

SERFF Tracking Number: AOIC-125676699 State: Arkansas
 Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: HOM-AR-01-06/09/2008-01
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: Arkansas Independent Homeowners Program
 Project Name/Number: Introduction of Group Program/HOM-AR-01-06/09/2008-01

Filing at a Glance

Company: Auto-Owners Insurance Company

Product Name: Arkansas Independent

Homeowners Program

TOI: 04.0 Homeowners

Sub-TOI: 04.0000 Homeowners Sub-TOI

Combinations

Filing Type: Rate/Rule

SERFF Tr Num: AOIC-125676699 State: Arkansas

SERFF Status: Closed

Co Tr Num: HOM-AR-01-

06/09/2008-01

Co Status:

Authors: Dan Keefe, Cindy LeClear, Disposition Date: 09/17/2008

Amy Anton

Date Submitted: 06/10/2008

State Tr Num: EFT \$100

State Status: Fees verified and received

Reviewer(s): Becky Harrington, Betty Montesi

Disposition Status: Filed

Effective Date Requested (New): 07/13/2008

Effective Date Requested (Renewal): 08/18/2008

Effective Date (New):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Introduction of Group Program

Project Number: HOM-AR-01-06/09/2008-01

Reference Organization:

Reference Title:

Filing Status Changed: 09/17/2008

State Status Changed: 06/11/2008

Corresponding Filing Tracking Number:

Filing Description:

We are introducing a Group program for Homeowners policies. A factor may apply to members of an approved business entity, trade or professional organization formed for purposes other than procuring insurance. This discount is based upon companywide loss ratios:

Homeowners policies with group discount of 72.8%

Homeowners policies without group discount of 80.0%.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: AOIC-125676699 State: Arkansas
 Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: HOM-AR-01-06/09/2008-01
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: Arkansas Independent Homeowners Program
 Project Name/Number: Introduction of Group Program/HOM-AR-01-06/09/2008-01

The effective dates for this revision are July 13, 2008 for new business and August 18, 2008 for renewal business.

Company and Contact

Filing Contact Information

Cyndi Reed, Manager reed.cyndi@aoins.com
 P.O. Box 30660 (517) 323-8818 [Phone]
 Lansing, MI 48909-8160 (517) 323-8796[FAX]

Filing Company Information

Auto-Owners Insurance Company CoCode: 18988 State of Domicile: Michigan
 P.O. Box 30660 Group Code: 280 Company Type: PC
 Lansing, MI 48909-8160 Group Name: Auto-Owners Ins State ID Number:
 Group
 (800) 346-0346 ext. [Phone] FEIN Number: 38-0315280

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$100.00	06/10/2008	20760501

SERFF Tracking Number: AOIC-125676699 State: Arkansas
 Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: HOM-AR-01-06/09/2008-01
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: Arkansas Independent Homeowners Program
 Project Name/Number: Introduction of Group Program/HOM-AR-01-06/09/2008-01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	09/17/2008	09/17/2008

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	08/15/2008	08/15/2008	Amy Anton	08/29/2008	09/16/2008
Pending Industry Response	Becky Harrington	06/20/2008	06/20/2008	Amy Anton	08/04/2008	08/13/2008
Pending Industry Response	Becky Harrington	06/11/2008	06/11/2008	Amy Anton	06/18/2008	06/18/2008

SERFF Tracking Number: AOIC-125676699 *State:* Arkansas
Filing Company: Auto-Owners Insurance Company *State Tracking Number:* EFT \$100
Company Tracking Number: HOM-AR-01-06/09/2008-01
TOI: 04.0 Homeowners *Sub-TOI:* 04.0000 Homeowners Sub-TOI Combinations
Product Name: Arkansas Independent Homeowners Program
Project Name/Number: Introduction of Group Program/HOM-AR-01-06/09/2008-01

Disposition

Disposition Date: 09/17/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AOIC-125676699 State: Arkansas
 Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: HOM-AR-01-06/09/2008-01
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: Arkansas Independent Homeowners Program
 Project Name/Number: Introduction of Group Program/HOM-AR-01-06/09/2008-01

