

SERFF Tracking Number: HNVR-125946818 State: Arkansas  
Filing Company: Allmerica Financial Benefit Insurance Company State Tracking Number: EFT \$100  
Company Tracking Number: PA-AR-09002-61R  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: Connections Auto  
Project Name/Number: Connections Auto/PA-AR-09002-61R

## Filing at a Glance

Company: Allmerica Financial Benefit Insurance Company

Product Name: Connections Auto

SERFF Tr Num: HNVR-125946818 State: Arkansas

TOI: 19.0 Personal Auto

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Co Tr Num: PA-AR-09002-61R

State Status: Fees verified and received

Filing Type: Rate/Rule

Co Status:

Reviewer(s): Alexa Grissom, Betty Montesi

Authors: Susan Whitworth, Kathryn Husson, Cheryl Richards, Eleanor Doherty

Disposition Date: 02/12/2009

Date Submitted: 01/27/2009

Disposition Status: Filed

Effective Date Requested (New): 04/01/2009

Effective Date (New): 04/01/2009

Effective Date Requested (Renewal): 04/01/2009

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Connections Auto

Status of Filing in Domicile:

Project Number: PA-AR-09002-61R

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/12/2009

State Status Changed: 02/03/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

In order to better serve our customers and improve our Connections Auto Program, we propose to make the following Adjustments effective 4/1/09 for new and renewal business.

We are making changes to base rates, adjusting our territorial factors and adding in factors for model years 2010 and 2011.

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## Company and Contact

### Filing Contact Information

Eleanor Doherty, Product Specialist elfdoherty@hanover.com  
 440 Lincoln Street (508) 855-3251 [Phone]  
 Worcester, MA 01653 (508) 855-4311[FAX]

### Filing Company Information

Allmerica Financial Benefit Insurance Company CoCode: 41840 State of Domicile: Michigan  
 440 Lincoln Street Group Code: 88 Company Type: Property & Casualty  
 Worcester, MA 01653 Group Name: The Hanover Ins State ID Number:  
 Group  
 (508) 855-1000 ext. [Phone] FEIN Number: 23-2643430  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allmerica Financial Benefit Insurance Company	\$100.00	01/27/2009	25297499

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	02/12/2009	02/12/2009

### 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	Alexa Grissom	02/03/2009	02/03/2009	Eleanor Doherty	02/09/2009	02/10/2009

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Other Discounts	Rate	Eleanor Doherty	01/29/2009	01/29/2009

SERFF Tracking Number: *HNVR-125946818* State: *Arkansas*  
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## Disposition

Disposition Date: 02/12/2009  
 Effective Date (New): 04/01/2009  
 Effective Date (Renewal):  
 Status: Filed  
 Comment:

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>
Allmerica Financial Benefit Insurance Company	10.800%	3.100%	\$181,612	5,960	\$5,858,464	13.000%	-23.100%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	A-1 Private Passenger Auto Abstract	Filed	Yes
Supporting Document	APCS-Auto 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	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	Filing Memorandum and Exhibit	Filed	Yes
Supporting Document	Loss Data	Filed	Yes
Rate	Cover Page	Filed	Yes
Rate	Base Rates	Filed	Yes
Rate	Territory Factors	Filed	Yes
Rate	Model Year	Filed	Yes
Rate	Other Discounts	Filed	Yes
Rate	Optional Limits Transportation Expense Coverage	Filed	Yes
Rate	Towing and Labor Coverage	Filed	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 02/03/2009

Submitted Date 02/03/2009

Respond By Date

Dear Eleanor Doherty,

This will acknowledge receipt of the captioned filing. Loss data must be submitted for the filing. In particular, loss ratios by territory and coverage are needed.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 02/09/2009

Submitted Date 02/10/2009

Dear Alexa Grissom,

### Comments:

This is in response to your objection received 2/3/09.

### Response 1

Comments: We have attached loss data exhibits to the supporting documentation tab.

At this time, we would also like to include two rule revisions that will incorporate the benefits included in our Ultimate Service Endorsement, previously approved in filing HNVR-126006392.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Loss Data

Comment: Loss data files requested in objection received 2/3/09.

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Project Name/Number: Connections Auto/PA-AR-09002-61R

No Form Schedule items changed.

### Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
Optional Limits	Rule P8	Replacement	AR-PC-06-020322
Transportation Expense Coverage			
Towing and Labor Coverage	Rule P9	Replacement	AR-PC-06-020322

Please let us know if you need anything additional.

Sincerely,  
Cheryl Richards, Eleanor Doherty, Kathryn Husson, Susan Whitworth

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**Amendment Letter**

Amendment Date:  
 Submitted Date: 01/29/2009

**Comments:**

At this time we would like to make an amendment to this filing. We found a typographical error on the Other Discount Page of our rate schedule and are sending the corrected page for your records. The vehicle type factors for Recreational Trailers and Trailers inadvertently had factors listed for UMPD. The only coverages for these discounts are comprehensive and collision. This is just a rate schedule update change and therefore has no rate impact.

The incorrect page was filed with our 11/7/08 filing (HNVR 125832279; PA-AR-08545-61R).

**Changed Items:**

**Rate/Rule Schedule Item Changes:**

<b>Exhibit Name:</b>	<b>Rule # or Page #:</b>	<b>Rate Action:</b>	<b>Previous State Filing Numbers:</b>	<b>Attach Document:</b>
Other Discounts	Exhibit 13	Replacement	Previous State Filing Num: HNVR 125832279	AR Rate Schedule Other Discount Page Correction 20090401.pdf

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**Rate Information**

Rate data applies to filing.

