

SERFF Tracking Number: ASPX-125732191 State: Arkansas
Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50
Company Tracking Number: HO AR03118AIF01
TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners
Product Name: Mobilowners
Project Name/Number: Mobilowners/HO AR03118AIF01

Filing at a Glance

Company: American Bankers Insurance Company of Florida

Product Name: Mobilowners	SERFF Tr Num: ASPX-125732191	State: Arkansas
TOI: 04.0 Homeowners	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 04.0002 Mobile Homeowners	Co Tr Num: HO AR03118AIF01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi
	Author: SPI AssurantPC	Disposition Date: 07/18/2008
	Date Submitted: 07/14/2008	Disposition Status: Approved
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:

General Information

Project Name: Mobilowners	Status of Filing in Domicile:
Project Number: HO AR03118AIF01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 07/18/2008	Deemer Date:
State Status Changed: 07/16/2008	
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 Endorsement form AB8072EPC-0608.

SERFF Tracking Number: ASPX-125732191 State: Arkansas
 Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50
 Company Tracking Number: HO AR03118AIF01
 TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners
 Product Name: Mobilowners
 Project Name/Number: Mobilowners/HO AR03118AIF01

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.

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: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Bankers Insurance Company of Florida	\$50.00	07/14/2008	21387537

SERFF Tracking Number: ASPX-125732191 State: Arkansas
 Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50
 Company Tracking Number: HO AR03118AIF01
 TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners
 Product Name: Mobilowners
 Project Name/Number: Mobilowners/HO AR03118AIF01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	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-125732191 State: Arkansas
Filing Company: American Bankers Insurance Company of State Tracking Number: EFT \$50
Florida
Company Tracking Number: HO AR03118AIF01
TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners
Product Name: Mobilowners
Project Name/Number: Mobilowners/HO AR03118AIF01

Disposition

Disposition Date: 07/18/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal): 12/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ASPX-125732191 State: Arkansas
 Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50
 Company Tracking Number: HO AR03118AIF01
 TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners
 Product Name: Mobilowners
 Project Name/Number: Mobilowners/HO AR03118AIF01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter, Form Filing Schedule, PC Transmittal Document, Form Filing Abstract, AR Certificate of Compliance, Readability	Approved	Yes
Supporting Document	Response to DOI for Objection letter of 07/16/08	Approved	Yes
Form	Replacement Cost Coverage Endorsement	Approved	Yes
Form	Stated Value Endorsement	Approved	Yes
Form	Full Cost to Repair Endorsement	Approved	Yes

SERFF Tracking Number: ASPX-125732191 State: Arkansas
Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50
Company Tracking Number: HO AR03118AIF01
TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners
Product Name: Mobilowners
Project Name/Number: Mobilowners/HO AR03118AIF01

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

No Objections

Comment: The renewal effective date shown under the General Information tabs is 10/1/2008. The Transmittal documents submitted show 12/1/2008. Please confirm the desired renewal effective date.

Objection 2

- Cover Letter, Form Filing Schedule, PC Transmittal Document, Form Filing Abstract, AR Certificate of Compliance, Readability (Supporting Document)

Comment: Form Filing Abstract F-1 is no longer required with SERFF filings.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

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

SERFF Tracking Number: ASPX-125732191 State: Arkansas
Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50
Company Tracking Number: HO AR03118AIF01
TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners
Product Name: Mobilowners
Project Name/Number: Mobilowners/HO AR03118AIF01

Comments: Please see the attached letter clarifying our requested effective dates.

Related Objection 1

Comment:

The renewal effective date shown under the General Information tabs is 10/1/2008. The Transmittal documents submitted show 12/1/2008. Please confirm the desired renewal effective date.

