARMERS INSURANCE COMPANY  
NON PACKAGE MOBILE HOME PROGRAMS**

**TERRITORY DEFINITIONS**

**Territory 530**

Remainder of  
State

**Territory 531**

Ashley  
Chicot  
Clay  
Crittenden  
Cross  
Desha  
Greene  
Jackson  
Lawrence  
Lee  
Mississippi  
Phillips  
Poinsett  
Randolph  
St. Francis  
Woodruff

**New Page**  
**Revision**

**X**

**Page Number**

**1**

**Effective Date**

**ARKANSAS – STATE MANUAL PAGES  
RANCHERS AND FARMERS INSURANCE COMPANY  
NON PACKAGE MOBILE HOME PROGRAMS**

**BY-LINE PREMIUM CALCULATION**

1. Determine the value of the Residence.
2. Multiply: Base Rate  
Territory Relativity  
Surcharge/Discount Relativities  
Location Factor  
Age of Insured Factor  
Owned Land Credit  
Deductible Factor  
Amount of Insurance Relativity  
= SUB TOTAL 1 (round to nearest penny)
3. Multiply: SUB TOTAL 1  
Loss Settlement Factor (if applicable)
4. Multiply: SUB TOTAL 1  
Occupancy Factor (if applicable)
5. Multiply: SUB TOTAL 1  
Replacement Cost Personal Property Factor (if applicable)
6. Add: SUB TOTAL 1  
Sum of Steps 3, 4, and 5  
= SUB TOTAL 2 (round to nearest penny)
7. Add: SUB TOTAL 2  
Optional Coverages  
= SUB TOTAL 3
8. Multiply SUB TOTAL 3  
Age of Home Factor  
= TOTAL PREMIUM (round to nearest penny)
8. Add: \$35 Policy Fee
9. Add: Any additional State fees (if applicable)  
= TOTAL DUE

**ARKANSAS – STATE MANUAL PAGES  
RANCHERS AND FARMERS INSURANCE COMPANY  
NON PACKAGE MOBILE HOME PROGRAMS**

**BY LINE Program**

Coverage for Private Structures, Contents, Additional Living Expense and Personal Liability are optional.

Code	Base Rate	Coverage Increment	Base Rate per Incr.	Min Rate Value	Base Ded.
-	260.70	-	-	\$5000	\$500

Territory Relativity Table					
530	531	-	-	-	-
1.00	1.66	-	-	-	-

Location Factor				
In Park	Out of Park	Protected	Partially Prot.	Unprotected
-	-	1.00	1.05	1.24

Age of Insured Surcharge/Discount Factor	
Age of Insured	Factor
18-22	1.12
23-49	1.05
50-59	.98
60+	.93

Age of Residence Surcharge/Discount Factor	
Age of Residence	Factor
New - 5	1.00
6 - 10	1.05
11 - 15	1.07
16 - 20	1.12
21 +	1.18

Owned Land Discount Factor
.95

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**ARKANSAS – STATE MANUAL PAGES  
RANCHERS AND FARMERS INSURANCE COMPANY  
NON PACKAGE MOBILE HOME PROGRAMS**

**Deductible Factors**

All Other Perils Deductible	Flat Windstorm Or Hail Deductible				
	\$0	\$500	\$1,000	\$2,000	\$5,000
\$250	1.12	1.11	1.09	1.07	1.04
\$500	1.00	N/A	.98	.96	.93
\$1,000	.88	N/A	N/A	.85	.83
\$2,500	.81	N/A	N/A	N/A	.79

**Loss Settlement Factor**

Replacement Cost on Residence is available to eligible Mobile Homes and Related Private Structures

Factor: 0.05 (Minimum \$25 premium)

Attach: RMC 0085

**Occupancy Factor**

Seasonal Occupancies

Factor: 0.05 (Minimum \$20 premium)

**Replacement Value for Personal Property Factor**

Factor: 0.15 (Minimum \$20 premium)

