

SERFF Tracking Number: CLIC-126040723 State: Arkansas  
Filing Company: MDOW Insurance Company State Tracking Number: #? \$100  
Company Tracking Number:  
TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners  
Product Name: Homeowners  
Project Name/Number: /

## Filing at a Glance

Company: MDOW Insurance Company

Product Name: Homeowners

TOI: 04.0 Homeowners

Sub-TOI: 04.0003 Owner Occupied

Homeowners

Filing Type: Rate

SERFF Tr Num: CLIC-126040723

SERFF Status: Closed

Co Tr Num:

Co Status:

Author: Tiffany Phoummarath

Date Submitted: 02/23/2009

State: Arkansas

State Tr Num: #? \$100

State Status: Fees verified

Reviewer(s): Becky Harrington,  
Betty Montesi

Disposition Date: 02/27/2009

Disposition Status: Filed

Effective Date (New):

Effective Date (Renewal):

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

State Filing Description:

## General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 02/27/2009

State Status Changed: 02/25/2009

Corresponding Filing Tracking Number:

Filing Description:

MDOW Insurance would like to file a rate decrease for the Homeowner's product line by 25%.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

## Company and Contact

### Filing Contact Information

Tiffany Phoummarath,

2200 West Alabama

tiffany@columbialloyds.com

(713) 528-6686 [Phone]

SERFF Tracking Number: CLIC-126040723

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Product Name: Homeowners

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Houston, TX 77254

**Filing Company Information**

MDOW Insurance Company

CoCode: 12810

State of Domicile: Texas

PO BOX 540548

Group Code:

Company Type:

Houston, TX 77254

Group Name:

State ID Number:

(866) 837-4668 ext. [Phone]

FEIN Number: 20-5465843

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SERFF Tracking Number: CLIC-126040723

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## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

SERFF Tracking Number: CLIC-126040723

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	02/27/2009	02/27/2009

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	02/25/2009	02/25/2009

#### Response Letters

Responded By	Created On	Date Submitted
Tiffany Phoummarath	02/26/2009	02/26/2009

SERFF Tracking Number: CLIC-126040723 State: Arkansas  
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 Product Name: Homeowners  
 Project Name/Number: /

## Disposition

Disposition Date: 02/27/2009

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Arkansas Code Annotated §23- 67-211(a)(1) requires every authorized insurer to file with the Commissioner all rates and supplementary rate information and all changes and amendments made by it for use in this State at least twenty (20) days before they become effective. Your filing was completed on the date above and may be effective 20 days after that date.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
MDOW Insurance Company	-25.000%	-25.000%	\$10,660	12	\$	%	%

SERFF Tracking Number: CLIC-126040723 State: Arkansas  
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 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Form RF-2 Loss Costs Only (not for workers' compensation)	Filed	Yes
Supporting Document	Form RF-2 Loss Costs Only (not for workers' compensation)		Yes
Supporting Document	H-1 Homeowners Abstract	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes

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TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners  
Product Name: Homeowners  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 02/25/2009

Submitted Date 02/25/2009

Respond By Date

Dear Tiffany Phoummarath,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Form RF-2 Loss Costs Only (not for workers' compensation) (Supporting Document)

Comment: The Loss Cost Reference Filing should indicate the AAIS Loss Cost reference filing being adopted, not the company's. This information should be the same as the original filing.

Since line 3A is -25%, then 3B should show the factor that represents the 25% modification which would be .75.

The expense information is different than the original as well, please explain. Line 6 should read 1.364 if line 5B is indeed .55. If the expenses remain as originally submitted, then line 6 would be .75/.501, or 1.497.

The company could then choose to use 1.4955 and show as line 7 (a 25% reduction from the original if you choose) with an explanation of the choice.

### Objection 2

No Objections

Comment: \$100 filing fees is required with this filing. Please see attached.

