

SERFF Tracking Number: ASPX-125771503 State: Arkansas  
Filing Company: American Reliable Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: ML AR02838ARF01  
TOI: 33.0 Other Lines of Business Sub-TOI: 33.0002 Other Commercial Lines  
Product Name: First Protector  
Project Name/Number: First Protector/ML AR02838ARF01

## Filing at a Glance

Company: American Reliable Insurance Company

Product Name: First Protector SERFF Tr Num: ASPX-125771503 State: Arkansas  
TOI: 33.0 Other Lines of Business SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 33.0002 Other Commercial Lines Co Tr Num: ML AR02838ARF01 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins  
Author: SPI AssurantPC Disposition Date: 08/12/2008  
Date Submitted: 08/12/2008 Disposition Status: Approved  
Effective Date Requested (New): 09/01/2008 Effective Date (New): 09/01/2008  
Effective Date Requested (Renewal): 10/01/2008 Effective Date (Renewal): 10/01/2008

State Filing Description:

## General Information

Project Name: First Protector Status of Filing in Domicile: Authorized  
Project Number: ML AR02838ARF01 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 08/12/2008 Deemer Date:  
State Status Changed: 08/12/2008  
Corresponding Filing Tracking Number:  
Filing Description:  
Company Name: American Reliable Insurance Company  
NAIC#: 0019-19615  
FEIN#: 41-0735002  
Company Filing#: ML AR02838ARF01  
Line of Business: 31.3 Commercial Miscellaneous  
Program Name: First Protector

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Forms (For Approval) Form #

Deductible Reimbursement Endorsement AR9817EKK-0308  
Emergency Cash Coverage Endorsement AR9818EKK-0308  
Extension of Repair Endorsement AR9819EKK-0308  
Exclusion of Loss Due to Virus or Bacteria AR9820EKK-0308

Forms Revised (For Approval) Current Form # Replaced Form #

Manual Declarations AR9266DKK-0308 AR9266DKK-0505  
Mandatory Endorsement AR9111EKK-0308 AR9111EKK-0505

Rate/Rule Filing (For Information)

Manual Page AR-FP-AR (03/08) replaces AR-FP-AR (05/05)

Related Forms:

Transmittal Forms

Dear Commissioner Julie Benafield Bowman:

The above captioned program is approved in your state and our last revision was approved on June 15, 2005.

At this time, we wish to revise our First Protector Program to include new coverage forms and rates as well as amend our currently approved Declarations and Mandatory Endorsement.

1. AR9817EKK-0308, Deductible Reimbursement Endorsement is a new form amending the Policy that provides reimbursement for the deductible on the insured's primary property and/or residence insurance. An insured will receive a payment in the event a loss is paid under their primary property insurance. Deductible Reimbursement Coverage is limited to \$1000 per claim and a maximum of two claims in any twelve-month period.

2. Form AR9818EKK-0308, Emergency Cash Coverage Endorsement (attaches to the Policy) is a new form that provides cash payment in the event the home becomes uninhabitable. The policy stipulates the home must be uninhabitable for at least 48 hours, and the occurrence must be covered under the insured's primary property insurance

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policy. The insured's primary property policy may be a homeowners, dwelling, earthquake, flood, wind, or contents policy. Emergency Cash Coverage is limited to one claim in any twelve-month period.

3. Form AR9819EKK-0308, Extension of Repair Endorsement, is a new form amending the Policy that limits the liability to three monthly payments if the repair has not started within one hundred eighty days of the date of loss.

4. Form AR9820EKK-0308, Exclusion of Loss Due to Virus or Bacteria, is a new form to add an exclusion of loss due to virus or bacteria to Policy Coverage Part A.

5. Form AR9266DKK-0308 (replaces AR9266DKK-0505) revises the Manual Policy Declarations to reference property not covered.

6. Form AR9111EKK-0308 (replaces AR9111EKK-0505) revises the Policy Mandatory Endorsement to amend the Property Not Covered section and the Definitions section.

For information only, we have attached a copy of the revised State Manual Page, AR-FP-AR (03/08), which replaces AR-FP-AR (05/05).