Item Type	Item Name	Item Status	Public Access
Supporting Document	HPCS-Homeowners Premium Comparison Survey	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	Group Application/Profile	Filed	Yes
Rate (revised)	Homeowners Group Rating	Withdrawn	Yes
Rate	Homeowners Group Rating		Yes
Rate	Rating Procedure	Filed	Yes
Rate (revised)	Homeowners Risk Unit Definitions	Withdrawn	Yes
Rate	Homeowners Risk Unit Definitions		Yes
Rate	Homeowners Group Rating	Filed	Yes
Rate	Homeowners Risk Unit Definitions	Filed	Yes

SERFF Tracking Number: AOIC-125676699 State: Arkansas
Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: HOM-AR-01-06/09/2008-01
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Arkansas Independent Homeowners Program
Project Name/Number: Introduction of Group Program/HOM-AR-01-06/09/2008-01

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/15/2008
Submitted Date 08/15/2008
Respond By Date
Dear Cyndi Reed,

This will acknowledge receipt of your response received 8/14/2008.

Objection 1

- Homeowners Group Rating (Rate)

Comment: The information on this page is identical to AOUQZ241.

Objection 2

- Homeowners Group Rating (Rate)

Comment: The "Other" category is too vague even combined with the Rating Group eligibility rule of the revised page AOUSZ115. We still need to know what specific qualification will be considered for eligibility and what standards are used to judge qualification. As the rules are now, one could be an outlaw gang and possible receive a credit.

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

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/29/2008
Submitted Date 09/16/2008

Dear Becky Harrington,

Comments:

SERFF Tracking Number: AOIC-125676699 State: Arkansas
Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: HOM-AR-01-06/09/2008-01
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Arkansas Independent Homeowners Program
Project Name/Number: Introduction of Group Program/HOM-AR-01-06/09/2008-01

Response 1

Comments: Per our phone conversation on 9/5/08, we submit the following response to the Independent Homeowners Program for Auto-Owners Insurance Company of Lansing, Michigan.

Please see the attached changes to the Rate/Rule Schedule and Supporting Documents items.

- Item AOUQZ246 provides updated definitions of risk units and the amount of their respective discounts.
- The Group Application/Profile is used to try to identify groups that show favorable loss experience, such as mature business, higher-value homes, and newly-constructed homes.

We hope the above information will help conclude your review of the above mentioned filing. If you have any questions regarding this filing, please contact Amy Anton at (517) 703-5212.

Related Objection 1

Applies To:

- Homeowners Group Rating (Rate)

Comment:

The information on this page is identical to AOUQZ241.

Related Objection 2

Applies To:

- Homeowners Group Rating (Rate)

Comment:

The "Other" category is too vague even combined with the Rating Group eligibility rule of the revised page AOUSZ115. We still need to know what specific qualification will be considered for eligibility and what standards are used to judge qualification. As the rules are now, one could be an outlaw gang and possible receive a credit.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Group Application/Profile

Comment: We request that this document be filed as confidential.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
Homeowners Risk Unit Definitions	AOUQZ242	Withdrawn	

SERFF Tracking Number: AOIC-125676699 State: Arkansas
Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: HOM-AR-01-06/09/2008-01
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Arkansas Independent Homeowners Program
Project Name/Number: Introduction of Group Program/HOM-AR-01-06/09/2008-01

Previous Version

Homeowners Risk Unit	AOUQZ242	New
Definitions		
Homeowners Risk Unit	AOUQZ246	New
Definitions		

SERFF Tracking Number: AOIC-125676699 *State:* Arkansas
Filing Company: Auto-Owners Insurance Company *State Tracking Number:* EFT \$100
Company Tracking Number: HOM-AR-01-06/09/2008-01
TOI: 04.0 Homeowners *Sub-TOI:* 04.0000 Homeowners Sub-TOI Combinations
Product Name: Arkansas Independent Homeowners Program
Project Name/Number: Introduction of Group Program/HOM-AR-01-06/09/2008-01

Sincerely,
Amy Anton, Cindy LeClear, Dan Keefe

SERFF Tracking Number: AOIC-125676699 State: Arkansas
Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: HOM-AR-01-06/09/2008-01
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Arkansas Independent Homeowners Program
Project Name/Number: Introduction of Group Program/HOM-AR-01-06/09/2008-01

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/20/2008
Submitted Date 06/20/2008
Respond By Date
Dear Cyndi Reed,

This will acknowledge receipt of the captioned filing.