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

**ARKANSAS**  
**FEE SCHEDULE FOR PROPERTY & CASUALTY INSURERS**

THIS IS NOT A COMPREHENSIVE LIST OF ALL FEES CHARGED BY THE INSURANCE DEPARTMENT. IT IS INTENDED TO BE A LIST OF FEES THAT WILL BE CHARGED WHEN MAKING RATE/RULE/FORM FILINGS. ALL FEES ARE "PER SUBMISSION" UNLESS OTHERWISE SPECIFIED. ("PER SUBMISSION" INCLUDES ALL COMPONENTS OF THAT FILING AND ALL INSURERS i.e. 1 company adopting 1 reference document OR 5 companies adopting 2 reference documents=same fee)  
 RULE AND REGULATION 23 REQUIREMENTS REMAIN UNCHANGED—RATES/RULES MUST BE A SEPARATE FILING FROM FORMS, A COVER LETTER FOR EACH COMPANY IN FILING IS REQUIRED + ONE EXTRA COVER LETTER AS A COMPANY ACKNOWLEDGEMENT COPY AND A POSTAGE PAID, ADDRESSED ENVELOPE LARGE ENOUGH TO ACCOMMODATE THE RETURN COPY.

**RATE/RULE/FORM AND MISC. FILINGS**

**RATE/RULE FILINGS**

Filing and review of independent rates, initial filing to adopt advisory organization's loss costs, or filing to change loss cost multiplier already on file	\$ 100
Filing to adopt an advisory organization's loss costs <b>with no changes</b> to loss cost multiplier already on file	\$ 50
Actuarial review (independent) of disapproved rate/rule filing (not applicable to Workers' Compensation)	up to \$1500
Filing to adopt an advisory organization's rating rule or item filing (all P&C lines) (excludes loss cost filings)	\$ 25
<b>Independent Rule Filings</b> —all P&C lines (New fee 11-9-99)	\$ 25

**FORM FILINGS**

Filing or review of policy, contract, endorsements, certificates, applications PER SUBMISSION (No limit on # of forms in same submission)	\$ 50
Filing to adopt a reference or item filing of advisory organization's <b>form</b> reference filing (not applicable to service purchasers— service purchasers must file the actual forms as shown above)	\$ 20
Corrections (typos, misnumbering, etc. NOT SUBSTANTIVE) to previously filed forms	\$ 20

**AMEND CERTIFICATE OF AUTHORITY**

Review/processing of information necessary to amend an Arkansas C of A	\$ 500
Workers' Compensation only—there is an additional fee to add this line	\$ 500

**Effective 11-9-99 Rule & Regulation 57 was revised to add a filing fee for independent rule filings and to delete the charge for consent to rate filings.**

**A COPY OF THIS SCHEDULE IS NOT REQUIRED TO BE INCLUDED IN YOUR FILING.**

**ARKANSAS**  
**MISCELLANEOUS FEE SCHEDULE**

(P&C ED. 06/26/01))

**AR-166 FEE** \$50.00

**ADVISORY OR RATE SERVICE ORGANIZATIONS**

Independent actuarial review of disapproved loss cost/rule filing up to \$1500  
at request of advisory organization (not applicable to Workers Comp)

Filing and review of loss cost filings per Advisory Organization \$ 250

Filing and review of policy/contract, endorsement or certificate, per item \$ 100

Filing **minor** rate/rule component modifications \$ 50

**AUTOMOBILE CLUBS OR ASSOCIATIONS**

Filing annual financial statement (due April 1st)\*\*\* \$ 100\*\*\*

Annual license renewal [ACA 23-77-106 (c)] (due April 1<sup>st</sup>)\*\*\* \$ 100\*\*\*

(\*\*\* **Submit simultaneously with license renewal—  
one check is acceptable**)

Form filing, per club, per form \$ 50

**EMPLOYEE LEASING (PEO)**

Initial or annual renewal of license for PEO—either resident or \$ 500  
nonresident with “substantial presence\*”

Initial or annual renewal of license for PEO—nonresident only— \$ 50  
without “substantial presence\*”

[\* Substantial presence means actively soliciting business in AR **or**  
has more than 100 employees in AR]

**PURCHASING GROUPS**

Initial Registration fee \$ 150

Renewal Registration Fee (Due March 1<sup>st</sup> annually) \$ 100

**RISK RETENTION GROUPS**

Initial Registration Fee \$ 250

Renewal Registration Fee (Due March 1<sup>st</sup> annually) \$ 100

Filing of Annual Statement \$ 50

AID PC FEE2 (5/11/06)

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Product Name: Homeowners  
Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 02/26/2009  
Submitted Date 02/26/2009

Dear Becky Harrington,

### Comments:

Please see below in that all objections have been corrected.

