

SERFF Tracking Number: ASPX-125732136 State: Arkansas  
Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$100  
Company Tracking Number: HO AR03118AIR01  
TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners  
Product Name: Mobilowners  
Project Name/Number: Mobilowners/HO AR03118AIR01

## Filing at a Glance

Company: American Bankers Insurance Company of Florida

Product Name: Mobilowners	SERFF Tr Num: ASPX-125732136	State: Arkansas
TOI: 04.0 Homeowners	SERFF Status: Closed	State Tr Num: EFT \$100
Sub-TOI: 04.0002 Mobile Homeowners	Co Tr Num: HO AR03118AIR01	State Status: Fees verified and received
Filing Type: Rate	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi
	Author: SPI AssurantPC	Disposition Date: 07/18/2008
	Date Submitted: 07/14/2008	Disposition Status: Filed
Effective Date Requested (New): 10/01/2008		Effective Date (New): 10/01/2008
Effective Date Requested (Renewal): 10/01/2008		Effective Date (Renewal): 12/01/2008

State Filing Description:

This is not an overall rate changes; rates/rules for three new endorsements.

## General Information

Project Name: Mobilowners	Status of Filing in Domicile:
Project Number: HO AR03118AIR01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 07/18/2008	
State Status Changed: 07/16/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
American Bankers Insurance Company of Florida would like to submit several changes to the Mobilowners Program for your review and subsequent approval.	

We would like to introduce the Stated Value Endorsement form AB8073EPC-0608 and the Full Cost to Repair

SERFF Tracking Number: ASPX-125732136 State: Arkansas  
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Endorsement form AB8072EPC-0608.

The Replacement Cost Coverage Endorsement form AB8077EPC-0608 replaces form AB4156EC-1287. In case of a total loss, the revised RCV endorsement will allow to replace with "new" rather than with "like kind and quality".

Our requested effective dates October 1, 2008 for new business and December 1, 2008 for renewals.

## Company and Contact

### Filing Contact Information

Ada Martinez, Compliance Analyst Ada.Martinez@assurant.com  
 11222 Quail Roost Drive (305) 253-2244 [Phone]  
 Miami, FL 33157 (305) 252-7068[FAX]

### Filing Company Information

American Bankers Insurance Company of Florida CoCode: 10111 State of Domicile: Florida  
 11222 Quail Roost Dr Group Code: 19 Company Type:  
 Miami, FL 33157 Group Name: Assurant, Inc. Group State ID Number:  
 (305) 253-2244 ext. [Phone] FEIN Number: 59-0593886  
 -----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Bankers Insurance Company of Florida	\$100.00	07/14/2008	21387394

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	07/18/2008	07/18/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	07/16/2008	07/16/2008	SPI AssurantPC	07/17/2008	07/17/2008

*SERFF Tracking Number:* ASPX-125732136      *State:* Arkansas  
*Filing Company:* American Bankers Insurance Company of      *State Tracking Number:* EFT \$100  
Florida  
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*TOI:* 04.0 Homeowners      *Sub-TOI:* 04.0002 Mobile Homeowners  
*Product Name:* Mobilowners  
*Project Name/Number:* Mobilowners/HO AR03118AIR01

## **Disposition**

Disposition Date: 07/18/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal): 12/01/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ASPX-125732136 State: Arkansas  
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 TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	Cover Letter, Actuarial Memorandum, RF 1 - Transmittal Document, PC Transmittal Document, Rate / Rule Schedule, HO - 1, Revised State Exception Pages - A1, 15 and added 19	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	Response letter to interrogatory, Actuarial Exhibits	Filed	Yes
Rate	State Exception Pages	Filed	Yes

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Product Name: Mobilowners  
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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/16/2008

Submitted Date 07/16/2008

Respond By Date

Dear Ada Martinez,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Cover Letter, Actuarial Memorandum, RF 1 - Transmittal Document, PC Transmittal Document, Rate / Rule Schedule, HO - 1, Revised State Exception Pages - A1, 15 and added 19 (Supporting Document)

Comment: I was unable to locate the exhibits described in the actuarial memorandum.

### Objection 2

- Cover Letter, Actuarial Memorandum, RF 1 - Transmittal Document, PC Transmittal Document, Rate / Rule Schedule, HO - 1, Revised State Exception Pages - A1, 15 and added 19 (Supporting Document)

Comment: Explain why the full cost to repair endorsement can only be sold in conjunction with the stated value endorsement.

### Objection 3

No Objections

Comment: Please attach manual pages under the rate/rule schedule tab.

### Objection 4

No Objections

Comment: Please confirm the renewal effective date.