Attach: FL-55

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**ARKANSAS – STATE MANUAL PAGES  
RANCHERS AND FARMERS INSURANCE COMPANY  
NON PACKAGE MOBILE HOME PROGRAMS**

**Amount of Insurance Relativity – By Line**

<b>Value</b>	<b>Factor</b>	<b>Value</b>	<b>Factor</b>	<b>Value</b>	<b>Factor</b>
1000	0.501	35000	1.406	69000	2.135
2000	0.547	36000	1.426	70000	2.158
3000	0.593	37000	1.446	71000	2.181
4000	0.639	38000	1.466	72000	2.204
5000	0.685	39000	1.486	73000	2.227
6000	0.731	40000	1.507	74000	2.250
7000	0.777	41000	1.526	75000	2.273
8000	0.824	42000	1.545	76000	2.296
9000	0.866	43000	1.564	77000	2.319
10000	1.000	44000	1.583	78000	2.342
11000	1.920	45000	1.603	79000	2.365
12000	1.946	46000	1.622	80000	2.388
13000	1.972	47000	1.641	81000	2.411
14000	1.987	48000	1.660	82000	2.434
15000	1.000	49000	1.679	83000	2.457
16000	1.014	50000	1.698	84000	2.480
17000	1.028	51000	1.721	85000	2.503
18000	1.045	52000	1.744	86000	2.526
19000	1.062	53000	1.767	87000	2.549
20000	1.078	54000	1.790	88000	2.572
21000	1.100	55000	1.813	89000	2.595
22000	1.122	56000	1.836	90000	2.618
23000	1.144	57000	1.859	91000	2.641
24000	1.166	58000	1.882	92000	2.664
25000	1.189	59000	1.905	93000	2.687
26000	1.211	60000	1.928	94000	2.710
27000	1.233	61000	1.951	95000	2.733
28000	1.255	62000	1.974	96000	2.756
29000	1.277	63000	1.997	97000	2.779
30000	1.301	64000	2.020	98000	2.802
31000	1.322	65000	2.043	99000	2.825
32000	1.343	66000	2.066	100000	2.840
33000	1.364	67000	2.089	Each Addl'	
34000	1.385	68000	2.112	1000	0.015

**ARKANSAS – STATE MANUAL PAGES  
RANCHERS AND FARMERS INSURANCE COMPANY  
NON PACKAGE MOBILE HOME PROGRAMS**

**OPTIONAL LIMITS AND COVERAGE**

**Related Private Structures and Personal Property**

	<b>Territory</b>	
	<b><u>530</u></b>	<b><u>531</u></b>
For each \$100 of Related Private Structures Coverage, add:	\$1.05	\$1.20
For each \$100 of Personal Property Coverage, add:	\$.83	\$1.05

**Water Damage**

Rate: \$30 per home per year

Attach: FL-208

**Broad Theft Coverage**

A maximum \$10,000 or 50% of Coverage C Broad Theft limit is available.

On Premises rate: \$41 per \$1000

Off Premises rate: \$14 per \$1000

Attach: FL-34

**Refrigerated Food Coverage**

Rate: \$27 per home per year

Attach: FL-155

**ARKANSAS – STATE MANUAL PAGES  
RANCHERS AND FARMERS INSURANCE COMPANY  
NON PACKAGE MOBILE HOME PROGRAMS**

**RENTAL PROGRAM**

Rates are for each \$100 of coverage

<b>Deductible</b>	<b>Coverage</b>	<b>Terr. 530</b>	<b>Terr. 531</b>
\$250	Residence	1.64	2.23
	Private Structures	1.64	2.23
	Personal Property	1.64	2.23
\$500	Residence	1.46	1.99
	Private Structures	1.46	1.99
	Personal Property	1.46	1.99
\$1000	Residence	1.25	1.70
	Private Structures	1.25	1.70
	Personal Property	1.25	1.70
\$2500	Residence	.89	1.22
	Private Structures	.89	1.22
	Personal Property	.89	1.22

- Residence maximum is \$70,000.
- Private Structures limit is 80% of Residence limit.
- Personal Property limit is \$5000.

