

SERFF Tracking Number: AMMH-125706230 State: Arkansas
Filing Company: American Family Home Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 20080623-02
TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners
Product Name: AD& D Coverage- Forms
Project Name/Number: AD& D Coverage- Forms/20080623-02

Filing at a Glance

Company: American Family Home Insurance Company

Product Name: AD& D Coverage- Forms

SERFF Tr Num: AMMH-125706230 State: Arkansas

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 04.0004 Tenant Homeowners

Co Tr Num: 20080623-02

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Becky Harrington, Betty Montesi

Author: Mellisa Anderson

Disposition Date: 09/12/2008

Date Submitted: 06/23/2008

Disposition Status: Approved

Effective Date Requested (New): 08/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 08/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: AD& D Coverage- Forms

Status of Filing in Domicile:

Project Number: 20080623-02

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/12/2008

State Status Changed: 06/23/2008

Deemer Date:

Corresponding Filing Tracking Number: 20080416-02

Filing Description:

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

We are requesting to add Accidental Death and Dismemberment Coverage to the already approved HO-4 Affinity Group Renters Product. I have attached Form SCD00 06/08 for your approval.

Company and Contact

SERFF Tracking Number: AMMH-125706230 State: Arkansas
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Filing Contact Information

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

Filing Company Information

American Family Home Insurance Company CoCode: 23450 State of Domicile: Florida
 7000 Midland Blvd. Group Code: 127 Company Type:
 Amelia, OH 45102 Group Name: State ID Number:
 (800) 759-9008 ext. [Phone] FEIN Number: 31-0711074

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: This is the fee for a form filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Family Home Insurance Company	\$50.00	06/23/2008	21039303

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	09/12/2008	09/12/2008

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	06/23/2008	06/23/2008	Mellisa Anderson	09/11/2008	09/11/2008

SERFF Tracking Number: *AMMH-125706230* *State:* *Arkansas*
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Project Name/Number: *AD& D Coverage- Forms/20080623-02*

Disposition

Disposition Date: 09/12/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMH-125706230 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Proposed Form Filing and Form		Yes
Form	Accidental Death and Dismemberment Coverage - AR	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/23/2008
Submitted Date 06/23/2008
Respond By Date

Dear Mellisa Anderson,

This will acknowledge receipt of the captioned filing.

Objection 1

- Proposed Form Filing and Form (Supporting Document)

Comment: The definition of Accident Injury may be defined to employ "result" language and shall not include words which establish an accidental means test or use words such as "external, violent, visible wounds" or similar words of description of characterization.

The definition shall not be more restrictive than the following: Injury or injuries, for which benefits are provided, means accidental bodily injury sustained by the insured person which is the direct cause, independent of disease of bodily infirmity or any other cause and occurs while the insurance is in force.

Objection 2

No Objections

Comment: Please attach a copy of the form under the form schedule tab.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/11/2008
Submitted Date 09/11/2008

Dear Becky Harrington,

SERFF Tracking Number: AMMH-125706230 State: Arkansas
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Comments:

Response 1

Comments: Please see a revised form under the Form schedule tab.

Thank you
 Mellisa

Related Objection 1

Applies To:

- Proposed Form Filing and Form (Supporting Document)

Comment:

The definition of Accident Injury may be defined to employ "result" language and shall not include words which establish an accidental means test or use words such as "external, violent, visible wounds" or similar words of description of characterization.

The definition shall not be more restrictive than the following: Injury or injuries, for which benefits are provided, means accidental bodily injury sustained by the insured person which is the direct cause, independent of disease of bodily infirmity or any other cause and occurs while the insurance is in force.

Related Objection 2

Comment:

Please attach a copy of the form under the form schedule tab.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Accidental Death and Dismemberment Coverage - AR	SCD03	09/08	Endorsement/Amendment/Conditions	New			SCD03-200809.pdf

SERFF Tracking Number: *AMMH-125706230* *State:* *Arkansas*
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No Rate/Rule Schedule items changed.

Sincerely,
Mellisa Anderson

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Accidental Death and Dismemberment Coverage - AR	SCD03	09/08	Endorsement/Amendment/Conditions			SCD03-200809.pdf

ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE - ARKANSAS

In return for payment of premium and subject to the terms of this endorsement and your policy, we agree with you as follows:

DEFINITIONS

A. "Insured" means:

1. You;
2. Your spouse, if a resident of the same household; and
3. Any unmarried child under 25 years of age if a resident of the same household.

B. "Loss"

Loss to a foot means complete severance through or above ankle joint.

Loss to a hand means loss from one hand of at least four entire fingers.

Loss of sight means the irrecoverable loss of the entire sight.

Under this part, benefits will not be paid for more than one of the Losses (the greatest sustained) as the result of one occurrence.