Objection 1

- Homeowners Group Rating (Rate)

Comment: The information submitted in this filing is insufficient to determine compliance under 23-67-210(a). The rule must be amended to include specific modification amounts and criteria.

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

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/04/2008
Submitted Date 08/13/2008

Dear Becky Harrington,

Comments:

Response 1

Comments: In response to your letter dated June 20, 2008, we submit the following response to the Independent Homeowners Program for Auto-Owners Insurance Company of Lansing, Michigan.

Please see the attached changes to the Rate/Rule Schedule Items in accordance with 23-67-210(a).

- Item AOUSZ242 provides definitions of risk units and the amounts of their respective discounts.

SERFF Tracking Number: AOIC-125676699 State: Arkansas
Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: HOM-AR-01-06/09/2008-01
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Arkansas Independent Homeowners Program
Project Name/Number: Introduction of Group Program/HOM-AR-01-06/09/2008-01

- Item AOUSZ243 provides the standards that will be used to evaluate risk units.

We have revised the Effective Date Requested (New) to be 09/15/2008 and the Effective Date Requested (Renewal) to be 10/21/2008.

We hope the above information will help conclude your review of the above mentioned filing. If you have any questions regarding this filing, please contact Amy Anton at (517) 703-5212.

Related Objection 1

Applies To:

- Homeowners Group Rating (Rate)

Comment:

The information submitted in this filing is insufficient to determine compliance under 23-67-210(a). The rule must be amended to include specific modification amounts and criteria.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
Homeowners Group Rating	AOUQZ241	Withdrawn	N/A
Previous Version			
Homeowners Group Rating	AOUQZ241	New	
Homeowners Risk Unit	AOUQZ242	New	
Definitions			
Homeowners Group Rating	AOUQZ243	New	

Sincerely,

Amy Anton, Cindy LeClear, Dan Keefe

SERFF Tracking Number: AOIC-125676699 State: Arkansas
Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: HOM-AR-01-06/09/2008-01
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Arkansas Independent Homeowners Program
Project Name/Number: Introduction of Group Program/HOM-AR-01-06/09/2008-01

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/11/2008

Submitted Date 06/11/2008

Respond By Date

Dear Cyndi Reed,

This will acknowledge receipt of the captioned filing.

Objection 1

- Homeowners Group Rating (Rate)

Comment: The group rating rule is too vague and subjective. Provide additional information regarding: (1) the types of groups involved; (2) the experience, commission and other applicable modification; the survey to determine rating information.

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

Response Letter

Response Letter Status Submitted to State

Response Letter Date 06/18/2008

Submitted Date 06/18/2008

Dear Becky Harrington,

Comments:

Response 1

Comments: This letter is in response to your letter dated June 11, 2008 concerning Independent Homeowners Program for Auto-Owners Insurance Company of Lansing, Michigan. We will respond to your objections in the order in which they were presented.

SERFF Tracking Number: AOIC-125676699 State: Arkansas
Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: HOM-AR-01-06/09/2008-01
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Arkansas Independent Homeowners Program
Project Name/Number: Introduction of Group Program/HOM-AR-01-06/09/2008-01

1. The types of groups involved in our Group program are organizations that are evaluated and approved based on size, merit, and function. Examples of groups include Mature/Retirees, Service Clubs, and Professional Associations.
2. Commission deviations on the majority of our groups vary between 2% and 3%. The survey to determine rating information is not a formal survey; it is an application that collects a profile of the potential group which includes a description of the organization, date of inception, geographical spread, and number of members. It also collects demographic information, including age distribution and work classification.

Please see the following table for companywide experience.

Group - 3 Year Loss Ratio

Mature/Retirees: 68.8

Service Clubs: 61.9

Professional Associations: 49.9

We hope the above information will help conclude your review of the above mentioned filing. If you have any questions regarding this filing, please contact Amy Anton at (517) 703-8993.