We request an effective date of on or after October 1, 2008.

## Company and Contact

### Filing Contact Information

Monica Donaldson, State Filings Analyst  
260 Interstate N. Circle NW  
Atlanta, GA 33039

(770) 763-1265 [Phone]  
(770) 859-4296[FAX]

### Filing Company Information

American Reliable Insurance Company  
11222 Quail Roost Dr  
Miami, FL 33157  
(305) 253-2244 ext. [Phone]

CoCode: 19615 State of Domicile: Arizona  
Group Code: 19 Company Type:  
Group Name: Assurant, Inc. Group State ID Number:  
FEIN Number: 41-0735002

<i>SERFF Tracking Number:</i>	<i>ASPX-125771503</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Reliable Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ML AR02838ARF01</i>		
<i>TOI:</i>	<i>33.0 Other Lines of Business</i>	<i>Sub-TOI:</i>	<i>33.0002 Other Commercial Lines</i>
<i>Product Name:</i>	<i>First Protector</i>		
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Form Filing Fee.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Reliable Insurance Company	\$50.00	08/12/2008	21897084

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/12/2008	08/12/2008

*SERFF Tracking Number:* ASPX-125771503      *State:* Arkansas  
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## **Disposition**

Disposition Date: 08/12/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal): 10/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Form Filing Abstract	Approved	Yes
Supporting Document	Form Filing Schedule	Approved	Yes
Form	Manual Declarations Page	Approved	Yes
Form	Mandatory Endorsement	Approved	Yes
Form	Deductible Reimbursement Endorsement	Approved	Yes
Form	Emergency Cash Coverage Endorsement	Approved	Yes
Form	Extension of Repair Endorsement	Approved	Yes
Form	Exclusion of Loss Due to Virus or Bacteria	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Manual Declarations Page	AR9266D KK-	0308	Policy/Cove rage Form	Replaced Form #: AR9266D Previous Filing #:	0.00	AR9266D KK-.PDF
Approved	Mandatory Endorsement	AR9111E KK-	0308	Endorseme nt/Amendm ent/Condi tions	Replaced Form #: AR9111E Previous Filing #:	0.00	AR9111E KK-.PDF
Approved	Deductible Reimbursement Endorsement	AR9817E KK-	0308	Endorseme nt/Amendm ent/Condi tions		0.00	AR9817E KK-.PDF
Approved	Emergency Cash Coverage Endorsement	AR9818E KK-	0308	Endorseme nt/Amendm ent/Condi tions		0.00	AR9818E KK-.PDF
Approved	Extension of Repair Endorsement	AR9819E KK-	0308	Endorseme nt/Amendm ent/Condi tions		0.00	AR9819E KK-.PDF
Approved	Exclusion of Loss Due to Virus or Bacteria	AR9820E KK-	0308	Endorseme nt/Amendm ent/Condi tions		0.00	AR9820E KK-.PDF

# AMERICAN RELIABLE INSURANCE COMPANY

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

(Herein called "We", "Us", and "Our")

## FIRST PROTECTOR PROGRAM

THIS IS NOT A HOMEOWNERS OR FIRE POLICY.

### DECLARATIONS

POLICY NUMBER

Insured (also called You or Your) Name and Mailing Address:

Property Address:

Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_  
(Effective Date (12:01 A.M. Standard Time) At [Named Insured's Address])

Monthly Premium Total Monthly Premium \$ \_\_\_\_\_

Annual Premium Total Annual Premium \$ \_\_\_\_\_

### LIMITS OF INSURANCE

#### COVERAGE A

Monthly Benefit Amount: \$ \_\_\_\_\_

Limit of Insurance - Coverage A: \$ \_\_\_\_\_ - \$ \_\_\_\_\_

#### COVERAGE B

Total Unpaid Balance \$ \_\_\_\_\_ (This coverage not available for mobile homes)

#### COVERAGE C

Limit of Insurance - Coverage C: \$ \_\_\_\_\_

[Extension of Repair \$ \_\_\_\_\_]

[Deductible Reimbursement \$ \_\_\_\_\_]

[Emergency Cash Coverage \$ \_\_\_\_\_]

Endorsements:

Countersigned: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

THIS POLICY PROVIDES NO COVERAGE IF YOUR RESIDENCE IS USED FOR COMMERCIAL PURPOSES AT ANY TIME DURING THE POLICY PERIOD.