Related Objection 2

Applies To:

- Cover Letter, Form Filing Schedule, PC Transmittal Document, Form Filing Abstract, AR Certificate of Compliance, Readability (Supporting Document)

Comment:

Form Filing Abstract F-1 is no longer required with SERFF filings.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Response to DOI for Objection letter of 07/16/08

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
SPI AssurantPC

SERFF Tracking Number: ASPX-125732191 State: Arkansas
 Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50
 Company Tracking Number: HO AR03118AIF01
 TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners
 Product Name: Mobilowners
 Project Name/Number: Mobilowners/HO AR03118AIF01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Replacement Cost Coverage Endorsement	AB8077E PC-	0608	Endorsement/Amendment/Conditions	Replaced Form #:0.00 AB4156EC Previous Filing #:		AB8077EPC -.PDF
Approved	Stated Value Endorsement	AB8073E PC-	0608	Endorsement/Amendment/Conditions		0.00	AB8073EPC -.PDF
Approved	Full Cost to Repair Endorsement	AB8072E PC-	0608	Endorsement/Amendment/Conditions		0.00	AB8072EPC -.PDF

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

A Stock Company

[11222 Quail Roost Drive, Miami, FL 33157-6596 (305) 253-2244]

MOBILOWNERS PROGRAM REPLACEMENT COST COVERAGE ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

For additional premiums, the amount and method of settlement for loss or damage to YOUR mobile home and adjacent structures are modified as follows:

The amount WE will pay for loss of, or damage to YOUR mobile home and adjacent structures will be the lesser of:

Total Loss:

1. The Limit of Liability; or
2. The cost to replace YOUR mobile home for a new mobile home of like kind and quality without deduction for depreciation; or
3. The cost to replace YOUR adjacent structure for a new adjacent structure of like kind and quality without deduction for depreciation;
4. The amount actually spent for necessary repair or replacement of the damaged portion of YOUR mobile home or adjacent structures.

Partial Loss:

1. The cost of repairing or replacing the damaged portion of YOUR property not to exceed the Limit of Liability; or
2. The Actual Cash Value up to the Limit of Liability if YOU elect not to repair or replace the damaged portion of YOUR property.

YOU may elect not to accept this coverage in presenting a claim. The choice will not affect YOUR right to pursue YOUR claim within 180 days after the loss for any additional insurance coverage that may be due to YOU as provided above.

In no event will the amount payable for loss of or damage to YOUR mobile home and adjacent structures exceed the Limit of Liability for each coverage.

THE CHANGE(S) SHOWN ABOVE APPLY TO YOUR POLICY AND ALL OF ITS TERMS AND CONDITIONS

INFORMATION BELOW MUST BE COMPLETED IF THIS FORM IS ADDED AFTER PREPARATION OF YOUR POLICY			
THIS FORM IS A PART OF YOUR POLICY NUMBER	ISSUED TO YOU	DATE PREPARED / /	AND IS EFFECTIVE AT 12:01 A.M. STANDARD TIME
COUNTERSIGNED AT (CITY AND STATE)	SIGNED BY OUR AUTHORIZED AGENT	OUR AGENT CODE NUMBER	

American Bankers Insurance Company of Florida

[A Stock Insurance Company]
[11222 Quail Roost Drive, Miami, FL 33157-6596 | 305.253.2244]

MOBILOWNERS PROGRAM

STATED VALUE ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

For an additional premium, under PHYSICAL DAMAGE, the section entitled OUR PAYMENT METHODS is amended to include the following:

In the event of a total loss of YOUR mobile home, WE will pay the limit of liability for YOUR mobile home as shown on the Declarations Page.

This amendment does not apply to YOUR Adjacent Structures and Personal Effects.

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

American Bankers Insurance Company of Florida

[A Stock Insurance Company]
[11222 Quail Roost Drive, Miami, FL 33157-6596 | 305.253.2244]

MOBILOWNERS PROGRAM

MOBILE HOME FULL COST TO REPAIR ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

For an additional premium, the policy is amended only with respect to partial losses to YOUR mobile home. Under OUR PAYMENT METHODS, the amount and method of settlement for a partial loss to YOUR insured mobile home is amended as follows:

The amount WE will pay in the event of a loss, except for non-structural hail loss, to YOUR mobile home will be the lowest of:

1. The limit of liability shown on the Declarations Page for YOUR mobile home; or
2. The amount actually spent for necessary repair or replacement of the damaged portion of YOUR mobile home.