Related Objection 1

Applies To:

- Homeowners Group Rating (Rate)

Comment:

The group rating rule is too vague and subjective. Provide additional information regarding: (1) the types of groups involved; (2) the experience, commission and other applicable modification; the survey to determine rating information.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Amy Anton, Cindy LeClear, Dan Keefe

SERFF Tracking Number: AOIC-125676699 *State:* Arkansas
Filing Company: Auto-Owners Insurance Company *State Tracking Number:* EFT \$100
Company Tracking Number: HOM-AR-01-06/09/2008-01
TOI: 04.0 Homeowners *Sub-TOI:* 04.0000 Homeowners Sub-TOI Combinations
Product Name: Arkansas Independent Homeowners Program
Project Name/Number: Introduction of Group Program/HOM-AR-01-06/09/2008-01

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AOIC-125676699 State: Arkansas
 Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: HOM-AR-01-06/09/2008-01
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: Arkansas Independent Homeowners Program
 Project Name/Number: Introduction of Group Program/HOM-AR-01-06/09/2008-01

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Filing Attachments
Withdrawn	Homeowners Group Rating	AOUQZ241	Withdrawn	N/A	
Filed	Rating Procedure	AOAQZ038	Replacement	AOAQZ036	AOAQZ038.pdf
Withdrawn	Homeowners Risk Unit Definitions	AOUQZ242	Withdrawn		AOUQZ242.pdf
Filed	Homeowners Group Rating	AOUQZ243	New		AOUQZ243.pdf
Filed	Homeowners Risk Unit Definitions	AOUQZ246	New		AOUQZ246.pdf

Auto-Owners**HOMEOWNERS
ARKANSAS****RATING PROCEDURE**

- I. Determine the base premium by following these steps:
 - A. Utilizing the Protection Class Selection and Construction Definitions, determine the Protection Class relativity.
 - B. Multiply the result of step A by the Number of Family relativity and round to three decimals (Forms 4 and 6 only).
 - C. Utilizing the Territory Descriptions, determine the Territory relativity.
 - D. Multiply the result of step C by the result of step B and round to three decimals.
 - E. Multiply the result of step D by the Base Rate and round to two decimals.
 - F. Multiply the result of step E by the Amount of Insurance relativity and round to the nearest dollar to determine the base premium. If the correct amount of coverage is not shown, interpolation is necessary. Determine the coverage amounts and relativities immediately preceding and following the desired amount. Follow steps 1 through 11 below.
 1. Record the low Amount of Insurance relativity.
 2. Record the high Amount of Insurance relativity.
 3. Subtract the low coverage amount from the desired coverage.
 4. Subtract the low coverage amount from the high coverage amount.
 5. Divide step 3 by step 4.
 6. Subtract step 1 from step 2.
 7. Multiply step 5 by step 6.
 8. Add step 7 to the Amount of Insurance relativity.
 9. Round step 8 to the nearest thousandth to obtain the desired Amount of Insurance relativity.
 10. Multiply the result of step E by step 9 and round to the nearest dollar to determine the base premium.
 11. If the coverage amount is greater than what is printed in the charts, use the each additional \$10,000 relativity, interpolating when necessary.
- II. Multiply the Premium Adjustment discount and surcharge factors (except for the Group Discount, Paid Loss, Home/Life Multi-Policy, Home/Auto Multi-Policy, Home/Umbrella Multi-Policy, Insurance Score, Mature and Paid in Full factors), cent rounding after each step.
- III. Multiply by the Additional Coverage factors, cent rounding after each step.
- IV. Add flat dollar and rate per increment Premium Adjustments.
- V. Add flat dollar and rate per increment charges for Additional Coverages.
- VI. Multiply by the Group Discount factor.
- VII. Multiply by the Paid Loss Surcharge factor.
- VIII. Multiply by the Home/Auto Multi-Policy factor.
- IX. Multiply by the Home/Life Multi-Policy factor.
- X. Multiply by the Home/Umbrella Multi-Policy factor.
- XI. Multiply by the Insurance Score factor.
- XII. Multiply by the Mature factor and cent round.
- XIII. Compare the result of step XII to step I and apply the location minimum.
- XIV. Multiply by the Paid in Full factor and cent round.

XV. Add Personal Inland Marine premiums for Personal Articles, Boats and Recreational Vehicles.

PERSONAL INLAND MARINE ATTACHED TO MOBILE HOMEOWNERS POLICIES

Personal Inland Marine (PIM) premiums are not calculated in the same manner as Homeowners policies. Group, Multi-Policy, Insurance Score, Mature Homeowners and Paid in Full Discounts also apply to Personal Articles, Boats and Recreational Vehicles attached to a Homeowners policy. These are rated as follows:

1. Determine the rate, or tiered rates, for each item from the PIM manual. Unless otherwise noted, round to the nearest cent in calculations.