### Response 1

Comments: The form has been edited and reattached.

### Related Objection 1

Applies To:

- Form RF-2 Loss Costs Only (not for workers' compensation) (Supporting Document)

Comment:

The Loss Cost Reference Filing should indicate the AAIS Loss Cost reference filing being adopted, not the company's. This information should be the same as the original filing.

Since line 3A is -25%, then 3B should show the factor that represents the 25% modification which would be .75.

The expense information is different than the original as well, please explain. Line 6 should read 1.364 if line 5B is indeed .55. If the expenses remain as originally submitted, then line 6 would be .75/.501, or 1.497.

The company could then choose to use 1.4955 and show as line 7 (a 25% reduction from the original if you choose) with an explanation of the choice.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Form RF-2 Loss Costs Only (not for workers' compensation)

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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## **Response 2**

Comments: I am mailing in the filing fee today.

### **Related Objection 1**

Comment:

\$100 filing fees is required with this filing. Please see attached.

### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please let me know if there are any other errors with the filing.

Thank you.

Sincerely,

Tiffany Phoummarath

SERFF Tracking Number: CLIC-126040723  
 Filing Company: MDOW Insurance Company  
 Company Tracking Number:  
 TOI: 04.0 Homeowners  
 Product Name: Homeowners  
 Project Name/Number: /

State: Arkansas  
 State Tracking Number: #? \$100  
 Sub-TOI: 04.0003 Owner Occupied Homeowners

## Rate Information

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** Decrease  
**Overall Percentage of Last Rate Revision:** -25.000%  
**Effective Date of Last Rate Revision:**  
**Filing Method of Last Filing:**

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
MDOW Insurance Company	-25.000%	-25.000%	\$10,660	12		%	%

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## Supporting Document Schedules

**Satisfied -Name:** Form RF-2 Loss Costs Only (not for workers' compensation) **Review Status:** Filed 02/27/2009

**Comments:**

**Attachments:**

ARKANSAS COVER SHEET.pdf  
REVISED ARKANSAS NAIC LOSS COST FILING DOCUMENT.pdf

**Satisfied -Name:** H-1 Homeowners Abstract **Review Status:** Filed 02/27/2009

**Comments:**

**Attachment:**

FORM H-1 ARK HOMEOWNERS ABSTRACT.pdf

**Satisfied -Name:** NAIC loss cost data entry document **Review Status:** Filed 02/27/2009

**Comments:**

**Attachment:**

ARKANSAS NAIC LOSS COST DOCUMENT ENTRY.pdf

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 02/27/2009

**Comments:**

**Attachment:**

ARKANSAS PROPERTY AND CASUALTY TRANSMITTAL.pdf

Date: 02/23/08

Space Reserved for Insurance  
Department Use

**OTHER THAN WORKERS' COMPENSATION  
LOSS COST FILING DOCUMENT COVER FORM**

**INSURER RATE FILING  
ADOPTION OF ADVISORY ORGANIZATION  
PROSPECTIVE LOSS COSTS**

1. INSURER NAME MDoww Insurance Company  
ADDRESS P.O. Box 540548  
Houston TX 77254
2. PERSON RESPONSIBLE FOR FILING Tiffany Phoummarath  
TITLE Underwriting Mgr TELEPHONE # 713 528 6686
3. INSURER NAIC # 12810
4. LINE OF INSURANCE Property & Casualty
5. ADVISORY ORGANIZATION American Association of Ins Srv
6. PROPOSED RATE LEVEL CHANGE -25 % EFFECTIVE DATE upon approval
7. PRIOR RATE LEVEL CHANGE ---- % EFFECTIVE DATE ----
8. ATTACH "NAIC LOSS COST FILING DOCUMENT—OTHER THAN WORKERS' COMPENSATION" (Use the above document separately for each insurer elected loss cost multiplier.)