**Filing Method:** File and Use  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 0.000%  
**Effective Date of Last Rate Revision:** 11/07/2008  
**Filing Method of Last Filing:** File and Use

**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):
Allmerica Financial Benefit Insurance Company	10.800%	3.100%	\$181,612	5,960	\$5,858,464	13.000%	-23.100%

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
Filed	Cover Page	Cover	Replacement	HNVR125832279	AR Rate Schedule Cover Page 20090401.pdf
Filed	Base Rates	Exhibit 6	Replacement	HNVR125632061	AR Rate Schedule Base Rate Page 20090401.pdf
Filed	Territory Factors	Exhibit 8	Replacement	HNVR125632061	AR Rate Schedule Territory Factors Page 20090401.pdf
Filed	Model Year	Exhibit 10	Replacement	HNVR125632061	AR Rate Schedule Model Year Page 20090401.pdf
Filed	Other Discounts	Exhibit 13	Replacement	HNVR 125832279	AR Rate Schedule Other Discount Page Correction 20090401.pdf
Filed	Optional Limits Transportation Expense Coverage	Rule P8	Replacement	AR-PC-06-020322	Revised Rules P8.pdf
Filed	Towing and Labor Coverage	Rule P9	Replacement	AR-PC-06-020322	Revised Rules P9.pdf

**Allmerica Financial Benefit Insurance Company  
Private Passenger Automobile**

**State of Arkansas**

**Effective: 04/01/2009 New and Renewal**

**Rate Schedule**

**State of Arkansas  
Allmerica Financial Benefit Insurance Company  
Private Passenger Automobile**

<b>Semi-Annual Base Rates</b>
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Coverage	Base Rate
Bodily Injury	\$294
Property Damage	\$212
Combined Single Limit	\$515
PIP	\$68
UM BI	\$31
UIM BI	\$32
UM PD	\$17
UM CSL	\$68
UIM CSL	\$67
Comprehensive	\$256
Collision	\$362
Optional Limits Transportation Expense	\$9
Towing & Labor	\$7
Comprehensive Auto Loan/Lease	\$14
Collision Auto Loan/Lease	\$19
Additional Customized Equipment	\$9

State of Arkansas  
Allmerica Financial Benefit Insurance Company  
Private Passenger Automobile

GARAGING TERRITORY  
RATING FACTORS

Territory	BI	PD	CSL	PIP	MED	UMBI	UIMBI	UM/UIM BI	UMPD	UIMPD	UM/UIM PD	UM CSL	UIM CSL	UM/UIM CSL	Comp	Coll	OLTE	T&L	Add Cust Equip	Comp Loan Lease	Coll. Loan Lease
01	0.68	0.59	0.65	0.60		0.75	0.75		0.75			0.75	0.75		0.57	0.80	1.00	1.00	1.00	0.57	0.80
03	0.45	0.48	0.46	0.49		0.70	0.70		0.70			0.70	0.70		0.86	0.98	1.00	1.00	1.00	0.86	0.98
04	0.47	0.44	0.46	0.49		0.75	0.75		0.75			0.75	0.75		1.01	0.95	1.00	1.00	1.00	1.01	0.95
05	0.48	0.45	0.47	0.50		0.77	0.77		0.77			0.77	0.77		1.03	0.97	1.00	1.00	1.00	1.03	0.97
06	0.50	0.53	0.51	0.54		0.78	0.78		0.78			0.78	0.78		0.95	1.09	1.00	1.00	1.00	0.95	1.09
07	0.47	0.44	0.46	0.49		0.75	0.75		0.75			0.75	0.75		1.01	0.95	1.00	1.00	1.00	1.01	0.95
08	0.50	0.50	0.50	0.37		0.80	0.80		0.80	0.37		0.80	0.80		0.68	0.86	1.00	1.00	1.00	0.68	0.86
09	0.57	0.59	0.58	0.53		0.71	0.71		0.71			0.71	0.71		0.76	0.98	1.00	1.00	1.00	0.76	0.98
10	0.46	0.49	0.47	0.47		0.66	0.66		0.66			0.66	0.66		0.55	0.74	1.00	1.00	1.00	0.55	0.74
11	0.50	0.47	0.49	0.52		0.80	0.80		0.80	0.52		0.80	0.80		1.07	1.01	1.00	1.00	1.00	1.07	1.01
12	0.51	0.50	0.51	0.48		0.71	0.71		0.71			0.71	0.71		0.65	0.86	1.00	1.00	1.00	0.65	0.86
15	0.41	0.39	0.41	0.44		0.75	0.75		0.75			0.75	0.75		0.95	0.82	1.00	1.00	1.00	0.95	0.82
16	0.45	0.45	0.45	0.36		0.75	0.75		0.75			0.75	0.75		0.43	0.89	1.00	1.00	1.00	0.43	0.89
17	0.44	0.52	0.47	0.50		0.79	0.79		0.79			0.79	0.79		0.45	0.96	1.00	1.00	1.00	0.45	0.96
18	0.75	0.76	0.75	0.77		1.00	1.00		1.00	0.77		1.00	1.00		1.30	1.70	1.00	1.00	1.00	1.30	1.70
19	0.81	0.77	0.79	0.77		1.00	1.00		1.00			1.00	1.00		1.22	1.74	1.00	1.00	1.00	1.22	1.74
20	0.57	0.51	0.55	0.46		0.65	0.65		0.65			0.65	0.65		0.57	0.86	1.00	1.00	1.00	0.57	0.86
21	0.56	0.51	0.54	0.48		0.75	0.75		0.75	0.48		0.75	0.75		0.78	0.87	1.00	1.00	1.00	0.78	0.87
22	0.47	0.49	0.48	0.51		0.73	0.73		0.73			0.73	0.73		0.89	1.02	1.00	1.00	1.00	0.89	1.02
23	0.57	0.52	0.55	0.59		0.90	0.90		0.90			0.90	0.90		1.21	1.14	1.00	1.00	1.00	1.21	1.14
24	0.63	0.58	0.61	0.65		1.00	1.00		1.00			1.00	1.00		1.34	1.27	1.00	1.00	1.00	1.34	1.27
25	0.51	0.53	0.51	0.51		0.81	0.81		0.81			0.81	0.81		0.44	0.82	1.00	1.00	1.00	0.44	0.82