Please feel free to contact me if you have questions.

In accordance with Regulation 23, Section 7.A., this filing may not be implemented until 20 days after the requested amendment(s) and/or information is received.

Sincerely,

Becky Harrington

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 07/17/2008  
Submitted Date 07/17/2008

Dear Becky Harrington,

### Comments:

Hi,

### Response 1

Comments: Please see our response letter, revised State Exception Pages, actuarial exhibits, confirming renewal dates and explanation as to the Full Cost to Repair and Stated Value.

### Related Objection 1

Applies To:

- Cover Letter, Actuarial Memorandum, RF 1 - Transmittal Document, PC Transmittal Document, Rate / Rule Schedule, HO - 1, Revised State Exception Pages - A1, 15 and added 19 (Supporting Document)

Comment:

Explain why the full cost to repair endorsement can only be sold in conjunction with the stated value endorsement.

### Related Objection 2

Applies To:

- Cover Letter, Actuarial Memorandum, RF 1 - Transmittal Document, PC Transmittal Document, Rate / Rule Schedule, HO - 1, Revised State Exception Pages - A1, 15 and added 19 (Supporting Document)

Comment:

I was unable to locate the exhibits described in the actuarial memorandum.

### Related Objection 3

Comment:

Please attach manual pages under the rate/rule schedule tab.

### Related Objection 4

Comment:

Please confirm the renewal effective date.

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Florida  
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**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Response letter to interrogatory, Actuarial Exhibits  
Comment: Attaching Actuarial Exhibits.

No Form Schedule items changed.

**Rate/Rule Schedule Item Changes**

<b>Exhibit Name</b>	<b>Rule # or Page #</b>	<b>Rate Action</b>	<b>Previous State Filing #</b>
State Exception Pages	A1,15 and added 19	Replacement	

Sincerely,  
SPI AssurantPC

SERFF Tracking Number: ASPX-125732136 State: Arkansas  
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**Rate Information**

Rate data applies to filing.

**Filing Method:** Prior Approval  
**Rate Change Type:**  
**Overall Percentage of Last Rate Revision:**  
**Effective Date of Last Rate Revision:**  
**Filing Method of Last Filing:**

**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):
American Bankers Insurance Company of Florida	%	%				%	%

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 Product Name: Mobilowners  
 Project Name/Number: Mobilowners/HO AR03118AIR01

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	State Exception	Pages A1, 15 and added 19	Replacement	A1, 15 and added 19.PDF

**AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA**  
**MOBILOWNERS POLICY**  
**STATE EXCEPTION PAGES**  
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**ARKANSAS**

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**AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA**  
**MOBILOWNERS POLICY**  
**STATE EXCEPTION PAGES**  
**ARKANSAS**

**ADDITIONAL RESIDENCE PREMISES LIABILITY ENDORSEMENT**

This coverage may be purchased to provide Liability and Medical Payments coverage for the Insured's additional residence premises.

<u>Personal Liability Limit</u>	<u>Medical Payments Limit</u>	<u>Annual Premium</u>
\$ 25,000	\$ 500	\$35.00
50,000	500	40.00
100,000	1,000	50.00
300,000	1,000	60.00

Attach Endorsement No. AB4155EC-881

**REPLACEMENT COST COVERAGE ENDORSEMENT**

Provides replacement cost coverage on the mobile home, adjacent structures and personal effects.

Mobile Home and Adjacent Structures Coverage - 5% for ages 0-10, 12% for ages 11-20  
 Attach Endorsement No. AB8077EPC-0608

Personal Effects Coverage - \$25.00 per annum  
 Attach Endorsement No. AB4157EC-881

**TENANT COVERAGE**

The following coverages are available for tenant-occupied units:

- \$ 3,000 Personal Effects Excluding Theft
- 1,500 Personal Effects Theft

Subject to the following deductibles:

- 10% of the amount of insurance for earthquake damage;
- \$500 for wind/flood;
- \$250 for all other perils.

\$25,000 Comprehensive Personal Liability.

Annual Package Premium . . . . . \$60.00

Optional Deductibles:

- \$ 50 Deductible - Increase the package premium 17%.
- 100 Deductible - Increase the package premium 7%.

**AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA**  
**MOBILOWNERS POLICY**  
**STATE EXCEPTION PAGES**  
**ARKANSAS**

**MOBILE HOME FULL COST TO REPAIR ENDORSEMENT**

This endorsement changes the loss settlement provision for partial losses and can only be sold in conjunction with the Stated Value Endorsement.