If the cost to repair or replace the damaged property is more than \$2,500, WE will pay the lowest of the amounts shown below until actual repair or replacement is completed:

1. The difference between the actual cash value of YOUR damaged property before the loss and its actual cash value immediately after the loss; or
2. The cost of replacing YOUR property; or
3. The limit of liability shown on the Declarations Page for YOUR mobile home.

YOU may elect not to accept this coverage in presenting a claim. The choice will not affect YOUR right to pursue YOUR claim within 180 days after the loss for any additional payment that may be due to YOU as provided under this endorsement.

In no event will the amount payable for loss of or damage to YOUR mobile home exceed the limit of liability shown on the Declarations Page.

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

SERFF Tracking Number: ASPX-125732191 State: Arkansas
Filing Company: American Bankers Insurance Company of State Tracking Number: EFT \$50
Florida
Company Tracking Number: HO AR03118AIF01
TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners
Product Name: Mobilowners
Project Name/Number: Mobilowners/HO AR03118AIF01

Supporting Document Schedules

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

Comments:

Attachment:

PC Transmittal Document.PDF

Satisfied -Name: Cover Letter, Form Filing Schedule,
PC Transmittal Document, Form
Filing Abstract, AR Certificate of
Compliance, Readability **Review Status:** Approved 07/18/2008

Comments:

Attachments:

Form Filing Schedule.PDF

PC Transmittal Document.PDF

Form Filing Abstract.PDF

AR Certificate of Compliance.PDF

Cover Letter.PDF

Readability.PDF

Satisfied -Name: Response to DOI for Objection
letter of 07/16/08 **Review Status:** Approved 07/18/2008

Comments:

Attachment:

Response to DOI for Objection letter of 07_16_08.PDF

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; 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					

3. Group Name	Group NAIC #
Assurant, Inc.	0019

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

5. Company Tracking Number	HO AR03118AIF01
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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
	Ada G. Martinez 11222 Quail Roost Drive Miami FL 33157	Contract Compliance Analyst	800-852-2244 Ext. 33144	305-256-7108	Ada.Martinez@assurant.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Ada G. Martinez

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

9. Type of Insurance (TOI)	4.0 Homeowners
10. Sub-Type of Insurance (Sub-TOI)	4.0002 Mobile Home
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	Mobilowners Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 10/01/2008 Renewal: 12/01/08
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	07/14/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	HO AR03118AIF01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	HO AR03118AIR01
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Replacement Cost Coverage Endorsement	AB8077EPC- 0608	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AB4156EC	
02	Stated Value Endorsement	AB8073EPC- 0608	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AB4156EC	
03	Full Cost to Repair Endorsement	AB8072EPC- 0608	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AB4156EC	
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only

2. Insurance Department Use only	
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3. Group Name	Group NAIC #
Assurant, Inc.	0019

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

5. Company Tracking Number	HO AR03118AIF01
-----------------------------------	-----------------

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	305-256-7108	Ada.Martinez@assurant.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Ada G. Martinez

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

9.	Type of Insurance (TOI)	4.0 Homeowners
10.	Sub-Type of Insurance (Sub-TOI)	4.0002 Mobile Home
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Mobilowners Program
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 10/01/2008 Renewal: 12/01/08
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	07/14/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

ARKANSAS INSURANCE DEPARTMENT

FORM FILING ABSTRACT

ALL QUESTIONS MUST BE ANSWERED

Page 1 of 2

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 07/14/08
2. Company Name(s) American Bankers Insurance Company of Florida
Group Name Assurant, Inc. NAIC No. 10111 Group No. 0019
3. (a) Annual Statement Line of Business Number (Page 14) 4.0 Homeowners
(b) Class of Business 4.002 Mobile Home
© Coverages Affected Replacement Cost Coverage, Stated Value and Full Cost to Repair.
4. (a) Name of Advisory Organization, if any N/A
(b) Affiliations with Advisory Organization: Member () Subscriber ()
5. Is this a reference filing? Yes () No () If yes, please provide the following:
(a) Name of Advisory Organization (or Affiliated Company) N/A
(b) Date of Filing 07/14/08
© Filing Designation Number or Description MHO_HO_AR03118AIF01

PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?
Yes.
8. Is the form filed in response to or due to legislation? If so, specify legislation.
No.
9. Is the form in response to or due to recent court decisions? If so, give citation.
No.