C. "Rating Base" is equal to the limit shown on your policy's Declarations page.

INSURING AGREEMENT

We will provide accidental death and dismemberment coverage to each "insured" provided that the accident occurred during the policy period and that the policy was in force at that time.

EXCLUSIONS

No accidental death benefit will be payable if the "insured's" death results directly or indirectly from any of these causes.

1. Suicide, while the "insured" is sane or insane.
2. War, declared or undeclared, or any act of war.
3. Natural Causes - Bodily or mental illness, disease or infirmity of any kind or medical or surgical treatment for any of these.
4. Drug - The taking or injection, accidentally or otherwise, of any drug or narcotic.
5. Felony - Injury received while committing a felony.

LIMIT OF LIABILITY

The benefit arising out of one occurrence is equal to the limit of personal property coverage that you have purchased and the amount shown on the declarations page. This benefit is referred to as "The Principal Sum". The maximum total benefit for all "insureds" arising out of one occurrence shall be twice the "coverage limit." In this Section, if the "rating base" is not expressed in an even \$1,000 amount, it shall be raised to the next full \$1,000.

When an "insured" is injured and any of the following losses occur within 180 days after the accident, we will pay the following:

- * Loss of life The Principal Sum
- * Loss of both hands or both feet The Principal Sum
- * Loss of one hand and one foot The Principal Sum

- * Loss of the entire sight of one eye and one hand or one foot The Principal Sum
- * Loss of one hand or foot One-half the Principal Sum
- * Loss of the entire sight of one eye One-half the Principal Sum

CONDITIONS

A. Proof of Accidental Death

To pay any benefit under this Section, we require that due proof of the accidental death be given to us at our Home Office. This proof must show that the "insured's" death occurred;

1. As a direct result of accidental Bodily Injury independent of all other causes; and
2. Within 180 days after the injury was received; and
3. On or after the "insured's" first birthday.

Except for drowning or internal injuries shown by autopsy, the injury or injuries, for which benefits are provided, means accidental bodily injury sustained by the insured person must be the direct cause of death, independent of disease of bodily infirmity or any other cause and must have occurred while the policy is in force. Unless prohibited by law, we have the right to examine the body and have an autopsy done at any time.

B. Dismemberment

As to dismemberment we may, at our expense, examine an "insured" when and as often as we may reasonably require during the pendency of a claim.

CONTESTABILITY

We can contest the validity of this coverage for any material misrepresentation of fact made in the application for your policy. However, we must bring any legal action to contest within three years from the date of issue.

PAYMENT OF CLAIMS

The Accidental Death Benefit will be paid according to your beneficiary designation. If you have not made such designation, the benefit will be paid to your spouse, if living, otherwise to your estate. For loss of life of your child, the accidental death benefit will be paid to you, if you survive. Otherwise it will be paid to your spouse, if living, otherwise to your estate. All other benefits will be paid to you. Any payments made by us in good faith shall fully discharge our obligation to the extent of such payment.

CHANGE OF BENEFICIARY

You have the right to change beneficiaries. Each change will not affect any payment we made or other action we took before receiving notice of the change at our Home Office.

ALL OTHER TERMS AND CONDITIONS OF YOUR POLICY APPLY.

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Product Name: AD& D Coverage- Forms
Project Name/Number: AD& D Coverage- Forms/20080623-02

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 09/12/2008

Comments:

Attachments:

F777AR_021307[1]_Form.pdf
F778AR_021307[1]_FORMS.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 09/12/2008

Comments:

Attachment:

Filing letter- Form.pdf

Satisfied -Name: Proposed Form Filing and Form **Review Status:** 06/23/2008

Comments:

Attachments:

Proposed FORMS page only.pdf
SCD00 0608 final.pdf

Property & Casualty Transmittal Document

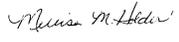
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3. Group Name	Group NAIC #
American Modern Insurance Group	127

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

5. Company Tracking Number	20080623-02
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Mellisa Holder PO Box 5323 Cincinnati, OH 45106	Filing Analyst	800-759-9008 x 5835	513-947-4929	mholder@amig.com
	7. Signature of authorized filer				
	8. Please print name of authorized filer		Mellisa M Holder		

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

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

17. Reference Organization # & Title	n/a
18. Company's Date of Filing	06/23/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	20080623-02
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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On behalf of American Family Home Insurance Company and in accordance with the filing requirements of your state, we are submitting for your approval a revision to our Affinity Group Renters Program. We are requesting to add Accidental Death and Dismemberment Coverage to the already approved HO-4 Affinity Group Renters Product. I have attached Form SCD00 06/08 for your approval.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount: 50.00

I will be using EFT through SERFF

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

Effective March 1, 2007

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

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 #	20080623-02			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	20080416-02			
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	Accidental Death and Dismemberment Coverage	SCD00 (06/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		



**AMERICAN FAMILY HOME
INSURANCE COMPANY**

June 23, 2008

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

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

Dear Commissioner:

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

We are requesting to add Accidental Death and Dismemberment Coverage to the already approved HO-4 Affinity Group Renters Product. I have attached Form SCD00 06/08 for your approval.