For Boat-Motor-Trailer Physical Damage/Uninsured Watercraft/RVs: Develop the premium for each item from the applicable manual. Refer to the rating sequence in the boat manual. Unless otherwise noted, round to the nearest dollar. (NOTE: Boat liability premiums are located in the Homeowners manual and are calculated according to the rating procedures for Homeowners policies. They are not considered in these rating procedures.)

2. SEMI-ANNUAL POLICY (For jewelry semi-annual, see item C.)
Multiply the annual rate by 0.50 and truncate.

Boat-Motor-Trailer Physical Damage/Uninsured Watercraft/RVs: Multiply the premium by 0.50.

3. DEDUCTIBLE
All items (excluding Jewelry/Boats/RVs): Multiply the rate, or the tiered rates, in the previous step by the appropriate number of 100's to get the premium. For each item, multiply the premium by the deductible discount and subtract from the premium of the item.

Jewelry: Apply the deductible discount, round, and subtract from the rate in step A. For a semi-annual policy, multiply the prior rate by 0.50 and truncate. Multiply the prior rate by the number of 100's to get the premium. For outside vault items greater than \$15,000:

- a. Multiply the prior rate by the rate-up factor for each increment.
- b. Multiply this new rate by the number of 100's for each increment.
- c. Add the premiums.

Boats: See the boat rating sequence.

RVs: Choose the applicable rate based on deductible.

4. Multiply by the Group Discount.
5. Multiply by the Home/Auto Multi-Policy Discount.
6. Multiply by the Home/Life Multi-Policy Discount.
7. Multiply by the Home/Umbrella Multi-Policy Discount.
8. Multiply by the Insurance Score factor.
9. Multiply by the Mature Discount and cent round.
10. Multiply the Paid in Full Discount and cent round.

MIDTERM POLICY CHANGES

1. Follow the applicable steps using rates from the policy effective date for old policy limits. Prorate the result for the remaining policy period to obtain the return premium for the policy change.

2. Follow the applicable steps using rates from the policy effective date for new policy limits. Prorate the result for the remaining policy period to obtain the additional premium for the policy change.
3. Determine the difference between the previous two steps.

Edition Date: 07/13/08

Auto-Owners**HOMEOWNERS
GROUP PROGRAM (Company Personnel)****Arkansas****HOMEOWNERS RISK UNIT DEFINITIONS**

Agency – Employees or retirees of an independent agency representing Auto-Owners Insurance Group companies. A 5% discount will be applied.

Home Office – Employees or retirees of Auto-Owners Insurance Group companies. A 3% discount will be applied.

Mature – Members of an approved retirement organization. A 5% discount will be applied.

Other – Members of an approved organization or association that do not fit into above group criteria. A 5% discount will be applied.

Refer to the Group Rating rules for eligibility.

Auto-Owners

**HOMEOWNERS
MISCELLANEOUS RULES**

Arkansas

HOMEOWNERS GROUP RATING

- A. Insurance may be provided for members of approved risk units or employees of approved organizations consisting of five or more individuals and formed in good faith for purposes other than procuring insurance.
- B. Premiums for group policies will be adjusted to reflect the experience modification, commission modification and any other applicable modifications of each risk unit.
- C. An individual who ceases to be a risk unit member will no longer qualify for group rating.
- D. Before approving a risk unit or organization, a survey will be made by the insurer or its agent to determine the rating information, characteristics and interest in coverage.

Auto-Owners	HOMEOWNERS GROUP PROGRAM (Company Personnel)	ARKANSAS
-------------	---	-----------------

HOMEOWNERS RISK UNIT DEFINITIONS

A named insured is required to be a member of a group from one of the following approved Homeowners Group categories listed below in order to receive the Group Rating:

Agents – Employees or retirees of an independent agency representing Auto-Owners Insurance Group companies. A 5% discount will be applied.

A-O Associates – Employees or retirees of Auto-Owners Insurance Group companies. A 3% discount will be applied.

Auto Dealers Associations – Members of an approved Auto-Dealer association. A 5% discount will be applied.

Banks/Credit Unions – Members of an approved financial institution. A 5% discount will be applied.