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



Signature

Ada G. Martinez

Title

305-253-2244

Telephone Number

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
AB4156EC 1287		AB8077EPC- 0608	Replacement Cost Coverage Endorsement
AB4156EC 1287		AB8073EPC- 0608	Stated Value Endorsement
AB4156EC 1287		AB8072EPC- 0608	Full Cost to Repair Endorsement



ASSURANT

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

July 14, 2008

www.assurant.com

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 AR03118AIF01

FORM FILING (for approval)

(replace) Replacement Cost Coverage Endorsement
AB8077EPC-0608 replaces AB4156EC-1287
(new) Stated Value Endorsement AB8073EPC-0608
(new) Full Cost to Repair Endorsement AB8072EPC-0608

Related Documents

PC Transmittal Form
EFT Filing Fee Check \$50.00
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 Full Cost to Repair Endorsement form AB8072EPC-0608 and the Stated Value Endorsement form AB8073EPC-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.

The \$50 EFT filing fee is included with this filing.

We have submitted under separate cover the corresponding rate 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.

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_F03

ARKANSAS INSURANCE DEPARTMENT
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: American Bankers Insurance Company of
Florida 0019-10111

DESCRIPTION: Replacement Cost Coverage Endorsement

FORM NUMBER: AB8077EPC-

EDITION DATE: 0608

This is to certify that the above captioned property and/or
Casualty policy form has achieved a Flesch Reading Ease Test Score of
47.1, and complies with the requirements of Act 517
of 1981, the Property and Casualty Insurance Policy Simplification
Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies
with Department Rule and Regulation 29.


Signature of Officer of Company

Vice President
Title

If a policy is stored by a method other than the Flesch Reading
Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)

ARKANSAS INSURANCE DEPARTMENT
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: American Bankers Insurance Company of
Florida 0019-10111

DESCRIPTION: Stated Value Endorsement

FORM NUMBER: AB8073EPC-

EDITION DATE: 0608

This is to certify that the above captioned property and/or
Casualty policy form has achieved a Flesch Reading Ease Test Score of
57.1 , and complies with the requirements of Act 517
of 1981, the Property and Casualty Insurance Policy Simplification
Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies
with Department Rule and Regulation 29.



Signature of Officer of Company

Vice President

Title

If a policy is stored by a method other than the Flesch Reading
Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)

ARKANSAS INSURANCE DEPARTMENT
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: American Bankers Insurance Company of
Florida 0019-10111

DESCRIPTION: Full Cost to Repair Endorsement

FORM NUMBER: AB8072EPC-

EDITION DATE: 0608

This is to certify that the above captioned property and/or
Casualty policy form has achieved a Flesch Reading Ease Test Score of
49.2, and complies with the requirements of Act 517
of 1981, the Property and Casualty Insurance Policy Simplification
Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies
with Department Rule and Regulation 29.



Signature of Officer of Company

Vice President

Title

If a policy is stored by a method other than the Flesch Reading
Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)



ASSURANT

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

July 17, 2008

www.assurant.com

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 AR03118AIF01

FORM FILING (for approval)

(replace) Replacement Cost Coverage Endorsement
AB8077EPC-0608 replaces AB4156EC-1287
(new) Stated Value Endorsement AB8073EPC-0608
(new) Full Cost to Repair Endorsement AB8072EPC-0608

Related Documents

PC Transmittal Form
EFT Filing Fee Check \$50.00
Transmittal Forms

Dear Examiner

Thank you for your letter dated 07/16/08, requesting clarification of the renewal date.

Our requested effective dates 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.

Sincerely,

Ada G. Martinez
Contract Development Analyst
State Filings Department
American Bankers Insurance Company of Florida
Cc: MHO_ARAI_F03