State of Arkansas  
Allmerica Financial Benefit Insurance Company  
Private Passenger Automobile

Model Year Factors by Coverage

MODEL YEAR / VEHICLE AGE	BI	PD	CSL	PIP	MED	UMBI	UIMBI	UM/UIM BI	UMPD	UIMPD	UM/UIM PD	UM CSL	UIM CSL	UM/UIM CSL	Comp	Coll	OLTE	T&L	Add Cust Equip	Comp. Loan Lease	Coll Loan Lease
2011	1.12	1.12	1.12	1.12		1.00	1.00		1.27			1.00	1.00		1.27	1.27	1.00	1.00	1.00	1.27	1.27
2010	1.10	1.10	1.10	1.10		1.00	1.00		1.22			1.00	1.00		1.22	1.22	1.00	1.00	1.00	1.22	1.22
2009	1.08	1.08	1.08	1.08		1.00	1.00		1.16			1.00	1.00		1.16	1.16	1.00	1.00	1.00	1.16	1.16
2008	1.06	1.06	1.06	1.06		1.00	1.00		1.12			1.00	1.00		1.12	1.12	1.00	1.00	1.00	1.12	1.12
2007	1.04	1.04	1.04	1.04		1.00	1.00		1.08			1.00	1.00		1.08	1.08	1.00	1.00	1.00	1.08	1.08
2006	1.02	1.02	1.02	1.02		1.00	1.00		1.04			1.00	1.00		1.04	1.04	1.00	1.00	1.00	1.04	1.04
2005	1.00	1.00	1.00	1.00		1.00	1.00		1.00			1.00	1.00		1.00	1.00	1.00	1.00	1.00	1.00	1.00
2004	0.98	0.98	0.98	0.99		1.00	1.00		0.96			1.00	1.00		0.96	0.96	1.00	1.00	1.00	0.96	0.96
2003	0.96	0.96	0.96	0.97		1.00	1.00		0.91			1.00	1.00		0.91	0.91	1.00	1.00	1.00	0.91	0.91
2002	0.94	0.94	0.94	0.94		1.00	1.00		0.87			1.00	1.00		0.87	0.87	1.00	1.00	1.00	0.87	0.87
2001	0.93	0.93	0.93	0.89		1.00	1.00		0.82			1.00	1.00		0.83	0.82	1.00	1.00	1.00	0.83	0.82
2000	0.92	0.92	0.92	0.89		1.00	1.00		0.77			1.00	1.00		0.78	0.77	1.00	1.00	1.00	0.78	0.77
1999	0.91	0.91	0.91	0.88		1.00	1.00		0.72			1.00	1.00		0.75	0.72	1.00	1.00	1.00	0.75	0.72
1998	0.91	0.91	0.91	0.88		1.00	1.00		0.66			1.00	1.00		0.70	0.66	1.00	1.00	1.00	0.70	0.66
1997	0.90	0.90	0.90	0.88		1.00	1.00		0.61			1.00	1.00		0.67	0.61	1.00	1.00	1.00	0.67	0.61
1996	0.89	0.89	0.89	0.86		1.00	1.00		0.57			1.00	1.00		0.64	0.57	1.00	1.00	1.00	0.64	0.57
1995	0.89	0.89	0.89	0.86		1.00	1.00		0.54			1.00	1.00		0.61	0.54	1.00	1.00	1.00	0.61	0.54
1994	0.88	0.88	0.88	0.86		1.00	1.00		0.50			1.00	1.00		0.57	0.50	1.00	1.00	1.00	0.57	0.50
1993	0.87	0.87	0.87	0.86		1.00	1.00		0.48			1.00	1.00		0.55	0.48	1.00	1.00	1.00	0.55	0.48
1992	0.87	0.87	0.87	0.85		1.00	1.00		0.44			1.00	1.00		0.52	0.44	1.00	1.00	1.00	0.52	0.44
1991	0.86	0.86	0.86	0.85		1.00	1.00		0.42			1.00	1.00		0.50	0.42	1.00	1.00	1.00	0.50	0.42
1990	0.85	0.85	0.85	0.85		1.00	1.00		0.42			1.00	1.00		0.50	0.42	1.00	1.00	1.00	0.50	0.42
1989	0.81	0.81	0.81	0.84		1.00	1.00		0.42			1.00	1.00		0.50	0.42	1.00	1.00	1.00	0.50	0.42
1988	0.81	0.81	0.81	0.84		1.00	1.00		0.42			1.00	1.00		0.50	0.42	1.00	1.00	1.00	0.50	0.42
1987	0.81	0.81	0.81	0.84		1.00	1.00		0.42			1.00	1.00		0.50	0.42	1.00	1.00	1.00	0.50	0.42
1986	0.81	0.81	0.81	0.84		1.00	1.00		0.42			1.00	1.00		0.50	0.42	1.00	1.00	1.00	0.50	0.42
1985 & Prior	0.81	0.81	0.81	0.84		1.00	1.00		0.42			1.00	1.00		0.50	0.42	1.00	1.00	1.00	0.50	0.42

**State of Arkansas  
Allmerica Financial Benefit Insurance Company  
Private Passenger Automobile**

<b>Anti Theft Discount - COMP Only</b>	
	COMP Factor
VEHICLE RECOVERY	0.75

<b>Vehicle Use Surcharge</b>										
	Level	BI, PD & CSL	PIP	UM/UIM BI	UM/UIM CSL	UM PD	COMP	COLL	COMP Auto Loan/Lease	COLL Auto Loan/Lease
Business Use	Vehicle	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22
Artisan Use	Vehicle	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22