Apply the proper factor from the table below to the premium for Coverage A – Mobile Home:

Age of Home	Annual Premium
0 – 10	3%
11 – 20	7%

Attach Endorsement No. AB8072EPC-0608.

**STATED VALUE ENDORSEMENT**

This endorsement changes the loss settlement provision for total losses.

Apply the proper factor from the table below to the premium for Coverage A – Mobile Home:

Age of Home	Annual Premium
0 – 10	3%
11 – 20	6%

Attach Endorsement No. AB8073EPC-0608.

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Product Name: Mobilowners  
Project Name/Number: Mobilowners/HO AR03118AIR01

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 07/18/2008

**Comments:**

**Attachment:**

PC Transmittal Document.PDF

**Satisfied -Name:** Cover Letter, Actuarial Memorandum, RF 1 - Transmittal Document, PC Transmittal Document, Rate / Rule Schedule, HO - 1, Revised State Exception Pages - A1, 15 and added 19 **Review Status:** Filed 07/18/2008

**Comments:**

**Attachments:**

Cover Letter.PDF  
Actuarial Memorandum.PDF  
RF 1 - Transmittal Document.PDF  
PC Transmittal Document.PDF  
Rate \_ Rule Schedule.PDF  
HO - 1.PDF  
Revised State Exception Pages - A1, 15 and added 19.PDF

**Satisfied -Name:** Response letter to interrogatory, Actuarial Exhibits **Review Status:** Filed 07/18/2008

**Comments:**

Attaching Actuarial Exhibits.

**Attachments:**

Response letter to interrogatory.PDF  
Actuarial Exhibits.PDF  
Actuarial Exhibits.XLS

## 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>
Assurant, Inc.	0019

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Bankers Insurance Company of Florida	FL	10111	59-0593886	

<b>5. Company Tracking Number</b>	HO AR03118AIR01
-----------------------------------	-----------------

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Ada G. Martinez 11222 Quail Roost Drive Miami FL 33157	Contract Compliance Analyst	800-852-2244 Ext. 33144	305-252-7068	Ada.Martinez@assurant.com

<b>7.</b> Signature of authorized filer	
<b>8.</b> Please print name of authorized filer	Ada G. Martinez

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

<b>9. Type of Insurance (TOI)</b>	4.0 Homeowners
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	4.002 Mobile Home
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing Title)</b>	Mobilowners 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: 10/01/08      Renewal: 12/01/08
<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>	07/14/08
<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





ASSURANT

American Bankers Insurance  
Company of Florida  
11222 Quail Roost Drive  
Miami, FL 33157-6596  
T 305.253.2244 F 305.252.6987

www.assurant.com

July 14, 2008

Arkansas Department of Insurance  
Property & Casualty Division  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: American Bankers Insurance Company of Florida  
NAIC 019-10111 FEIN 59-0593886  
Mobilowners Program  
LOB: Homeowners  
Tracker Co. Number: MHO HO AR03118AAIR01

**RATE FILING (for approval)**

State Exception Pages:

MHO-X-AR-AI ed. 07/08 replaces 05/07

MHO-X-AR-15 ed. 07/08 replaces 03/93

added: MHO-X-AR-19 ed. 0708 replaces 05/07

Related Documents

Actuarial Memorandum

Actuarial Exhibits

Transmittal Forms

Dear Examiner:

American Bankers Insurance Company of Florida would like to submit several changes to the Mobilowners Program for your review and subsequent approval.

We would like to introduce the Stated Value Endorsement form **AB8073EPC-0608** and the Full Cost to Repair Endorsement form **AB8072EPC-0608**.

The Replacement Cost Coverage Endorsement form **AB8077EPC-0608** replaces form **AB4156EC-1287**. In case of a total loss, the revised RCV endorsement will allow to replace with "new" rather than with "like kind and quality".

Our requested effective dates October 1, 2008 for new business and December 1, 2008 for renewals.

We have submitted under separate cover the corresponding form filing.

Thank you for your time and attention to this submission. If you have any question, please feel free to contact me at 800.852.2244, ext. 33144 or via email at [Ada.Martinez@Assurant.com](mailto:Ada.Martinez@Assurant.com).

Sincerely,

A handwritten signature in black ink, appearing to read 'Ada G. Martinez', written in a cursive style.

Ada G. Martinez  
Contract Development Analyst  
State Filings Department  
American Bankers Insurance Company of Florida

Cc: MHO\_ARAI\_R03

**AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA**

**MOBILOWNERS PROGRAM**

**ARKANSAS**

**ACTUARIAL MEMORANDUM**

American Bankers Insurance Company of Florida would like the following changes and additions to the Mobilowners Program currently filed and approved in Arkansas.