Business Associations – Members of an approved business association. A 5% discount will be applied.

Chambers of Commerce – Members of an approved Chamber of Commerce. A 5% discount will be applied.

Educational Groups – Members of an approved educational group. A 5% discount will be applied.

Individual Businesses/Government Unit – Members of an approved business group or government unit. A 5% discount will be applied.

Industry/Manufacturing – Members of an approved or industry manufacturing company group. A 5% discount will be applied.

Mature/Retirees – Members of an approved retirement organization. A 5% discount will be applied.

Medical Groups – Members of an approved medical group. A 5% discount will be applied.

Mutual Insurance – Members of an approved mutual insurance company. A 5% discount will be applied.

Other Non-Profit – Members of any other approved non-profit organization. A 5% discount will be applied.

Physical Fitness Centers/Health Clubs – Members of an approved fitness center or health club. A 5% discount will be applied.

Professional Associations – Members of an approved professional association. A 5% discount will be applied.

Property Owners/Condo Owners Associations – Members of an approved property or condo owners association. A 5% discount will be applied.

Realty Groups – Members of an approved realty group. A 5% discount will be applied.

Service Clubs – Members of an approved service club. A 5% discount will be applied.

Refer to the Group Rating rules for eligibility.

SERFF Tracking Number: AOIC-125676699 State: Arkansas
Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: HOM-AR-01-06/09/2008-01
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Arkansas Independent Homeowners Program
Project Name/Number: Introduction of Group Program/HOM-AR-01-06/09/2008-01

Supporting Document Schedules

Review Status:
Satisfied -Name: NAIC loss cost data entry document Filed 09/17/2008
Comments:
Attachment:
FORM RF-1 Rate Filing Abstract.pdf

Review Status:
Satisfied -Name: Uniform Transmittal Document- Property & Casualty Filed 09/17/2008
Comments:
Attachment:
industry_rates_PCtransDoc_intelligent.pdf

Review Status:
Satisfied -Name: Group Application/Profile Filed 09/17/2008
Comments:
We request that this document be filed as confidential.
Attachment:
Group Application-Profile.pdf

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	HOM-AR-01-06/09/2008-01
-----------	---	--------------------------------

2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	
-----------	---	--

		Company Name			Company NAIC Number
3.	A.	Auto-Owners Insurance Company	B.	18988	

		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.	04.0 Homeowners	B.	4.0001, 4.0003, 4.0004, 4.0005	

5.			FOR LOSS COSTS ONLY				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
COVERAGE (See Instructions)	Indicated % Rate Level Change	Requested % Rate Level Change	Expected Loss Ratio	Loss Cost Modification Factor	Selected Loss Cost Multiplier	Expense Constant (If Applicable)	Co. Current Loss Cost Multiplier
Form 3	N/A	N/A					
Form 4	N/A	N/A					
Form 6	N/A	N/A					
TOTAL OVERALL EFFECT							

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	2767	-1.9%	11/15/07	1,689.3	2,253.6	136.1	78.8
2006	1294			570.3	296.3	53.7	68.8
2005	186		8/15/05	24.6	7.5	28.1	62.2
2004	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2003	N/A	N/A	N/A	N/A	N/A	N/A	N/A

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	19.6
B. General Expense	1.2
C. Taxes, License & Fees	2.1
D. Underwriting Profit & Contingencies	6.9
E. Other (explain)	5.4
F. TOTAL	35.2

- 8.** N Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** 0 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
- 10.** 0 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

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 #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
-----------------------------------	--

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	4.0001, 4.0003, 4.0004, 4.0005
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input 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)
14. Effective Date(s) Requested	New: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
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 #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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:

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

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

PC TD-1 pg 2 of 2

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.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

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)

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 policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
---	--	--	--

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

6.	Overall percentage of last rate revision	
-----------	---	--

7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	---	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input 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	

A APPLICATION / PROFILE

PLEASE PRINT OR TYPE

AGENCY INFORMATION

Agency Code: - -

Agency Name: _____

Agency Contact Person: _____ Email: _____

Phone: _____ Fax: _____

Agency / Agent Relationship to Business / Organization: _____

PROGRAM APPLYING (Check all that are applicable.)

