

Filing at a Glance

Company: Allstate Insurance Company

Product Name: Homeowners

TOI: 04.0 Homeowners

Sub-TOI: 04.0003 Owner Occupied

Homeowners

Filing Type: Rate

SERFF Tr Num: ALSX-125220027 State: Arkansas

SERFF Status: Closed

Co Tr Num: R17855

Co Status:

Author: SPI AllState

Date Submitted: 06-28-2007

State Tr Num: AR-PC-07-025241

State Status:

Reviewer(s): Becky Harrington,
Betty Montesi

Disposition Date: 07-27-2007

Disposition Status: Filed

Effective Date (New):

Effective Date Requested (New): 09-20-2007

Effective Date Requested (Renewal): 09-20-2007

Effective Date (Renewal): 10-18-
2007

General Information

Project Name: Rate Filing

Project Number: R17855

Reference Organization:

Reference Title:

Filing Status Changed: 07-27-2007

State Status Changed: 06-28-2007

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Allstate has again purchased countrywide catastrophe aggregate excess reinsurance agreements to mitigate our exposure to catastrophic losses. One agreement has a one year term, effective 6/1/2007 to 5/31/2008, and the other agreement has a two year term, effective 6/1/2007 to 5/31/2009. The one year term agreement has been 15% placed and the two year term agreement has been 80% placed, leaving Allstate the option of placing an additional 15% in year two. Together the catastrophe aggregate excess reinsurance agreements will apply to Allstate and Encompass brand personal auto and personal property policies nationwide (excluding Florida), providing coverage for the term 6/1/2007 to 5/31/2008 of 95% of the first \$2 billion in excess of \$2 billion of retained losses from storms named or numbered by the National Weather Service, earthquakes, and fire following earthquakes, subject to the terms, conditions, and limitations set forth in these agreements. These agreements replace Allstate's countrywide catastrophe aggregate excess reinsurance agreement that was effective from June 1, 2006 to May 31, 2007.

With this filing, information is provided to support the revision of the distinct charge to cover the fire following an earthquake portion of the net cost of reinsurance in Allstate Insurance Company for the Owners program in the state of Arkansas. The net cost of reinsurance is equal to the reinsurance premium paid, less expected reinsurance recoveries under the contract. Please refer to filing R17474 for additional information on the original net cost of reinsurance filing.

Allstate's decreased reinsurance cost will be reflected by revising the reinsurance rate adjustment factor in the rate calculation for the Owners program. The factor is currently 1.000 for Owners. The revised reinsurance rate adjustment factor will apply to the calculation of the reinsurance charge for all policies and will therefore have the same effect as a reinsurance base rate change. The proposed reinsurance rate adjustment factor is 0.957.

The target effective date for renewal business effective is September 20, 2007.

Company and Contact

Filing Contact Information

Carrie Deppe, Assistant State Filings Manager cdepp@allstate.com
2775 Sanders Road (847) 402-2774 [Phone]
Northbrook, IL 60062 (847) 402-9757[FAX]

Filing Company Information

Allstate Insurance Company	CoCode: 19232	State of Domicile: Illinois
2775 Sanders Road	Group Code: 8	Company Type: Property and Casualty
Suite A5		
Northbrook, IL 60062	Group Name: Allstate	State ID Number:
(847) 402-5000 ext. [Phone]	FEIN Number: 36-0719665	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Insurance Company	\$100.00	06-28-2007	14372134

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	07-27-2007	07-27-2007

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	07-11-2007	07-11-2007

Response Letters

Responded By	Created On	Date Submitted
SPI AllState	07-25-2007	07-25-2007
SPI AllState	07-11-2007	07-11-2007

Disposition

Disposition Date: 07-27-2007

Effective Date (New):

Effective Date (Renewal): 10-18-2007

Status: Filed

Comment:

Company Name:	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):	Overall % Indicated Change:
Allstate Insurance Company	0.000%	\$0	18,961	\$15,202,155	0.000%	0.000%	0.000%

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	Support_R17855, AR - HOMEOWNERS ABSTRACT FORM H 1	Filed	Yes
Supporting Document	Responses_to_AR_ObjectionsR17855.doc	Filed	Yes
Supporting Document	Response to 07.11.07 Objection	Filed	Yes
Rate (revised)	CheckingListR17855A#1	Filed	Yes
Rate	CheckingListR17855		Yes
Rate (revised)	ManualR17855A#1	Filed	Yes
Rate	ManualR17855		Yes

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07-11-2007

Submitted Date 07-11-2007

Dear Carrie Deppe,

This will acknowledge receipt of the response dated 7/11/07.

Objection 1

- Responses_to_AR_ObjectionsR17855.doc (Supporting Document)

Comment: Our previous position remains unchanged. The provision results in excessive rates and will be disapproved if not reduced.