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

We are requesting an effective date for all policies new or renewed on or after 07/16/2008 for new business. If you have any questions, please contact me at the number listed below or by email at mholder@amig.com

Cordially,

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

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

FORMS

<u>Form Number</u>	<u>Description</u>
H4000 (08/07)	Homeowners - 4 Contents Broad Form
H4A03 (08/07)	Special Provisions – Arkansas
H4H00 (08/07)	<u>NO</u> SECTION II – LIABILITY COVERAGES FOR HOME DAY CARE BUSINESS <u>LIMITED</u> SECTION I – PROPERTY COVERAGES FOR HOME DAY CARE BUSINESS
H4B00 (08/07)	Forcible Entry Theft Endorsement
SCR32 (06/07)	Personal Property Replacement Cost
SCD00 (06/08)	Accidental Death and Dismemberment

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

ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE

In return for payment of premium and subject to the terms of this endorsement and your policy, we agree with you as follows:

DEFINITIONS

A. "Insured" means:

1. You;
2. Your spouse, if a resident of the same household; and
3. Any unmarried child under 25 years of age if a resident of the same household.

B. "Loss"

Loss to a foot means complete severance through or above ankle joint.

Loss to a hand means loss from one hand of at least four entire fingers.

Loss of sight means the irrecoverable loss of the entire sight.

Under this part, benefits will not be paid for more than one of the Losses (the greatest sustained) as the result of one occurrence.

C. "Rating Base" is equal to the limit shown on your policy's Declarations page.

INSURING AGREEMENT

We will provide accidental death and dismemberment coverage to each "insured" provided that the accident occurred during the policy period and that the policy was in force at that time.

EXCLUSIONS

No accidental death benefit will be payable if the "insured's" death results directly or indirectly from any of these causes.

1. Suicide, while the "insured" is sane or insane.
2. War, declared or undeclared, or any act of war.
3. Natural Causes - Bodily or mental illness, disease or infirmity of any kind or medical or surgical treatment for any of these.
4. Drug - The taking or injection, accidentally or otherwise, of any drug or narcotic.
5. Felony - Injury received while committing a felony.

LIMIT OF LIABILITY

The benefit arising out of one occurrence is equal to the limit of personal property coverage that you have purchased and the amount shown on the declarations page. This benefit is referred to as "The Principal Sum". The maximum total benefit for all "insureds" arising out of one occurrence shall be twice the "coverage limit." In this Section, if the "rating base" is not expressed in an even \$1,000 amount, it shall be raised to the next full \$1,000.

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- * Loss of life The Principal Sum
- * Loss of both hands or both feet The Principal Sum
- * Loss of one hand and one foot The Principal Sum

- * Loss of the entire sight of one eye and one hand or one foot The Principal Sum
- * Loss of one hand or foot One-half the Principal Sum
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CONDITIONS

A. Proof of Accidental Death

To pay any benefit under this Section, we require that due proof of the accidental death be given to us at our Home Office. This proof must show that the "insured's" death occurred;

1. As a direct result of accidental Bodily Injury independent of all other causes; and
2. Within 180 days after the injury was received; and
3. On or after the "insured's" first birthday.

Except for drowning or internal injuries shown by autopsy, the injury causing death must be shown by a visible wound on the exterior of the body. Unless prohibited by law, we have the right to examine the body and have an autopsy done at any time.

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As to dismemberment we may, at our expense, examine an "insured" when and as often as we may reasonably require during the pendency of a claim.

CONTESTABILITY

We can contest the validity of this coverage for any material misrepresentation of fact made in the application for your policy. However, we must bring any legal action to contest within three years from the date of issue.

PAYMENT OF CLAIMS

The Accidental Death Benefit will be paid according to your beneficiary designation. If you have not made such designation, the benefit will be paid to your spouse, if living, otherwise to your estate. For loss of life of your child, the accidental death benefit will be paid to you, if you survive. Otherwise it will be paid to your spouse, if living, otherwise to your estate. All other benefits will be paid to you. Any payments made by us in good faith shall fully discharge our obligation to the extent of such payment.

CHANGE OF BENEFICIARY

You have the right to change beneficiaries. Each change will not affect any payment we made or other action we took before receiving notice of the change at our Home Office.

ALL OTHER TERMS AND CONDITIONS OF YOUR POLICY APPLY.