**Mobile Home Replacement Cost Coverage Endorsement** (Exhibit 1)

Current: Charge is \$10, replaces with “like kind and quality,” includes Comprehensive & AS. It covers total & partial losses.

Proposed: Charge 5% of Mobile Home & AS premium for new homes (0-10 years) and 12% of Mobile Home & AS premium for older homes (11-20 years), replaces with NEW home or AS. It covers total & partial losses.

Rate level effect: +0.67% (Note: this is due to change in coverage)

The charge for this endorsement increased based on actual experience and the increase in coverage from replacing with new rather than “like kind and quality” in cases of total loss.

**Mobile Home Full Cost to Repair Endorsement** (Exhibit 1)

Current: Not available.

Proposed: Charge 3% of Mobile Home premium for new homes (0-10 years) and 7% of Mobile Home premium for older homes (11-20 years), pays full cost to repair or replace up to the limit of liability. It covers partial losses and applies to Mobile Home only.

Rate level effect: 0.0%

This endorsement will be available only if the Stated Value Endorsement has been purchased. Both are optional.

**Stated Value Endorsement** (Exhibit 2)

Current: Not available.

Proposed: Charge 3% of Mobile Home premium for new homes (0-10 years) and 6% of Mobile Home premium for older homes (11-20 years). It applies to Mobile Home only. It covers total losses.

Rate level effect: 0.0%

Some insureds prefer this loss settlement method as an alternative to the regular Replacement Cost Coverage Endorsement. We are giving more options to our customers.

**SUPPORTING EXHIBITS:**

Exhibit 1 – Calculation of Premium Charge for Mobile Home Replacement Cost Endorsement and Mobile Home Full Cost to Repair Endorsement

Exhibit 2 – Calculation of Premium Charge for Stated Value Endorsement

Exhibit 3 – Development of Permissible Loss and LAE Ratio

Exhibit 4 – Deviation of Underwriting Profit Provision

Exhibit 5 – Estimated Investment Earnings on Unearned Premium and Loss Reserve

**FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT**

1.	This filing transmittal is part of Company Tracking #	HO AR03118AIR01
2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	N/A

Company Name		Company NAIC Number	
3.	A. American Bankers Insurance Company of Florida	B.	0019-10111

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
4.	A. 4.0 - Homeowners	B.	4.002 Mobile Home

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY			
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)
<b>Mobilowners</b>	N/A	<b>0.67%</b>				
<b>TOTAL OVERALL EFFECT</b>	<b>0</b>	<b>0.67%</b>				

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2007	2,962	N/A	N/A	2,737	894	32.7%	27.9%
2006	2,945	N/A	N/A	2,635	1,155	43.8%	36.7%
2005	2,949	N/A	N/A	2,534	1,385	54.7%	58.9%
2004	2,995	N/A	N/A	2,291	588	25.7%	39.3%
2003	2,998	21.4%	3/1/03	2,211	832	37.6%	41.7%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	35.8%
B. General Expense	4.5%
C. Taxes, License & Fees	3.0%
D. Underwriting Profit & Contingencies	5.8%
E. Other (explain)	0%
F. TOTAL	49.1%

8. \_\_\_\_\_ Apply Lost Cost Factors to Future filings? (Y or N) N/A
9. \_\_\_\_\_ Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): N/A
10. \_\_\_\_\_ Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): N/A

## 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>
Assurant, Inc.	0019

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

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	Ada G. Martinez 11222 Quail Roost Drive Miami FL 33157	Contract Compliance Analyst	800-852-2244 Ext. 33144	305-252-7068	Ada.Martinez@assurant.com

<b>7.</b> Signature of authorized filer	
<b>8.</b> Please print name of authorized filer	Ada G. Martinez

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

<b>9. Type of Insurance (TOI)</b>	4.0 Homeowners
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	4.002 Mobile Home
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing Title)</b>	Mobilowners 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: 10/01/08      Renewal: 12/01/08
<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>	07/14/08
<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 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>	HO AR03118AIR01
-----------	--	-----------------

<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	HO AR03118AIF01
-----------	---	-----------------

Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

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

4a. Rate Change by Company (As Proposed)							
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 Bankers Insurance Company of Florida	N/A	0.67%	14,805	1,015	2,197,638	0	0

4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholder affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)

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

<b>6.</b>	Overall percentage of last rate revision	21.4%
<b>7.</b>	Effective Date of last rate revision	3/1/03
<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	State Exception Pages: MHO-X-AR-A1 ed. 0708	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	State Exception Pages: MHO-X-AR-15 ed. 0708	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03	State Exception Pages: MHO-X-AR-19 ed. 0708	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