Commercial – all available lines except: Commercial Auto Commercial Umbrella
 Businessowners Policy Garage Liability Tailored Protection Policy Workers' Comp

Personal – all available lines except: Personal Auto Homeowners Mobile Homeowners
 Personal Umbrella

BUSINESS / ORGANIZATION PROFILE

Name _____

Address _____

Phone: _____ Fax: _____

Detailed description of business / organization: _____

Inception Date of Business / organization: _____

Geographical Spread: Local Statewide

Counties: _____

Number of employees or members: _____ Annual Dues \$ _____

Number of Associate / Honorary Members: _____ Annual Dues \$ _____

If there are other parties to be considered for eligibility please explain: _____

Does the business / organization have a publication? Yes No If yes, how often? _____ (Please attach latest edition)

Does the business / organization have regular meetings? Yes No If yes, how often? _____

Does the business / organization currently participate in any other association property / casualty insurance program?

Yes No If yes:

1. Type _____

2. Name of carrier _____

3. Lines of business _____

BUSINESS / ORGANIZATION DEMOGRAPHICS

(Complete for Personal Lines Applications only)

Age Distribution: 16-29 _____% 30-54 _____% 55-74 _____% 75 & over _____%

Work Classifications:

Executive _____% Professional _____% Management _____% Sales _____%
Clerical _____% Skilled Labor _____% Unskilled Labor _____% Retired _____%

Automobile

Classification Spread: Pleasure _____% Commute _____% Business _____% Youthful _____%

Homeowners

100% Replacement Cost Spread:

\$0-\$100,000 _____% \$100,001-\$300,000 _____% \$300,001 + _____%

Age of Dwelling Spread:

Pre-1960 _____% 1961-1980 _____% 1981-2000 _____% 2001-Present _____%

Mobile Homeowners

Current Value of Mobile Home Spread:

<\$10,000 _____% \$10,001-\$30,000 _____% \$30,001-\$50,000 _____% \$50,001 + _____%

Age of Mobile Home Spread:

<10 years old _____% 11-15 years old _____% 16-20 years old _____% 21+ years old _____%

(Please attach at least 3 pictures of representative homes, if application is for homeowners, mobile homeowners, or condo association.)

MARKETING PLAN

Send along with the completed Group Acknowledgement form to:

Auto-Owners Insurance Company
Group Sales Department
P.O. Box 30660
Lansing, MI 48909-8160
Phone: 800-346-0346 ext. 1105 or 1471
Fax: 517-391-1915

Please continue

SERFF Tracking Number: AOIC-125676699 *State:* Arkansas
Filing Company: Auto-Owners Insurance Company *State Tracking Number:* EFT \$100
Company Tracking Number: HOM-AR-01-06/09/2008-01
TOI: 04.0 Homeowners *Sub-TOI:* 04.0000 Homeowners Sub-TOI Combinations
Product Name: Arkansas Independent Homeowners Program
Project Name/Number: Introduction of Group Program/HOM-AR-01-06/09/2008-01

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Rate and Rule	Homeowners Group Rating	06/03/2008	AOUQZ241.pdf
No original date	Rate and Rule	Homeowners Risk Unit Definitions	08/04/2008	AOUQZ242.pdf

Auto-Owners**HOMEOWNERS
MISCELLANEOUS RULES****Arkansas****Homeowners Group Rating**

- A. Insurance may be provided for members of approved groups or employees of approved organizations each consisting of five or more individuals and formed in good faith for purposes other than procuring insurance.
- B. Premiums for group policies will be adjusted to reflect the experience modification, commission modification and any other applicable modifications of each group.
- C. An individual who ceases to be a group member will no longer qualify for group rating.
- D. Before approving a group or organization, a survey will be made by the insurer or its agent to determine the rating information, characteristics of a group and interest in group coverage.

Auto-Owners**HOMEOWNERS
GROUP PROGRAM (Company Personnel)****Arkansas****HOMEOWNERS RISK UNIT DEFINITIONS**

Agency – Employees or retirees of an independent agency representing Auto-Owners Insurance Group companies. A 5% discount will be applied.

Home Office – Employees or retirees of Auto-Owners Insurance Group companies. A 3% discount will be applied.

Mature – Members of an approved retirement organization. A 5% discount will be applied.

Other – Members of an approved organization or association that do not fit into above group criteria. A 5% discount will be applied.

Refer to the Group Rating rules for eligibility.