**Fair Rental Value**

A flat limit of 10% of Coverage A is available.

Rate: \$0.40 per \$100 of applicable Coverage A

Attach: RMC 0086

**Vandalism**

Rate: \$10 per location, per year.

<b>New Page</b>	<b>X</b>	<b>Page Number</b>	<b>Effective Date</b>
<b>Revision</b>		7	

**ARKANSAS – STATE MANUAL PAGES  
RANCHERS AND FARMERS INSURANCE COMPANY  
NON PACKAGE MOBILE HOME PROGRAMS**

**SPECIAL RULES**

Rule 7.18 Limited Fungi, Wet or Dry Rot, or Bacteria Coverage for Mobile Homes – All Programs, located in the applicable Countrywide Manual, does not apply in Arkansas.

**FORM AND ENDORSEMENT LISTING**

**Form Number**

**Title**

FL-1 1.0*	Basic Form (Rental Program)
FL-2 1.0*	Broad Form (By Line Program)

**Mandatory Endorsements**

CL-300 1.0*	Amendatory Endorsement
FL 0131 02 06*	Amendatory Endorsement – Arkansas
RMC 0083 03 08	Mobile Home Endorsement (Rental Program)
RMC 0085 03 08	Mobile Home Endorsement (By Line Program)

**Optional Endorsements (By Line Program)**

FL-34 1.0*	Broad Theft Coverage
FL-55 1.0*	Replacement Value
FL-155 1.0*	Added Refrigerated Food Products
FL-200 1.0*	Replacement Cost Terms – Mobile Homes
FL-208 1.0*	Water Damage
RDF 0424 05 07*	Roof Coverage Limitation
RDF 0028 06 07*	Uninsurable Building Exclusion

**Optional Endorsements (Rental Program)**

RMC 0086 03 08	Fair Rental Value
----------------	-------------------

(\*) asterisk identifies AAIS forms approved for use by affiliated companies in this state.

<b>New Page</b>	<b>X</b>	<b>Page Number</b>	<b>Effective Date</b>
<b>Revision</b>		8	

SERFF Tracking Number: RFIC-125684829 State: Arkansas  
Filing Company: Ranchers and Farmers Insurance Company State Tracking Number: #2567 \$125  
Company Tracking Number: AR MHB (08.05) R  
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)  
Product Name: Mobile Home By Line  
Project Name/Number: /

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 06/09/2008

**Comments:**

**Attachment:**

AR MHB (08.05) R Transmittal v.2.pdf

**Satisfied -Name:** Actuarial Memorandum **Review Status:** Filed 06/09/2008

**Comments:**

**Attachment:**

AR MHB (08.05) R Actuarial Memo v.2.pdf

**Satisfied -Name:** 2008 Expense Exhibits **Review Status:** Filed 06/09/2008

**Comments:**

Supplemental information for your review

**Attachment:**

2008 Expense Exhibit.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: 60%; 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>
Mirage Interests, Inc.	3497

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Ranchers and Farmers Insurance Co	TX	11853	20-050287	

<b>5. Company Tracking Number</b>	AR MHB (08.04) R
-----------------------------------	------------------

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Martin Bobek PO Box 3730 Beaumont, TX 77704-3730	VP	800-554-3301	800-222-2329	mbobek@ssuga.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Martin Bobek		

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

<b>9. Type of Insurance (TOI)</b>	1.0 Property
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	1.0002 Personal Property
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	Non Package (By Line) Mobile Home Program
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New:    Upon Approval    Renewal:    Upon Approval
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	5/27/2008
<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>	AR MHB (08.05) R
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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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Ranchers and Farmers Insurance Company (RFIC) is making the initial rate filing for our By Line Mobile Home program. As the State manual shows, the By Line program consists of two programs: By Line, and Rental. Both programs include coverage for the Residence and allow the insured to purchase Related Private Structures, Personal Property and other optional coverages as needed.