ARKANSAS INSURANCE DEPARTMENT  
FORM H-1 HOMEOWNERS ABSTRACT

INSTRUCTIONS: All questions must be answered. If the answer is "none" or "not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent homeowners rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name	American Bankers Insurance Company of Florida
NAIC # (including group #)	0019-10111

1. If you have had an insurance to value campaign during the experience filing period, describe the campaign and estimate its impact.  
N/A
  
2. If you use a cost estimator (or some similar method) in order to make sure that dwellings (or contents) are insured at their value, state when this program was started in Arkansas and estimate its impact.  
We use the Marshall & Swift/Boeckh Guide for reasonability of the insured value of our manufactured homes.
  
3. If you require a minimum relationship between the amount of insurance to be written and the replacement value of the dwelling (contents) in order to purchase insurance, describe the procedures that are used.  
Not applicable
  
4. If you use an Inflation Guard form or similar type of coverage, describe the coverage(s) and estimate the impact.  
N/A
  
5. Specify the percentage given for credit or discounts for the following:

a. Fire Extinguisher	N/A	%
b. Burglar Alarm	N/A	%
c. Smoke Alarm	N/A	%
d. Insured who has both homeowners and auto with your company	N/A	%
e. Deadbolt Locks	N/A	%
f. Window or Door Locks	N/A	%
g. Other (specify)	N/A	%
		%
		%
  
6. Are there any areas in the State of Arkansas In which your company will not write homeowners insurance? If so, state the areas and explain reason for not writing.  
No restrictions.
  
7. Specify the form(s) utilized in writing homeowners insurance. Indicate the Arkansas premium volume for each form.

Form	Premium Volume
Comprehensive - (Comprehensive form #)	\$2,061,215
Flood - (Flood Form #)	\$3,042.10
Increased Limits – Medical Payment(Medical Payment Form #)	\$150.27
Broad Form – AB4066EC-1280	\$11,921.14
CPL or OL&T – AB4562EC-1186, AB4103EC-1280	\$90,708.30
Personal Effects (excl Theft) – AB4137EC-481	\$33.26
Replacement Cost – MH – AB4156EC-1287	\$14,121.52
Replacement Cost – Personal Effects – AB4157EC-881	\$14,257.34
AD&D – AB4423EC-1084	\$842.61
Outstanding Principal Balance – AB4669EC-0590	\$1,345.44

8. Do you write homeowner risks which have aluminium, steel or vinyl siding?  Yes  No

9. Is there a surcharge on risks with wood heat? No  
If yes, state the surcharge N/A  
Does the surcharge apply to conventional fire places? N/A  
If yes, state the surcharge N/A

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



\_\_\_\_\_  
Signature

Ada G. Martinez  
\_\_\_\_\_  
Printed Name

Contract Compliance Analyst  
\_\_\_\_\_  
Title

305-253-2244 Ext. 33144  
\_\_\_\_\_  
Telephone Number

Ada.Martinez@assurant.com  
\_\_\_\_\_  
Email address

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

MOBILOWNERS POLICY

STATE EXCEPTION PAGES

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**AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA**  
**MOBILOWNERS POLICY**  
**STATE EXCEPTION PAGES**  
**ARKANSAS**

**ADDITIONAL RESIDENCE PREMISES LIABILITY ENDORSEMENT**

This coverage may be purchased to provide Liability and Medical Payments coverage for the Insured's additional residence premises.

<u>Personal Liability Limit</u>	<u>Medical Payments Limit</u>	<u>Annual Premium</u>
\$ 25,000	\$ 500	\$35.00
50,000	500	40.00
100,000	1,000	50.00
300,000	1,000	60.00

Attach Endorsement No. AB4155EC-881

**REPLACEMENT COST COVERAGE ENDORSEMENT**

Provides replacement cost coverage on the mobile home, adjacent structures and personal effects.

Mobile Home and Adjacent Structures Coverage - 5% for ages 0-10, 12% for ages 11-20

Attach Endorsement No. AB8077EPC-0608

Personal Effects Coverage - \$25.00 per annum

Attach Endorsement No. AB4157EC-881

**TENANT COVERAGE**

The following coverages are available for tenant-occupied units:

- \$ 3,000 Personal Effects Excluding Theft
- 1,500 Personal Effects Theft

Subject to the following deductibles:

- 10% of the amount of insurance for earthquake damage;
- \$500 for wind/flood;
- \$250 for all other perils.

\$25,000 Comprehensive Personal Liability.