<b>Other Discounts &amp; Surcharges</b>										
	Level	BI, PD & CSL	PIP	UM/UIM BI	UM /UIM CSL	UM PD	COMP	COLL	COMP Auto Loan/Lease	COLL Auto Loan/Lease
Unacceptable Risk Surcharge	Policy	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
Unacceptable Vehicle Surcharge	Vehicle	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Accident Prevention Course Discount	Driver	0.95	0.95				0.95	0.95		
Named Operator Exclusion Surcharge	Policy	1.10	1.00				1.00	1.00		
College Graduate Discount	Driver	0.95	0.95				0.95	0.95		
Connections DriveSmart Advantage	Policy	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09

<b>Vehicle Type Factors</b>										
	Level	BI, PD & CSL	PIP	UM/UIM BI	UM/UIM CSL	UM PD	Comp	Coll	COMP Auto Loan/Lease	COLL Auto Loan/Lease
Private Passenger Auto	Vehicle	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Recreational Trailer	Vehicle	1.00	1.00	1.00	1.00	1.00	0.63	0.63	1.00	1.00
Trailer	Vehicle	1.00	1.00	1.00	1.00	1.00	0.18	0.18	1.00	1.00
Motor Homes	Vehicle	0.70	0.70	0.70	0.70	0.70	0.70	0.70	1.00	1.00

<b>Prior Carrier Discount Connections Tenure Preferred Company</b>	
Month	Discount Percentage
New	10%
12	8%
24	6%
36	4%
48	2%
60	0%

<b>Prior Carrier Discount Connections Tenure Standard Company</b>	
Month	Discount Percentage
New	5%
12	4%
24	3%
36	2%
48	1%
60	0%

See Note ----->

## **P8 - Optional Limits Transportation Expense Coverage**

The policy automatically provides a limit for transportation expense coverage up to \$20 per day, for a maximum of 30 days. Under Optional Transportation Expense coverage, the insured can elect to increase the limits of transportation expenses. Optional Transportation Expense coverage may be purchased by the insured up to the following applicable limits:

- \$30 per day for a maximum of 30 days for each qualified disablement on a covered vehicle
  - \$40 per day for a maximum of 30 days for each qualified disablement on a covered vehicle
  - \$50 per day for a maximum of 30 days for each qualified disablement on a covered vehicle.
- Qualified disablement means a loss covered by the Comprehensive or Collision coverage of the policy.

Optional Transportation Expense coverage may be purchased only for a vehicle covered by Collision coverage.

This coverage is not available for motor homes or trailers.

The above transportation expense coverage is enhanced, at no additional charge, with the Ultimate Service endorsement. Ultimate Rental applies when an insured has a covered loss, opts to use Hanover's preferred rental provider, and agrees to have their vehicle repaired at a Hanover Express Claim shop. Hanover will pay the rental expense of a substitute auto up to the daily selected rental limit for as long as it reasonably takes to repair the damaged vehicle. This enhanced coverage is subject to a maximum payment of \$3,000 per occurrence.

## **P9 - Towing and Labor Coverage**

Towing and Labor coverage can be purchased to pay for an authorized service representative to provide:

- Towing of a covered disabled vehicle to the nearest qualified repair facility
- Labor on a covered disabled vehicle at the place of disablement when necessary due to a covered emergency.

Towing and Labor coverage can be purchased to reimburse the insured up to the following applicable limit:

- \$25 per occurrence
- \$50 per occurrence
- \$75 per occurrence.

Towing and Labor coverage may be purchased only for a vehicle covered by Collision coverage.

This coverage is not available for motor homes or trailers.

For insureds that purchase Towing and Labor, Hanover enhances this coverage, at no additional charge, with the Ultimate Service endorsement. Ultimate Towing applies when an insured agrees to have their disabled vehicle towed to the nearest repair facility. Hanover will pay the reasonable cost of the tow not subject to the towing coverage limit. Ultimate Labor also covers up to the Towing and Labor coverage limit each time the insured's keys are lost, broken, or accidentally locked in their covered auto.

SERFF Tracking Number: HNVN-125946818 State: Arkansas  
Filing Company: Allmerica Financial Benefit Insurance Company State Tracking Number: EFT \$100  
Company Tracking Number: PA-AR-09002-61R  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: Connections Auto  
Project Name/Number: Connections Auto/PA-AR-09002-61R

## Supporting Document Schedules

**Satisfied -Name:** A-1 Private Passenger Auto  
Abstract  
**Review Status:** Filed 02/12/2009

**Comments:**

**Attachment:**

AR Form A-1 - AFB.pdf

**Satisfied -Name:** APCS-Auto Premium Comparison  
Survey  
**Review Status:** Filed 02/12/2009

**Comments:**

I have attached both an .xls and a .pdf file.

**Attachments:**

PPA Survey FORM APCS - AFB.xls

PPA Survey FORM APCS - AFB.pdf

**Satisfied -Name:** NAIC loss cost data entry document  
**Review Status:** Filed 02/12/2009

**Comments:**

**Attachment:**

FORM RF-1 Rate Filing Abstract AFB.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document  
for OTHER than Workers' Comp  
**Review Status:** Filed 02/12/2009

**Bypass Reason:** Not applicable to this filing.

**Comments:**

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty  
**Review Status:** Filed 02/12/2009

**Comments:**

**Attachments:**



SERFF Tracking Number: HNVR-125946818 State: Arkansas  
Filing Company: Allmerica Financial Benefit Insurance Company State Tracking Number: EFT \$100  
Company Tracking Number: PA-AR-09002-61R  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: Connections Auto  
Project Name/Number: Connections Auto/PA-AR-09002-61R

**Satisfied -Name:** Filing Memorandum and Exhibit **Review Status:** Filed 02/12/2009  
**Comments:**  
**Attachments:**  
Explanatory Memo.pdf  
Exhibit 1.pdf