The By-Line program utilizes AAIS Dwelling Fire base forms FL-1 and FL-2. As these forms don't include liability coverage, liability is offered through the approved RFIC Personal and Premises Liability program (Co. Ref # RFIC-AR-HO-3).

This is RFIC's first mobile home-specific program. As such, we do not have state or countrywide company experience with which to base our rates. Our program structure and rates are based on judgment and comparisons with other established programs in Arkansas.

This filing includes 'countrywide' and State-specific manuals.

<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]
------------	---

**Check #:**  
**Amount:**

**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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>AR MHB (08.05) R</b>
-----------	--	-------------------------

<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	<b>AR MHB (08.05) F</b>
-----------	---	-------------------------

Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	Prior Approval
-----------	--	----------------

<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
------------	---

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)
Ranchers and Farmers Insurance	0	0	0	0	0	0	0

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
------------	--

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	Minimum % Change

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>
---

		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>	0	
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>	0	
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>	0	
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>	0	

<b>6.</b>	<b>Overall percentage of last rate revision</b>	This is an initial filing
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<b>7.</b>	<b>Effective Date of last rate revision</b>	See #6
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	See #6
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Countrywide Rule Manual Non-Package Mobile Home Program (Initial Filing)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	State Manual Pages – AR (Initial Filing)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

## ACTUARIAL MEMORANDUM

*Ranchers and Farmers Insurance Company (NAIC #11853)*

*By Line Mobile Home Program*

*Company Filing # AR MHB (08.05) R*

*Requested Effective Date: upon approval*

Ranchers and Farmers Insurance Company (RFIC) is making the initial rate filing for our By Line Mobile Home program. As the State manual shows, the By Line program consists of two programs: By Line, and Rental. Both programs include coverage for the Residence and allow the insured to purchase Related Private Structures, Personal Property and other optional coverages as needed.

The By-Line program utilizes AAIS Dwelling Fire base forms FL-1 and FL-2. As these forms don't include liability coverage, liability is offered through the approved RFIC Personal and Premises Liability program (Co. Ref # RFIC-AR-HO-3).

This is RFIC's first mobile home-specific program. As such, we do not have state or countrywide company experience with which to base our rates. Our program structure and rates are based on judgment and comparisons with other established programs in Arkansas.

Please let us know if you require any additional information.

Ranchers and Farmers Insurance Company

Annual Statement Page 14 and  
Insurance Expense Exhibit

Homeowners and Dwelling Property

Countrywide

	<u>Selected</u>	<u>Average</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
Direct Written Premium		5,262,332	6,218,325	5,800,822	3,767,848
Direct Earned Premium		4,617,043	6,200,358	4,745,028	2,905,743
Direct Commissions	33.00	1,760,796	2,042,405	1,971,061	1,268,923
% of Written Premium		33.46%	32.84%	33.98%	33.68%
Direct Other Acquisition	0.00		0	0	0
% of Earned Premium		0.00%	0.00%	0.00%	0.00%
Direct General Expenses		167,670	199,011	256,002	47,996
Net Direct General Expenses	3.60	167,670	199,011	256,002	47,996
% of Earned Premium		3.63%	3.21%	5.40%	1.65%
Direct Taxes, Licenses & Fees	2.90	153,517	166,188	214,127	80,237
% of Written Premium		2.92%	2.67%	3.69%	2.13%
Direct Policyholder Dividends			0	0	0
% of Written Premium		0.00%	0.00%	0.00%	0.00%
Reinsurance Cost	5.51				
Underwriting Profit+Contingencies	5.31%				
Total Expense Provisions	50.32%				
Permissible Loss Ratio	49.68%				



**Ranchers and Farmers Insurance Company**  
**Discounting of Reserves and Rate of Return Per \$1 of Reserves**  
Homeowners and Dwelling Property