Annual Package Premium . . . . . \$60.00

Optional Deductibles:

- \$ 50 Deductible - Increase the package premium 17%.
- 100 Deductible - Increase the package premium 7%.

**AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA**  
**MOBILOWNERS POLICY**  
**STATE EXCEPTION PAGES**  
**ARKANSAS**

**MOBILE HOME FULL COST TO REPAIR ENDORSEMENT – FORM AB5029EC**

This endorsement changes the loss settlement provision for partial losses and can only be sold in conjunction with the Stated Value Endorsement.

Apply the proper factor from the table below to the premium for Coverage A – Mobile Home:

Age of Home	Annual Premium
0 – 10	3%
11 – 20	7%

Attach Endorsement No. AB8072EPC-0608.

**STATED VALUE ENDORSEMENT**

This endorsement changes the loss settlement provision for total losses.

Apply the proper factor from the table below to the premium for Coverage A – Mobile Home:

Age of Home	Annual Premium
0 – 10	3%
11 – 20	6%

Attach Endorsement No. AB8073EPC-0608.



ASSURANT

American Bankers Insurance  
Company of Florida  
11222 Quail Roost Drive  
Miami, FL 33157-6596  
T 305.253.2244 F 305.252.6987

www.assurant.com

July 17, 2008

Arkansas Department of Insurance  
Property & Casualty Division  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: American Bankers Insurance Company of Florida  
NAIC 019-10111 FEIN 59-0593886  
Mobilowners Program  
LOB: Homeowners  
Tracker Co. Number: MHO HO AR03118AAIR01

**RATE FILING (for approval)**

State Exception Pages:

MHO-X-AR-AI ed. 07/08 replaces 05/07  
MHO-X-AR-15 ed. 07/08 replaces 03/93  
added: MHO-X-AR-19 ed. 0708 replaces 05/07

Dear Examiner:

Thank you for your letter dated 07/16/08 requesting additional information.

We are providing you with the requested information as follows:

1. *Comments: I was unable to locate the exhibits described in the actuarial memorandum.*  
My apologies for the inconvenience. Please find the attached Actuarial Exhibits attached to the SERFF filing accordingly.
2. *Comments: Explain why the full cost to repair endorsement can only be sold in conjunction with the stated value endorsement.*  
The purpose for this clarification is to avoid selling the Full Cost to Repair coverage with the Replacement Cost Coverage, which would not provide additional benefits to the insured. If the insured has elected the Replacement Cost Coverage Endorsement, the settlement option will address both total and partial losses.
3. *Comments: Please attach manual pages under the rate/rule schedule tab.*  
The revised State Exception Pages have been attached to the rate tab.
4. *Comments: Please confirm the renewal effective date.*  
Our requested effective dates are October 1, 2008 for new business and **December 1, 2008** for renewals.

Thank you for your time and attention to this submission. If you have any question, please feel free to contact me at 800.852.2244, ext. 33144 or via email at [Ada.Martinez@Assurant.com](mailto:Ada.Martinez@Assurant.com).

Sincerely,

A handwritten signature in black ink, appearing to read 'Ada G. Martinez', written in a cursive style.

Ada G. Martinez  
Contract Development Analyst  
State Filings Department  
American Bankers Insurance Company of Florida

Cc: MHO\_ARAI\_R03

**AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA  
MOBILOWNERS PROGRAM**

**COUNTRYWIDE<sup>1</sup>**

**Calculation of Premium Charge for Mobile Home Replacement Cost Endorsement  
and Mobile Home Full Cost to Repair Endorsement**

		Age of Home	
		0-10	11+
(1)	Policies with Replacement Cost Endorsement		
	Earned Exposures (5 years)	71,722	7,629
	Incurred Losses <sup>2</sup> (5 years)	12,186,399	1,226,262
	Pure Premium	<b>169.91</b>	<b>160.73</b>
(2)	Policies without Replacement Cost Endorsement		
	Earned Exposures (5 years)	210,501	80,791
	Incurred Losses <sup>2</sup> (5 years)	34,430,746	9,980,866
	Pure Premium	<b>163.57</b>	<b>123.54</b>
(3)	Increase in Loss Cost = ( 1 ) - ( 2 )	<b>6.35</b>	<b>37.19</b>
(4)	Permissible Loss Ratio	<b>50.9%</b>	<b>50.9%</b>
(5)	Indicated Premium Charge = ( 3 ) / ( 4 )	<b>12.46</b>	<b>73.03</b>
(6)	Average Annual Premium (Mobile Home and Adj. Structures)	<b>330</b>	<b>330</b>
(7)	Indicated Charge as a percent of Premium = ( 5 ) / ( 6 )	<b>3.8%</b>	<b>22.1%</b>
(8)	Selected Premium Charge for RC Endorsement (Applied to Mobile Home and Adj. Structures Premium)	<b>5%</b>	<b>12%</b>
(9)	Selected Premium Charge for Full Cost to Repair Endorsement <sup>3</sup> (Applied to Mobile Home Premium)	<b>3%</b>	<b>7%</b>
(10)	2007 Arkansas Written Premium for RC Endorsement (Current charge of \$10)	16,133	1,459
(11)	2007 Total ABIC Arkansas Written Premium	1,891,284	306,354
(12)	<b>Rate Level Effect for Replacement Cost Endorsement</b> = ( 10 ) x [ ( 6 ) x ( 8 ) / \$10 - 1 ] / ( 11 )	<b>0.67%</b>	
(13)	<b>Rate Level Effect for Full Cost to Repair Endorsement</b> (Not currently available)	<b>0.00%</b>	