**NAIC LOSS COST FILING DOCUMENT—OTHER THAN WORKERS' COMPENSATION**

**CALCULATION OF COMPANY LOSS COST MULTIPLIER**

(EFFECTIVE AUG. 16, 2004)

This filing transmittal is part of Company Tracking #	n / a
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	n / a

() **Loss Cost Reference Filing** AF-2007-24HOR      () **Independent Rate Filing**  
 (Advisory Org. & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

**1. Check one of the following:**

<input type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. <b>Note: Some states have statutes that prohibit this option for some lines of business.</b>
<input checked="" type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

**2. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies:** All Homeowners

**3. Loss cost modification:**

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (Check One):

( ) Without Modification (factor = 1.000)

(x) With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) -25%

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.000 + 1.4955

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

**NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-8 BELOW.**

**4. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.**

		Selected Provisions	
A.	Total Production Expense	20	%
B.	General Expense	19	%
C.	Taxes, Licenses & Fee	4	%
D.	Underwriting profit & Contingencies (explain how investment income is taken into account)	0	%
E.	Other (explain)	2	%
F.	Total	45	%

5.	A. Expected Loss Ratio: ELR = 100% - 4F = A	55.0000000000000001	
	B. ELR in Decimal Form =	.55	
6.	Company Formula Loss Cost Multiplier (3B/5B)	2.72	
7.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.4955	
8.	Rate Level Change for the coverage(s) to which this page applies	-25%	



ARKANSAS INSURANCE DEPARTMENT

FORM H-1 HOMEOWNERS ABSTRACT

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

Company Name MDOW INSURANCE COMPANY  
 NAIC # (including group #) 12810

1. If you have had an insurance to value campaign during the experience filing period, describe the campaign and estimate its impact.

NOT APPLICABLE

2. If you use a cost estimator (or some similar method) in order to make sure that dwellings (or contents) are insured at their value, state when this program was started in Arkansas and estimate its impact.

NOT APPLICABLE

3. If you require a minimum relationship between the amount of insurance to be written and the replacement value of the dwelling (contents) in order to purchase insurance, describe the procedures that are used.

NOT APPLICABLE

4. If you use an Inflation Guard form or similar type of coverage, describe the coverage(s) and estimate the impact.

NOT APPLICABLE

5. Specify the percentage given for credit or discounts for the following:

a. Fire Extinguisher	0	%
b. Burglar Alarm	5	%
c. Smoke Alarm	2	%
d. Insured who has both homeowners and auto with your company	0	%
e. Deadbolt Locks	0	%
f. Window or Door Locks	0	%
g. Other (specify) FIRE CENTRAL STATION ALARM	5	%
POLICE DEPARTMENT ALARM	3	%
FIRE DEPARTMENT ALARM; SPRINKLER	3;5	%

6. Are there any areas in the State of Arkansas In which your company will not write homeowners insurance? If so, state the areas and explain reason for not writing.

NO

7. Specify the form(s) utilized in writing homeowners insurance. Indicate the Arkansas premium volume for each form.

Form	Premium Volume
HO 0001	30%
FL-1	70%

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

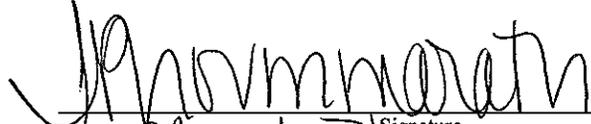
9. Is there a surcharge on risks with wood heat? NO

If yes, state the surcharge

Does the surcharge apply to conventional fire places? NO

If yes, state the surcharge

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

  
\_\_\_\_\_  
Signature  
Tiffany Phommavath  
\_\_\_\_\_  
Printed Name  
Underwriting mgr.  
\_\_\_\_\_  
Title  
(713) 528.6606  
\_\_\_\_\_  
Telephone Number  
tiffany@mdowinsurance.com  
\_\_\_\_\_  
Email address

### NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking # **NOT APPLICABLE**

2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number **NOT APPLICABLE**

		Company Name		Company NAIC Number
3.	A.	<b>MDOW INSURANCE COMPANY</b>	B.	<b>12810</b>

		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.	<b>PROPERTY AND CASUALTY</b>	B.	<b>HOMEOWNERS</b>

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
<b>HOMEOWNERS</b>	<b>-25%</b>	<b>-25%</b>	<b>100%</b>	<b>1.4955</b>	<b>1.4955</b>		<b>1.994</b>
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
<b>NOT APPLICABLE AS MDOW HAS WRITING IN THE STATE OF ARKANSAS FOR LESS THAN A</b>							

7.