# AMERICAN RELIABLE INSURANCE COMPANY

[A Stock Insurance Company]

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

## FIRST PROTECTOR PROGRAM MANDATORY ENDORSEMENT ARKANSAS

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

- I. The Section titled COVERED PROPERTY is deleted and replaced by the following:

### COVERED PROPERTY

Covered property means the premises described on the policy that is owned by you.

- II. The Section titled PROPERTY NOT COVERED is deleted and replaced by the following:

This policy provides no coverage if your residence is used for commercial purposes at any time during the Policy Period.

- III. The Section titled COVERAGE PART A – EXCLUSIONS, Exclusion 13. is deleted and replaced by the following:

13. vandalism if the Home is vacant for more than 60 days.

- IV. Under LOSS CONDITIONS, EVALUATION is deleted and replaced by the following:

If you and we fail to agree on the amount of loss, either one can demand that the amount of the loss be set by appraisal. However, an appraisal will take place only if all parties agree, voluntarily, to have the loss appraised. If so agreed, each party will choose a competent appraiser within 20 days after all parties agreed. The two appraisers will choose a competent, impartial umpire. If they cannot agree upon an umpire within 15 days, you or we can ask a judge of court of record in the state where the home is located to select an umpire

The appraisers will then appraise the loss, stating separately, the amount of loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will set the amount of loss. Each appraiser shall be paid by the party selecting the appraiser. Other expenses of the appraisal and compensation of the umpire shall be paid equally by you and us.

The Evaluation Condition is voluntary and non-binding.

- V. Under CONDITIONS, RATE CHANGES is deleted in its entirety.

- VI. Under CANCELLATION, the Item titled By you and By us are deleted and replaced by the following:

By you: This policy may be cancelled by you by surrender thereof to us or any of our authorized agents or by mailing to us written notice stating when thereafter the cancellation shall be effective. You may also phone us, or our authorized agent to cancel this policy. When this policy is cancelled, the premium for the period from the date of cancellation to the expiration date will be refunded. When you request cancellation, the refund will be based on our short rate table.

By us: We may cancel this policy as follows:

1. If the policy has been in effect sixty (60) days or less, we may cancel, for any reason, by mailing to the named insured written notice at least 10 days prior to the date of cancellation takes effect.
2. If the policy has been in effect sixty (60) days or more, we may cancel only for one or more of the following reasons:
  - a) nonpayment of premium;
  - b) fraud or material misrepresentation;
  - c) material change in risk which increases hazard;
  - d) violation of code or law which increases hazard;
  - e) material violation of a material policy provision.

We will mail written notice prior to the date of cancellation at least:

- a) ten (10) days if we cancel reason (a) above; or
- b) twenty (20) days if we cancel for any other reason listed above.

Proof of mailing will be sufficient proof of notice.

- VII. Under TERMINATION, Item 1 and 8 are deleted and replaced by the following:

1. the loan is paid in full, except when refinanced and subject to our approval.

VIII. Under CONDITIONS, SUIT is deleted and replaced by the following:

No action shall be brought unless there has been compliance with the policy provisions. The action must start within five years after the date of loss or damage.

IX. Under DEFINITIONS, Item D. and I. Are deleted and replaced by the following:

D. Home - means  
an owner-occupied dwelling or townhouse not used for commercial purposes; or  
an owner-occupied residential condominium unit not used for commercial purposes; or  
a dwelling, townhouse or residential condominium unit owned by you and rented or held for rental to the same tenant for a lease term of 6 consecutive months or greater; or  
a seasonal/vacation or secondary home that is not your primary residence but is used on an intermittent

basis by you, and if rented, is rented for a lease term of not less than 6 consecutive months to the same tenant. The property must be furnished and utilities must be maintained and functioning.