**Satisfied -Name:** Loss Data **Review Status:** Filed 02/12/2009  
**Comments:**  
Loss data files requested in objection received 2/3/09.  
**Attachments:**  
Exhibit A Terr.pdf  
Exhibit B Coverage.pdf

ARKANSAS INSURANCE DEPARTMENT

FORM A-1 PRIVATE PASSENGER AUTOMOBILE 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 private passenger auto rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name Allmerica Financial Benefit Insurance Co.  
 NAIC # (including group #) 088-41840

1. Are there any areas in the State of Arkansas in which your company will not write automobile insurance?  Yes  No  
 If yes, list the areas: \_\_\_\_\_

2. Do you furnish a market for young drivers?  Yes  No

3. Do require collateral business to support a youthful driver?  Yes  No

4. Do you insure drivers with an international or foreign driver's license?  Yes  No

5. Specify the percentage you allow in credit or discounts for the following:

- a. Driver over 55 0%
- b. Good Student Discount 0%
- c. Multi-car Discount 15-33%
- d. Accident Free Discount\* 0%
- Please Specify Qualification for Discount: \_\_\_\_\_
- e. Anti-Theft Discount 25%
- f. Other (specify) 3%
- Homeowner 3%
- Account Credit 3%
- Paid in Full 6-19%

6. Do you have an installment payment plan for automobile insurance?  Yes  No  
 If so, what is the fee for installment payments? \$5 \_\_\_\_\_

7. Does your company utilize a tiered rating plan?  Yes  No  
 If so, list the programs and percentage difference and current volume for each plan:

Program	Percentage Difference	Volume
---------	-----------------------	--------

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

*Eleanor Doherty*

\_\_\_\_\_  
 Signature  
 Eleanor F. Doherty  
 \_\_\_\_\_  
 Printed Name  
 Product Specialist  
 \_\_\_\_\_  
 Title  
 508-855-3251  
 \_\_\_\_\_  
 Telephone Number  
[elfdoherty@hanover.com](mailto:elfdoherty@hanover.com)  
 \_\_\_\_\_  
 Email address

## Private Passenger Auto Premium Comparison Survey Form

*FORM APCS - last modified August 2005*

**NAIC Number:** 41840  
**Company Name:** Allmerica Financial Benefit Insurance Co.  
**Contact Person:** Eleanor Doherty  
**Telephone No.:** 508-855-3251  
**Email Address:** [elfdoherty@hanover.com](mailto:elfdoherty@hanover.com)  
**Effective Date:** 04/01/2009 New & Ren

**Assumptions to Use:**

- 1 **Liability** -Minimum \$25,000 per person
- 2 **Bodily Injury** \$50,000 per accident  
\$25,000 per accident
- 3 **Property Damage** \$100 deductible per accident
- 4 **Comprehensive & Collision** \$250 deductible per accident
- 5 **The insured has elected to accept:**  
 Uninsured motorist property and bodily injury equal to liability coverage  
 Underinsured bodily injury equal to liability coverage
- 6 **Personal Injury Protection** of \$5,000 for medical, loss wages according to statute and \$5,000 accidental death
- 7 **If male and female rates are different, use the highest of the two**

**Submit to:** Arkansas Insurance Department  
 1200 West Third Street  
 Little Rock, AR 72201-1904  
**Telephone:** 501-371-2800  
 Email as an attachment to [insurance.pnc@arkansas.gov](mailto:insurance.pnc@arkansas.gov)  
 You may also attach to a SERFF filing or submit on a compact disk

**DISCOUNTS OFFERED:**  
 PASSIVE RESTRAINT/AIRBAG  %  
 AUTO/HOMEOWNERS  %  
 GOOD STUDENT  %  
 ANTI-THEFT DEVICE  %  
 Over 55 Defensive Driver Discount  %  
 \$250/\$500 Deductible Comp./Coll.  %