Expense Constants	Selected Provisions
A. Total Production Expense	

YEAR.							

B. General Expense	
C. Taxes, License & Fees	
D. Underwriting Profit & Contingencies	
E. Other (explain)	
F. TOTAL	

- 8. Y Apply Lost Cost Factors to Future filings? (Y or N)
- 9.        Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 0
- 10.        Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): -25%

Property & Casualty Transmittal Document

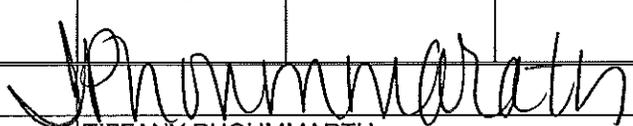
Reset Form

<p><b>1. Reserved for Insurance Dept. Use Only</b></p>	<p><b>2. Insurance Department Use only</b></p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>			
MDOW INSURANCE COMPANY	12810			
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
MDOW INSURANCE COMPANY	TEXAS	12810	20.546.5843	42

<b>5. Company Tracking Number</b>	NOT APPLICABLE
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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
TIFFANY PHOUMMARATH PO BOX 540548 HOUSTON, TX 77254	UNDERWRITING MANAGER	713.528.6686	713.528.7003	TIFFANY@MDOWINSURANCE. COM
7. Signature of authorized filer 				
8. Please print name of authorized filer TIFFANY PHOUMMARTH				

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

<b>9. Type of Insurance (TOI)</b>	04.0 Homeowners
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	04.0003 Owner Occupied Homeowners
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	HOMEOWNERS
<b>13. Filing Type</b>	<input checked="" 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)
<b>14. Effective Date(s) Requested</b>	New: UPON APPROVAL   Renewal: UPON APPROVAL
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	AMERICAN ASSOCIATION OF INSURANCE SERVICES
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	02-23.2008
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # NOT APPLICABLE

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

MDOW Insurance is filing for a rate decrease for the Homeowners Form HO 0001 only. Based on Agency feedback MDOW needs to decrease our rates to increase market participation.

[View Complete Filing Description](#)

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 #: NOT APPLICABLE  
Amount: \$0

SERFF shows that filing fees are \$0 for this type of filing.

**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.)**

## 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>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
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		
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		

PC FFS-1

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	NOT APPLICABLE
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	HO 0001
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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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)
MDOW INSURANCE COMPANY	-25	-25	-2,750	13	\$11,000		

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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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

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

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

SERFF Tracking Number: CLIC-126040723 State: Arkansas  
 Filing Company: MDOW Insurance Company State Tracking Number: #? \$100  
 Company Tracking Number:  
 TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners  
 Product Name: Homeowners  
 Project Name/Number: /

## 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	Supporting Document	Form RF-2 Loss Costs Only (not for workers' compensation)	02/18/2009	ARKANSAS COVER SHEET.pdf

Date: 02/23/08

Space Reserved for Insurance  
Department Use

**OTHER THAN WORKERS' COMPENSATION  
LOSS COST FILING DOCUMENT COVER FORM**

**INSURER RATE FILING  
ADOPTION OF ADVISORY ORGANIZATION  
PROSPECTIVE LOSS COSTS**

1. INSURER NAME MDoww Insurance Company  
ADDRESS P.O. Box 540548  
Houston TX 77254
2. PERSON RESPONSIBLE FOR FILING Tiffany Phoummarath  
TITLE Underwriting Mgr TELEPHONE # 713 528 6686
3. INSURER NAIC # 12810
4. LINE OF INSURANCE Property & Casualty
5. ADVISORY ORGANIZATION American Association of Ins Srv
6. PROPOSED RATE LEVEL CHANGE -25 % EFFECTIVE DATE upon approval
7. PRIOR RATE LEVEL CHANGE ---- % EFFECTIVE DATE ----
8. ATTACH "NAIC LOSS COST FILING DOCUMENT—OTHER THAN WORKERS' COMPENSATION" (Use the above document separately for each insurer elected loss cost multiplier.)