Notes:

Current Endorsement: \$10 Premium Charge; Covers total and partial losses;

Includes both Comprehensive and AS; Replaces with "like kind and quality."

Proposed Replacement Cost Endorsement: Premium Charge of 5% of Mobile Home & AS premium for Ages 0-10 and 12% of Mobile Home & AS premium for Ages 11-20; Covers total and partial losses; Mobile Home and AS; Replaces with NEW home or AS (See Replacement Cost Endorsement for additional details).

Proposed Full Cost to Repair Endorsement: Premium Charge of 3% of Mobile Home premium for Ages 0-10 and 7% of Mobile Home premium for Ages 11-20; Covers only partial losses; Mobile Home Only; Pays full cost to repair or replace up to limit of liability (See Full Cost to Repair Endorsement for additional details).

- 1) Exposure and Loss data only include states that currently offer the Replacement Cost Endorsement that replaces with NEW home or AS.
- 2) Incurred Losses on Mobile Home and Adjacent Structures only.
- 3) Charges for Full Cost to Repair Endorsement are based on the fact that partial losses account for approximately 55% of all paid losses.

**AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA  
MOBILOWNERS PROGRAM**

**COUNTRYWIDE**

**Calculation of Premium Charge for Stated Value Endorsement**

(1)	Stated Value/ACV Differential <sup>1</sup>	<b>135.2%</b>
(2)	Percent of Claims that are Total Losses <sup>2</sup>	<b>6.4%</b>
(3)	Effect of Change from ACV to Stated Value = [ ( 1 ) - 1 ] x ( 2 )	<b>2.3%</b>
(4)	Permissible Loss Ratio	<b>50.9%</b>
(5)	Premium Impact = ( 3 ) / ( 4 )	<b>4.4%</b>
(6)	Selected Premium Charge for Stated Value Endorsement <sup>3</sup> (Applied to Mobile Home Premium)	<b>3% for Ages 0-10 6% for Ages 11-20</b>
(7)	Rate Level Effect	<b>0.00%</b>

Notes:

Endorsement covers total losses and applies to Mobile Home only.

1) From an analysis of 229 total losses, where it was determined that the differential between Amount of Insurance (represents Stated Value) and the Actual Cash Value of the loss is 135.2%.

2) Based on a countrywide analysis that assumed claims of greater than 75% of the Comp limit are total losses. The 4.8% of claims that were identified as total losses was adjusted (divided by 0.75) to compensate for the fact that this proxy of total losses will identify, on average, 75% of true total losses.

3) Instead of selecting 4% as the charge for this endorsement, 3% was selected for newer homes and 6% was selected for older homes. This decision was based on the indicated differentials for newer and older homes used in the analysis for the Replacement Cost Endorsement.

**AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA  
MOBILOWNERS PROGRAM**

**COUNTRYWIDE EXPERIENCE**

**Development of Permissible Loss & LAE Ratio**

Calendar Year	2003		2004		2005		2006		2007		5 Year Average	Budgeted
	\$(in 000's)	%										
Adjusted Direct Premium Written (Part III, Col 1)	77,522	100.0%	80,597	100.0%	109,703	100.0%	109,720	100.0%	118,067	100.0%	100.0%	
Adjusted Direct Premium Earned (Part III, Col 3)	92,926	100.0%	90,853	100.0%	101,342	100.0%	113,818	100.0%	119,560	100.0%	100.0%	
Adj Dir Commissions & Brokerage (W) (Part III, Col 23)	28,210	36.4%	30,728	38.1%	33,391	30.4%	30,583	27.9%	33,858	28.7%	32.3%	30.0%
Other Acquisition Incurred (E) (Part III, Col 27)	2,990	3.2%	3,031	3.3%	8,554	8.4%	7,988	7.0%	8,503	7.1%	5.8%	5.8%
General Expenses Incurred (E) (Part III, Col 29)	5,341	5.7%	5,425	6.0%	4,271	4.2%	3,699	3.2%	4,119	3.4%	4.5%	4.5%
Taxes, Licenses, & Fees (W) (Part III, Col 25)	2,169	2.8%	2,227	2.8%	2,669	2.4%	1,686	1.5%	2,743	2.3%	2.4%	3.0%
Total Expenses												43.3%
Profit & Contingencies												5.8%
Permissible Loss & LAE Ratio												50.9%

Source: Insurance Expense Exhibit - 2003-2007 Line 4.0 Homeowners Multiple Peril

**AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA  
MOBILOWNERS PROGRAM**

**COUNTRYWIDE**

**Derivation of Underwriting Profit Provision**

(1)	Target After-Tax Rate of Return on Surplus	15.0%
(2)	Ratio of Written Premium to Surplus	2.22
(3)	Expected Investment Income on Reserves as a % of Premium	2.2%
(4)	Expected Investment Income on Reserves as a % of Surplus = (3) x (2)	4.9%
(5)	Expected Investment Income on Surplus as a % of Surplus	4.9%
(6)	Total Expected Investment Income as a % of Surplus = (4) + (5)	9.7%
(7)	Federal Income Tax on Investment Income as a % of Surplus = (6) x 31.9%	3.1%
(8)	After-Tax Investment Income on Surplus = (6) - (7)	6.7%
(9)	Target After-Tax Underwriting Profit as a % of Surplus = (1) - (8)	8.3%
(10)	Target After-Tax Underwriting Profit as a % of Premium = (9) / (2)	3.8%
(11)	Target Pre-Tax Underwriting Profit as a % of Premium = (10) / {1-35%}	5.8%

**AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA  
MOBILOWNERS PROGRAM**

**COUNTRYWIDE**

**Estimated Investment Earnings on Unearned Premium and Loss Reserves**

A.	Unearned Premium Reserve	
1.	Direct Earned Premium	\$119,559,584
2.	Mean Unearned Premium Reserve	\$74,792,673
3.	Percentage Total of Prepaid Expense	
	a. Commission and Brokerage	30.00%
	b. Taxes, Licenses and Fees	3.00%
	c. 50% of Other Acquisition Expense	2.90%
	d. 50% of General Expense	<u>2.25%</u>
	e. Total	38.15%
4.	Dollar Total of Prepaid Expense (A2) × (A3e)	\$28,533,405
5.	Subject to Investment (A2) - (A4)	\$46,259,268
B.	Delayed Remission of Premium	\$12,556,298
C.	Expected Loss and Loss Adjustment Reserve	
1.	Direct Earned Premium (A1)	\$119,559,584
	x (Expected Loss and Loss Adjustment Ratio)	42.6%
2.	Expected Incurred Loss and Loss Adjustment	\$50,982,073
	x (Reserve to Incurred Ratio)	38.9%
3.	Expected Loss and Loss Adjustment Reserve	\$19,832,026
D.	Net Subject to Investment (A5) - (B) + (C3)	\$53,534,996
E.	Average Rate of Return on Invested Assets	4.9%
F.	Investment Earnings on Net Subject to Investment (D) × (E)	\$2,616,559
G.	Ratio of Investment Earnings to Earned Premium (F) ÷ (A1)	2.2%

**AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA  
MOBILOWNERS PROGRAM**

**COUNTRYWIDE<sup>1</sup>**

**Calculation of Premium Charge for Mobile Home Replacement Cost Endorsement  
and Mobile Home Full Cost to Repair Endorsement**

		Age of Home	
		0-10	11+
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Notes:

Current Endorsement: \$10 Premium Charge; Covers total and partial losses;

Includes both Comprehensive and AS; Replaces with "like kind and quality."

Proposed Replacement Cost Endorsement: Premium Charge of 5% of Mobile Home & AS premium for Ages 0-10 and 12% of Mobile Home & AS premium for Ages 11-20; Covers total and partial losses; Mobile Home and AS; Replaces with NEW home or AS (See Replacement Cost Endorsement for additional details).

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- 1) Exposure and Loss data only include states that currently offer the Replacement Cost Endorsement that replaces with NEW home or AS.
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- 3) Charges for Full Cost to Repair Endorsement are based on the fact that partial losses account for approximately 55% of all paid losses.