Vehicle	Coverages	Gender	Fayetteville				Trumann				Little Rock				Lake Village				Pine Bluff				
			Age	Female	Male	Male or Female	Male or Female	Female	Male	Male or Female	Male or Female	Female	Male	Male or Female	Male or Female	Female	Male	Male or Female	Male or Female	Female	Male	Male or Female	Male or Female
				18	18	40	66	18	18	40	66	18	18	40	66	18	18	40	66	18	18	40	66
1999 Chevrolet Silverado 1500 2WD "LS" regular cab 119" WB	Minimum Liability		\$1,234	\$3,394	\$1,060	\$1,142	\$1,578	\$2,102	\$682	\$730	\$1,616	\$2,172	\$684	\$734	\$1,578	\$2,102	\$682	\$730	\$1,366	\$1,834	\$582	\$626	
	Minimum Liability with Comprehensive and Collision		\$3,830	\$5,376	\$1,698	\$1,692	\$3,256	\$4,646	\$1,504	\$1,438	\$2,614	\$3,682	\$1,152	\$1,146	\$3,256	\$4,646	\$1,504	\$1,438	\$2,486	\$3,528	\$1,120	\$1,094	
	100/300/50 Liability with Comprehensive and Collision		\$3,562	\$4,974	\$1,466	\$1,528	\$2,914	\$4,132	\$1,250	\$1,244	\$2,430	\$3,408	\$1,002	\$1,040	\$2,914	\$4,132	\$1,250	\$1,244	\$2,270	\$3,204	\$956	\$974	
2003 Ford Explorer "XLT" 2WD, 4 door	Minimum Liability		\$1,412	\$3,910	\$1,204	\$1,298	\$1,800	\$2,418	\$770	\$826	\$1,852	\$2,504	\$776	\$836	\$1,800	\$2,418	\$770	\$826	\$1,564	\$2,112	\$660	\$710	
	Minimum Liability with Comprehensive and Collision		\$4,940	\$7,018	\$2,226	\$2,168	\$4,432	\$6,410	\$2,090	\$1,948	\$3,404	\$4,850	\$1,518	\$1,482	\$4,432	\$6,410	\$2,090	\$1,948	\$3,314	\$4,762	\$1,518	\$1,448	
	100/300/50 Liability with Comprehensive and Collision		\$4,510	\$6,370	\$1,872	\$1,914	\$3,884	\$5,574	\$1,682	\$1,636	\$3,106	\$4,400	\$1,284	\$1,312	\$3,884	\$5,574	\$1,682	\$1,636	\$2,964	\$4,230	\$1,252	\$1,250	
2003 Honda Odyssey "EX"	Minimum Liability		\$1,060	\$2,890	\$914	\$982	\$1,352	\$1,798	\$594	\$634	\$1,382	\$1,852	\$592	\$634	\$1,352	\$1,798	\$594	\$634	\$1,172	\$1,568	\$506	\$542	
	Minimum Liability with Comprehensive and Collision		\$3,990	\$5,674	\$1,818	\$1,758	\$3,708	\$5,368	\$1,762	\$1,632	\$2,776	\$3,962	\$1,252	\$1,210	\$3,708	\$5,368	\$1,762	\$1,632	\$2,740	\$3,944	\$1,268	\$1,200	
	100/300/50 Liability with Comprehensive and Collision		\$3,602	\$5,096	\$1,518	\$1,534	\$3,220	\$4,628	\$1,410	\$1,360	\$2,508	\$3,556	\$1,050	\$1,060	\$3,220	\$4,628	\$1,410	\$1,360	\$2,422	\$3,462	\$1,038	\$1,028	
2005 Toyota Camry LE 3.0L 4 door Sedan	Minimum Liability		\$1,244	\$3,396	\$1,076	\$1,154	\$1,588	\$2,108	\$692	\$740	\$1,628	\$2,176	\$692	\$742	\$1,588	\$2,108	\$692	\$740	\$1,374	\$1,834	\$590	\$630	
	Minimum Liability with Comprehensive and Collision		\$5,382	\$7,706	\$2,520	\$2,374	\$5,238	\$7,650	\$2,564	\$2,316	\$3,760	\$5,404	\$1,730	\$1,638	\$5,238	\$7,650	\$2,564	\$2,316	\$3,790	\$5,498	\$1,800	\$1,660	
	100/300/50 Liability with Comprehensive and Collision		\$4,744	\$6,760	\$2,032	\$2,008	\$4,442	\$6,442	\$1,982	\$1,862	\$3,316	\$4,738	\$1,406	\$1,388	\$4,442	\$6,442	\$1,982	\$1,862	\$3,274	\$4,720	\$1,426	\$1,372	
2003 Cadillac Seville "STS" 4 door Sedan	Minimum Liability		\$1,120	\$3,064	\$962	\$1,034	\$1,428	\$1,904	\$622	\$666	\$1,462	\$1,964	\$622	\$668	\$1,428	\$1,904	\$622	\$666	\$1,238	\$1,660	\$532	\$572	
	Minimum Liability with Comprehensive and Collision		\$6,038	\$8,774	\$2,924	\$2,672	\$6,264	\$9,258	\$3,168	\$2,784	\$4,256	\$6,198	\$2,010	\$1,854	\$6,264	\$9,258	\$3,168	\$2,784	\$4,424	\$6,498	\$2,168	\$1,948	
	100/300/50 Liability with Comprehensive and Collision		\$5,200	\$7,508	\$2,292	\$2,188	\$5,190	\$7,620	\$2,384	\$2,172	\$3,668	\$5,314	\$1,590	\$1,526	\$5,190	\$7,620	\$2,384	\$2,172	\$3,734	\$5,448	\$1,670	\$1,558	
1998 Chevrolet Cavalier LS 4D Sedan	Minimum Liability		\$1,234	\$3,394	\$1,060	\$1,142	\$1,578	\$2,102	\$682	\$730	\$1,616	\$2,172	\$684	\$734	\$1,578	\$2,102	\$682	\$730	\$1,366	\$1,834	\$582	\$626	
	Minimum Liability with Comprehensive and Collision		\$4,218	\$5,970	\$1,920	\$1,870	\$3,760	\$5,414	\$1,796	\$1,668	\$2,892	\$4,104	\$1,302	\$1,268	\$3,760	\$5,414	\$1,796	\$1,668	\$2,810	\$4,026	\$1,304	\$1,240	
	100/300/50 Liability with Comprehensive and Collision		\$3,856	\$5,424	\$1,618	\$1,650	\$3,296	\$4,714	\$1,448	\$1,406	\$2,644	\$3,732	\$1,106	\$1,126	\$3,296	\$4,714	\$1,448	\$1,406	\$2,516	\$3,582	\$1,080	\$1,076	

### NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	PA-AR-09002R
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	
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Company Name		Company NAIC Number		
3.	A.	<b>Allmerica Financial Benefit Insurance Co.</b>	B.	<b>088-41840</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>19.0 Personal Auto</b>	B.	<b>19.0001 Private Passenger Auto (PPA)</b>

5.			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(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>BI</b>	<b>2.6%</b>	<b>0.0%</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>PD</b>	<b>16.9%</b>	<b>8.3%</b>					
<b>UM / UIM</b>	<b>9.8%</b>	<b>4.4%</b>					
<b>PIP</b>	<b>34.7%</b>	<b>75.3%</b>					
<b>Comp</b>	<b>59.4%</b>	<b>10.3%</b>					
<b>Coil</b>	<b>0.3%</b>	<b>-1.1%</b>					
<b>TOTAL OVERALL EFFECT</b>	<b>10.8%</b>	<b>3.1%</b>					