(1)	(2)	(3)	(4)	(5)	(6)
Year i	Paid L&DCC Development Factor	Cumulative Paid L&DCC 1/(2)	Paid During Year (3)i -(3)i'	Present Value Factor from Midpoint	Present Value of Payments (4)(5)
0		0.0000			
1	1.2195	0.8200	0.8200	0.9833	0.8063
2	1.0117	0.9884	0.1684	0.9506	0.1601
3	1.0029	0.9971	0.0087	0.9191	0.0080
4	1.0005	0.9995	0.0024	0.8885	0.0021
5	1.0000	1.0000	0.0005	0.8590	0.0004
6	1.0000	1.0000	0.0000	0.8305	0.0000
7	1.0000	1.0000	0.0000	0.8029	0.0000
8	1.0000	1.0000	0.0000	0.7763	0.0000
9	1.0000	1.0000	0.0000	0.7505	0.0000
10	1.0000	1.0000	0.0000	0.7256	0.0000
Ultimate	1.0000	1.0000	0.0000	0.7015	
				Sum of Present Value of Payments	0.9769
				Present Value of Investment Income	2.31%

NOTES: Investment Return % on Assets Before Federal Taxes = 3.43%  
Let i' indicate age i-1  
Discount Factor =  $1 / [1 + \text{Investment Rate}] = 0.9668$   
(5)i =  $[\text{Discount Factor}^{(i - 0.5)}]$

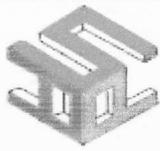


Ranchers and Farmers Insurance Company  
Calculation of Investment Income and Federal Taxes  
Return on Invested Assets  
3 Year Average

Assets	Before Tax Investment Distribution	Percent Taxable	Net Tax Rate	After Tax Investment Distribution
1. Bonds - Tax Exempt	0	15.00%	5.25%	0
2.       - Affiliated	0	0.00%	0.00%	0
3.       - All Other	175,580	100.00%	35.00%	114,127
4. Stocks - Affiliated	0	0.00%	0.00%	0
5.       - Non-Affiliated	76,229	40.50%	14.17%	65,424
6. Mortgage Loans	0	100.00%	35.00%	0
7. Real Estate	0	100.00%	35.00%	0
8. Collateral Loans	0	100.00%	35.00%	0
9. Short-term Investments	10,213	100.00%	35.00%	6,638
10.    minus Investment Expenses	49,601	100.00%	35.00%	32,241
11. Realized Capital Gains	42,615	100.00%	35.00%	27,700
12. Other Income	16,839	100.00%	35.00%	10,945
13.    minus Service Charge Offsets	0	100.00%	35.00%	0
<hr/>				
14. Total Investment & Other Income	271,875		29.16%	192,593
15. Average Assets (Ex. Balances)	7,937,297			
16. Realized Return on Assets	3.43%	= ( 14 )/(15) =		2.43%
17. Policyholder Surplus	5,463,790			
18. + Prepaid Expenses & Deposits	0			
19. - Deferred Tax on Unrealized Capital Gains/Losses	10,607			
20. + Nonadmitted Data Processing	0			
21. + Nonadmitted Furniture and Equipment	0			
22. + Unauthorized Reinsurance Balances	0			
<hr/>				
23. Net Worth	5,453,183	= (17) +(18) -(19) +(20) +(21)		
24. Return on Net Worth	4.99%	= ( 14 )/(23) =		3.53%

Ranchers and Farmers Insurance Company  
Calculation of Investment Income and Federal Taxes  
Leverage Ratios

17. Policyholder Surplus - ending	6,307,575	
23. Net Worth - ending	6,307,575	
25. Ending Reserves for : Losses	331,041	
26. :LAE	103,622	
27. :UEP	1,504,807	{Supporting surplus not needed}
28. Latest Year's Net W. Premium	3,737,027	
29. Anticipated Annual % Growth	25.00	
Percentage of Surplus/Net Worth		
30. to Support New Written Premium	91.49%	= (28)[1+(29)]/((25)+(26)+(28)[1+(29)])
31. Premium to Surplus Ratio	0.81	= (28)[1+(29)]/((30)+[ending (17)])
32. Net Worth Leverage Ratio	0.81	= (28)[1+(29)]/((30)+[ending (23)])
33. Underwriting Profit Tax Rate	35.00%	
34. Average Agent Balance to UEP	33.00%	20.00 = Selected %