I. Monthly Mortgage Amount – the benefit amount to be paid monthly, as indicated on the Policy Declarations under Monthly Benefit Amount. This amount may differ from your monthly mortgage payment

X. Under DEFINITIONS, Item M. is added:

M. Commercial Purposes – the use of residential property primarily for income generation by operating a business, selling products or providing services from such residential property; or the use of residential property solely for rental purposes, and not rented or held for rental to the same tenant for a lease term of 6 consecutive months or more.

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

# **AMERICAN RELIABLE INSURANCE COMPANY**

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

## **FIRST PROTECTOR PROGRAM DEDUCTIBLE REIMBURSEMENT ENDORSEMENT**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

In return for an additional premium, LIMITS OF LIABILITY, COVERAGE C, Item A. is deleted and replaced by the following:

A. The maximum deductible we will pay is \$1,000.

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

# AMERICAN RELIABLE INSURANCE COMPANY

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

## FIRST PROTECTOR PROGRAM EMERGENCY CASH COVERAGE ENDORSEMENT

### **THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

In return for an additional premium, your policy is amended as follows:

In the event of an occurrence which:

- A. results in real property damage to the home which renders the home uninhabitable; and
- B. is covered under your primary policy;

We will pay you the amount stated in the Declarations under Emergency Cash Coverage.

We will pay you this entire amount notwithstanding any other recovery under your primary policy. Payment is subject to the policy provisions.

### LIMIT OF INSURANCE

- A. This coverage does not apply if you do not maintain in full force and effect, a primary policy on the home at the time of the occurrence.
- B. No payment will be made until the home is uninhabitable and made vacant for 48 consecutive hours.
- C. This coverage does not apply if the home was vacant for more than 60 consecutive days immediately before the loss.
- D. The benefit under this coverage is limited to payment for 1 occurrence within any 12 consecutive months of the policy period.
- E. The benefit under this coverage is limited to 1 payment per occurrence. If you intentionally or unintentionally enroll and pay premium for more than 1 policy for the home, we will refund the duplicate premium to you.
- F. In no event will our payment under this coverage exceed the Limit of Insurance for Emergency Cash Coverage stated in the Declarations.
- G. This coverage does not apply to non-owner occupied homes or rental homes.

### PROOF OF LOSS

For claims to be paid under this coverage, you must provide our authorized agent or us with information regarding the occurrence that resulted in the home becoming uninhabitable. This includes: clear copies of your primary policy declarations page, the claim form sent to your primary carrier claiming benefits, and the basis under which the home has been determined to be uninhabitable. You must also provide the telephone number of your primary carrier's claims office, the name of the adjuster, and the claim number assigned.

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

# **AMERICAN RELIABLE INSURANCE COMPANY**

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

## **FIRST PROTECTOR PROGRAM EXTENSION OF REPAIR ENDORSEMENT**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

In return for an additional premium, LIMITS OF LIABILITY, COVERAGE PART A, Item E. is deleted and replaced by the following:

- E. Liability is limited to three (3) Monthly Payments if repair, reconstruction or restoration for the home is not started within one hundred eighty (180) days of the date of loss.

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

# **AMERICAN RELIABLE INSURANCE COMPANY**

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

## **FIRST PROTECTOR PROGRAM EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

The Section titled COVERAGE PART A – EXCLUSIONS, Exclusion 19. is added as follows:

19. loss or damage caused by or resulting from any virus, bacterium or other micro-organism that induces or is capable of inducing physical distress, illness or disease.