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>2006</b>	<b>89</b>	<b>N/A</b>	<b>N/A</b>	<b>12</b>	<b>5</b>	<b>40.2%</b>	<b>60.6%</b>	
<b>2007</b>	<b>502</b>	<b>-18.9%</b>	<b>05/01/07</b>	<b>110</b>	<b>65</b>	<b>59.4%</b>	<b>61.9%</b>	
<b>2007</b>	<b>2781</b>	<b>3.0%</b>	<b>11/05/07</b>	<b>995</b>	<b>652</b>	<b>65.6%</b>	<b>62.6%</b>	
<b>2008</b>	<b>5558</b>	<b>4.3%</b>	<b>10/01/08</b>	<b>3794</b>	<b>2573</b>	<b>67.8%</b>	<b>67.0%</b>	

7.			Liability	Physical Damage
Expense Constants	Selecte d Provisio ns	Selecte d Provisio ns		
A. Total Production Expense	<b>16.4%</b>	<b>16.4%</b>		
B. General Expense	<b>9.2 %</b>	<b>9.2%</b>		
C. Taxes, License & Fees	<b>3.2%</b>	<b>3.2%</b>		
D. Underwriting Profit	<b>0.4%</b>	<b>3.8%</b>		

8.   N   Apply Lost Cost Factors to Future filings? (Y or N)
9.   13%   Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):   11
10.   -23.1%   Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable):   22

## Property & Casualty Transmittal Document

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

<b>3. Group Name</b>	<b>Group NAIC #</b>
Hanover Insurance Group	088

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Allmerica Financial Benefit Ins. Co.	MI	41840	23-2643430	

<b>5. Company Tracking Number</b>	<b>PA-AR-09002-61R</b>
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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
	Eleanor Doherty 440 Lincoln Street Worcester, MA 01653	Product Specialist	508-855-3251	508-855-4311	elfdoherty@hanover.com

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

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

9.	Type of Insurance (TOI)	19.0
10.	Sub-Type of Insurance (Sub-TOI)	19.0001
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	<b>Connections Auto</b>
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" 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: 4-1-2009      Renewal: 4-1-2009

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>16.</b>	<b>Reference Organization</b> (if applicable)			
<b>17.</b>	<b>Reference Organization # &amp; Title</b>			
<b>18.</b>	<b>Company's Date of Filing</b>			
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed	<input type="checkbox"/> Pending	<input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	PA-AR-09002-61R
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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In order to better serve our customers and improve our Connections Auto Program, we propose to make the following Adjustments effective 4/1/09 for new and renewal business.

We are making changes to base rates, adjusting our territorial factors and adding in factors for model years 2010 and 2011.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #:</b> EFT  <b>Amount:</b> \$100.00</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

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

**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>	PA-AR-09002-61R
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	PA-AR-09002-61F
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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>	File & Use
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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)
Allmerica Financial Benefit	10.8%	3.1%	\$181,612	5,970	\$5,858,464	13.0%	-23.1%

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

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
<b>5a.</b>	<b>Overall percentage rate indication (when applicable)</b>	+10.8%	
<b>5b.</b>	<b>Overall percentage rate impact for this filing</b>	+3.1%	
<b>5c.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>	\$181,612	
<b>5d.</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>	5,970	

<b>6.</b>	<b>Overall percentage of last rate revision</b>	+0.0%
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<b>7.</b>	<b>Effective Date of last rate revision</b>	11/07/2008
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File & Use
-----------	---	------------

<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or Withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01	Rate Schedule – Cover	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	HNVR125832279
02	Base Rates, Territory Factors, Model Year	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	HNVR125632061

**Allmerica Financial Benefit  
State of Arkansas  
Private Passenger Connections Auto Program**

**Effective:** April 01, 2009 for Renewal Business and New Business

**Explanatory Memorandum – Page 1 of 2**

**Proposal**

In order to better serve our customers and improve our Connections auto program, we propose to make the following adjustments. We are proposing an overall +3.1% rate change for our Arkansas Private Passenger Connections Auto Program effective 04/01/2009 for new and renewal business.

**Overall Rate Change**

The rate change that we propose varies by coverage and is shown in the following table:

<b>Coverage</b>	<b>Proposed Change</b>
Bodily Injury	0.0%
Property Damage	8.3%
UM/UIM	4.4%
Personal Injury Protection	75.3%
Comprehensive	10.3%
Collision	-1.1 %
<b>Total</b>	<b>3.1%</b>

The significant increase in our base rate for Personal Injury Protection is resulting from a high indication and an extensive review of the premium we are currently charging versus our competitors in the state as well as the premium we were charging in our prior Auto program.

**Territory**

We propose to adjust our territorial factors in order to better align pricing with risk levels and also to align with the local competition. Specifically, we propose to increase factors in territories 5 and 10 by 1% and territory 11 by 3%. We propose to decrease factors in territories 16 and 17 by -1%, territory 12 by -5%, territory 23 by -10%, territories 9 and 22 by -25%, and territory 6 by -20%.

The estimated rate impact of the territorial changes is -0.6% as shown in Exhibit 1.

**Model Year, Vehicle Age Factors**

We are also adding factors for model years 2010 and 2011.

**Base Rates**

In order to achieve an overall rate change of 3.1%, we are increasing the base rates by 3.7%. Please refer to Exhibit 1 for detailed information.