- 21.1 Private Passenger Auto Physical Damage
- 21.2 Commercial Auto Physical Damage
- 22. Aircraft
- 23. Fidelity
- 24. Surety
- 26. Burglary and Theft
- 27. Boiler and Machinery

Countrywide ▼ Select State

<b>Exhibit 3</b>	Exhibit Number/Label
<b>2007</b>	Latest Experience Year
<b>3</b>	Number of Years Included in Average
<b>Access</b>	Experience Files Previously Entered and Available
<b>IEE</b>	Insurance Expense Exhibit <span style="float: right;">2005</span>
<b>Page 14</b>	Annual Statement - Page 14 <span style="float: right;">2005</span>
<b>Assets</b>	Annual Statement - Assets/Investments <span style="float: right;">2007</span>
<b>Loss Dev</b>	Annual Statement - Loss Development <span style="float: right;">2007</span>

Sheet 1	Comm	OA	GE	TLF	Div	Reins
	33.00%	0.00%	3.60%	2.90%		5.51%
Sheet 2	RONW	Undw.Profit	PLR	IRS Discount Factors		
	6.00%	5.31%	49.68%	<input checked="" type="radio"/> Excl. Cost	<input type="radio"/> Incl. Cost	
Sheet 3	Inv.Rate	Disc.Factor	PV \$1 Res	IRS \$1 Res		
	3.43%	0.9668	2.31%	0.00%		
Sheet 5	Service Charges				Unrealized Gain	
	<input type="radio"/> Use to offset expenses <input checked="" type="radio"/> No offset				<input type="checkbox"/> Show	
Sheet 6	WP Growth	Agent Balances/UEP				
	25.00%	20.00%				

	Homeowners and Dwelling Property									
Sheet 4	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-
<b>Selected</b>	1.2054	1.0088	1.0024	1.0005	1.0000	1.0000	1.0000	1.0000	1.0000	1.000
<b>Cumulative</b>	1.2195	1.0117	1.0029	1.0005	1.0000	1.0000	1.0000	1.0000	1.0000	1.000

File Location  
c: [HP\_PAVILION]

- c:\
- Program Files
- ASAP
- Expenses
- BackupData
- Misc
- Sample-Files

- C11853AS.txt
- C11853IEE.txt
- C11853LD2005.txt
- C11853LD2006.txt

Delta Lloyds Insurance Company of Houston Tex  
 Xample Assurance Company  
 Ranchers and Farmers Mutual Insurance Compar  
Ranchers and Farmers Insurance Company

Source

New File     Add Company     Retrieve File     Remove Company

Analysis Completed

Sample of Stock Insurer Return on Equity as of 4/10/08

<u>Stock Symbol</u>	<u>Company</u>	<u>Return on Equity</u>
ACE	Ace Limited	16.64
ALL	Allstate	22.74
AIG	American International Group	6.70
AIZ	Assurant Inc.	16.95
CB	Chubb Corp.	20.15
CINF	Cincinnati Financial	23.50
CAN	CNA Financial	8.85
ERIE	Erie Indemnity	17.61
HIG	Hartford Financial Services Group	15.87
HCC	HCC Insurance Holdings	17.50
MKL	Markel Corp	19.83
MCY	Mercury General	13.56
ORI	Old Republic	6.16
PGR	Progressive Corp.	22.18
RGA	Reinsurance Group of America	10.70
RLI	RLI	26.12
SAF	Safeco	22.56
SIGI	Selective Insurance Group	14.74
TRV	Travelers	17.22
BER	WR Berkley Corp	21.15
	Average	17.04