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

*SERFF Tracking Number:* ASPX-125771503      *State:* Arkansas  
*Filing Company:* American Reliable Insurance Company      *State Tracking Number:* EFT \$50  
*Company Tracking Number:* ML AR02838ARF01  
*TOI:* 33.0 Other Lines of Business      *Sub-TOI:* 33.0002 Other Commercial Lines  
*Product Name:* First Protector  
*Project Name/Number:* First Protector/ML AR02838ARF01

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: ASPX-125771503 State: Arkansas  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 08/12/2008

**Comments:**

**Attachments:**

Form Filing Schedule.PDF

NAIC Transmittal .PDF

**Satisfied -Name:** Form Filing Abstract **Review Status:** Approved 08/12/2008

**Comments:**

**Attachment:**

Form Filing Abstract.PDF

**Satisfied -Name:** Form Filing Schedule **Review Status:** Approved 08/12/2008

**Comments:**

**Attachment:**

Form Filing Schedule.PDF

## FORM FILING SCHEDULE

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

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	ML AR02838ARF01
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	ML AR02838ARR01
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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	Manual Declarations Page	AR9266DKK- 0308	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AR9266DKK-	
02	Mandatory Endorsement	AR9111EKK- 0308	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AR9111EKK-	
03	Deductible Reimbursement Endorsement	AR9817EKK- 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Emergency Cash Coverage Endorsement	AR9818EKK- 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Extension of Repair Endorsement	AR9819EKK- 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Exclusion of Loss Due to Virus or Bacteria	AR9820EKK- 0308	<input checked="" 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

<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: 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					

<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>			
	Assurant, Inc. Group	0019			
<b>4.</b>	<b>Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
	American Reliable Insurance Company	AZ	19615	41-0735002	

<b>5. Company Tracking Number</b>	ML AR02838ARF01
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Monica Donaldson 260 Interstate N Cir SE Atlanta, GA 30339	Contract Compliance Analyst	800-852-2244 Est. 11265	770-859-4296	Monica.donaldson@assurant.com
<b>7.</b>	Signature of authorized filer				
					
<b>8.</b>	Please print name of authorized filer		Monica Donaldson		

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	33.0 Other Lines of Business
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	33.0002 Other Commercial Lines
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>	First Protector
<b>13.</b>	<b>Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: 10/01/2008      Renewal: 10/01/2008
<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	
<b>18.</b>	<b>Company's Date of Filing</b>	08/12/2008
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document

20.	<b>This filing transmittal is part of Company Tracking #</b>	ML AR02838ARF01
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21.	<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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22.	<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]
	<b>Check #:</b> EFT <b>Amount:</b>
	<b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

ARKANSAS INSURANCE DEPARTMENT

FORM FILING ABSTRACT

**ALL QUESTIONS MUST BE ANSWERED**

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

1. Date Filed August 12, 2008

2. Company Name(s) American Reliable Insurance Company

Group Name Assurant, Inc. Group NAIC No. 19615 Group No. 0019

3. (a) Annual Statement Line of Business Number (Page 14) 31.3

(b) Class of Business Commercial Miscellaneous

© Coverages Affected N/A

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 \_\_\_\_\_

© Filing Designation Number or Description \_\_\_\_\_

**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**  
Monica Donaldson  
**Title**  
770-763-1265  
**Telephone Number**

**Page 2 of 2**

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
AR9266DKK-0505	Oct 1, 2008	AR9266DKK- 0308	Manual Declarations Page
AR9111EKK-0505	Oct 1, 2008	AR9111EKK- 0308	Mandatory Endorsement
	Oct 1, 2008	AR9817EKK- 0308	Deductible Reimbursement Endorsement
	Oct 1, 2008	AR9818EKK- 0308	Emergency Cash Coverage Endorsement
	Oct 1, 2008	AR9819EKK- 0308	Extension of Repair Endorsement
	Oct 1, 2008	AR9820EKK- 0308	Exclusion of Loss Due to Virus or Bacteria

## FORM FILING SCHEDULE

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

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	ML AR02838ARF01
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	ML AR02838ARR01
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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	Manual Declarations Page	AR9266DKK- 0308	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AR9266DKK-	
02	Mandatory Endorsement	AR9111EKK- 0308	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AR9111EKK-	
03	Deductible Reimbursement Endorsement	AR9817EKK- 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Emergency Cash Coverage Endorsement	AR9818EKK- 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Extension of Repair Endorsement	AR9819EKK- 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Exclusion of Loss Due to Virus or Bacteria	AR9820EKK- 0308	<input checked="" 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		