**Allmerica Financial Benefit  
State of Arkansas  
Private Passenger Connections Auto Program**

**Effective:** April 01, 2009 for Renewal Business and New Business

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Exhibit Index

Exhibit 1

Disruption by coverage

**State of Arkansas**  
**Allmerica Financial Benefit**  
**Private Passenger Automobile (Connections) Eff 04/01/2009 for Ren & New**

**Rate Impact by Coverage**

<b>Coverage</b>	<b>Coverage Written Premium</b>						
	<u>Current Onleveled</u>	<u>Territory</u>	<u>Base</u>	<u>Proposed</u>	<u>Territory</u>	<u>Base</u>	<u>Total</u>
BI	\$ 1,338,926	\$ 1,329,493	1,347,846	1,338,541	-0.7%	0.7%	0.0%
COLL	\$ 2,129,325	\$ 2,118,082	2,117,451	2,106,415	-0.5%	-0.6%	-1.1%
COMP	\$ 492,146	\$ 489,442	545,656	542,953	-0.5%	10.9%	10.3%
CSL	\$ 266,604	\$ 265,623	275,639	274,667	-0.4%	3.4%	3.0%
PIP	\$ 65,636	\$ 65,336	116,643	115,073	-0.5%	77.7%	75.3%
OTHER	\$ 74,967	\$ 74,967	74,967	74,967	0.0%	0.0%	0.0%
PD	\$ 832,331	\$ 824,768	909,660	901,495	-0.9%	9.3%	8.3%
UM	\$ 658,529	\$ 656,741	689,411	687,234	-0.3%	4.7%	4.4%
<b>Total</b>	<b>\$ 5,858,464</b>	<b>\$ 5,824,452</b>	<b>\$ 6,077,273</b>	<b>\$ 6,041,345</b>	<b>-0.6%</b>	<b>3.7%</b>	<b>3.1%</b>

**Sate of Arkansas  
The Hanover Insurance Company  
Connections Auto  
Territory Analysis**

Exhibit A

AR Terr	Hit Ratio	Loss Ratio					Competitors Relativities				Mkt_shr Weighted	Curr Hanover	Prop Chg
	Hit Ratio	EP	Losses	Claims	LR	Indication	Hartford Sentinel (Essential)	Safeco True Price	State Auto Natl	Travelers Quantum (Commercial)			
1	17.8%	\$672,019	\$401,921	153	59.8%	-2.8%	0.96	1.10	1.15	0.98	1.04	0.90	0%
3	29.4%	\$86,569	\$21,750	20	0.0%	-13.6%	0.95	0.98	0.97	1.06	0.99	0.88	0%
4	13.8%	\$66,831	\$59,681	22	89.3%	5.4%	1.24	1.04	0.98	1.02	1.08	0.90	0%
5	16.8%	\$36,117	\$75,638	15	209.4%	26.3%	1.03	1.02	0.97	0.73	0.95	0.90	1%
6	2.8%	\$27,000	\$4,293	2	15.9%	-3.2%	1.00	0.96	1.00	1.01	0.99	1.26	-20%
7	11.1%	\$166,118	\$96,809	44	58.3%	-2.0%	1.01	1.01	0.95	1.07	1.01	0.90	0%
8	39.9%	\$1,724,355	\$1,253,398	400	72.7%	7.5%	0.95	1.04	0.98	0.98	0.99	0.85	0%
9	4.4%	\$15,056	\$29,158	7	193.7%	16.0%	1.03	0.96	1.03	1.07	1.02	1.33	-25%
10	17.4%	\$186,193	\$168,686	54	90.6%	8.9%	0.94	0.96	0.93	0.97	0.95	0.75	1%
11	16.3%	\$89,138	\$87,292	23	97.9%	7.5%	1.08	1.06	0.98	1.01	1.04	0.90	3%
12	10.3%	\$190,161	\$87,332	39	0.0%	-19.0%	0.87	0.93	0.96	0.95	0.92	0.89	-5%
15	27.6%	\$130,018	\$31,371	16	24.1%	-7.6%	0.93	1.01	0.96	0.97	0.97	0.81	0%
16	57.0%	\$1,222,305	\$703,608	322	57.6%	-6.0%	0.92	0.95	0.93	0.97	0.94	0.82	-1%
17	19.4%	\$601,113	\$376,893	134	62.7%	-1.1%	0.92	0.95	0.93	0.97	0.94	0.86	-1%
18	0.0%	\$1,137	\$0	0	0.0%	0.0%	1.14	0.95	1.01	1.09	1.05	1.44	0%
19	14.3%	\$1,092	\$0	0	0.0%	0.0%	1.14	1.02	1.02	1.09	1.07	1.47	0%
20	22.0%	\$316,480	\$264,122	74	83.5%	7.6%	0.84	0.92	0.93	0.95	0.91	0.84	0%
21	26.8%	\$178,659	\$162,296	34	0.0%	-17.7%	1.09	1.05	1.09	0.98	1.06	0.89	0%
22	0.7%	\$16,297	\$598	2	0.0%	-4.3%	0.99	0.92	1.00	1.01	0.98	1.26	-25%
23	0.0%	\$33,116	\$1,155	3	3.5%	-5.0%	1.07	0.99	0.99	1.07	1.03	1.20	-10%
24	3.4%	\$19,185	\$17,865	6	93.1%	3.3%	1.10	1.02	0.97	1.03	1.03	1.20	0%
25	24.2%	\$658,653	\$321,082	121	48.7%	-8.2%	0.92	0.95	0.93	0.97	0.94	0.82	0%

Note:

- 1) Hit Ratio data as of 01/01/2008 - 11/30/2008
- 2) Loss Ratio data as of 09/18/2006 - 10/31/2008

### Arkansas Connections Auto Loss Ratio by Coverage

	<b>Earned Premium</b>	<b>Incurred Loss</b>	<b>Loss Ratio</b>
<b>BI</b>	1,843,435	947,677	51%
<b>PD</b>	1,090,039	841,193	77%
<b>UM</b>	759,946	571,668	75%
<b>PIP</b>	75,335	263,849	350%
<b>COMP</b>	739,154	537,316	73%
<b>COLL</b>	2,415,996	1,423,585	59%
<b>OTHER</b>	85,652	48,336	56%
<b>TOTAL</b>	<b>7,009,558</b>	<b>4,633,625</b>	<b>66%</b>

Note: Data as of 09/18/2006 - 12/31/2008