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.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

Response Letter

Response Letter Status Submitted to State

Response Letter Date 07-25-2007

Submitted Date 07-25-2007

Dear Becky Harrington,

Comments: Response to July 11, 2007 objection letter

Response 1

Comments: Attached is our response, revised manual page, and revised checking list.

Related Objection 1

Applies to:

- Responses_to_AR_ObjectionsR17855.doc (Supporting Document)

Comment: Our previous position remains unchanged. The provision results in excessive rates and will be disapproved if not reduced.

Supporting Document Schedule Item Changes

Satisfied -Name: Response to 07.11.07 Objection

Comment:

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
CheckingListR17855A#1	R17855	Replacement	
ManualR17855A#1	R17855	Replacement	AR-PC-06-020662

If you have any questions, please feel free to contact me at 847-402-2774.

Sincerely,

Carrie Deppe

Sincerely,

SPI AllState

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06-29-2007

Submitted Date 06-29-2007

Dear Carrie Deppe,

This will acknowledge receipt of the captioned filing.

Objection 1

- Support_R17855, AR - HOMEOWNERS ABSTRACT FORM H 1 (Supporting Document)

Comment: The after tax operating profit amount appears excessive. Please explain.

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.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

Response Letter

Response Letter Status Submitted to State

Response Letter Date 07-11-2007

Submitted Date 07-11-2007

Dear Becky Harrington,

Comments: Please see the attached response.

Response 1

Comments: Please see the attached response

Related Objection 1

Applies to:

- Support_R17855, AR - HOMEOWNERS ABSTRACT FORM H 1 (Supporting Document)

Comment: The after tax operating profit amount appears excessive. Please explain.

Supporting Document Schedule Item Changes

Satisfied -Name: Responses_to_AR_ObjectionsR17855.doc

Comment: Response to Objection Letter Dated July 11, 2007

No Form Schedule items changed.

No Rate/Rule Schedule Item Changes

Sincerely,

Carrie Deppe

Sincerely,
SPI AllState

Rate Information

Rate data applies to filing.

Filing Method:

File and Use

Rate Change Type:

Neutral

Overall Percentage of Last Rate Revision:

0.000%

Effective Date of Last Rate Revision:

09-04-2006

Filing Method of Last Filing:

File and Use

Company Rate Information

Company Name:	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):	Overall % Indicated Change:
Allstate Insurance Company	0.000%	\$0	18,961	\$15,202,155	0.000%	0.000%	0.000%

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
Filed	CheckingListR17855A #1	R17855	Replacement		R17855 .PDF
Filed	ManualR17855A#1	R17855	Replacement	AR-PC-06-020662	R17855.PDF

CHECKING LIST FOR HOMEOWNERS

Printing dates are shown on each page to facilitate identification of different editions, but have no direct connection with the effective date of the page.

RATE PAGE CALCULATION OPTIONS

Enclosed: Page HORC-2 dated 7-2-2007

Withdrawn: Page HORC-2 dated 7-1-2007

- 12. Home and Auto Discount - Multiply by .85 (Rule 17)
- 13. The Good Hands People ® Discount - Multiply by .95 (Rule 22)
- 14. Apply the appropriate deductible factor, subject to any applicable maximum dollar credit.

<u>Deductible Option</u>	<u>Deductible Relativity</u>	<u>Maximum Deductible Credit *</u>
\$ 50	1.44	-
100	1.25	-
250	Base	-
250/500 WIND/HAIL	.94	\$100
250/1000 WIND/HAIL	.92	140
500	.87	250
500/1000 WIND/HAIL	.84	480
750	.80	550
1000	.75	800
1500	.70	1050
2000	.65	1200
3000	.60	1350
5000	.53	1550

* relative to the \$250 deductible premium

- 15. \$250 Theft Deductible - Multiply the \$50 or \$100 Deductible premium by .95
- 16. Add the Fixed Expense Policy Fee shown on the Supplementary Rate Page
- 17. For 3/4 Family Dwelling add amount shown on Supplementary Rate Pages
- 18. Add the appropriate Reinsurance Charge. Determine the charge as follows:
 - a. Determine the appropriate Base Reinsurance Charge from the Reinsurance Charge Pages.
 - b. Multiply the appropriate charge by a Reinsurance Rate Adjustment Factor of 0.900 (round to three decimals).
 - c. Multiply by the appropriate Coverage A Reinsurance Limit Factor as shown in the Reinsurance Charge Pages (penny round).
- 19. Add the additional premium applicable for increased limits or additional coverage and subtract any applicable credit for reduced coverage shown on the Supplementary Rate Pages. Where applicable, use the same deductible amount as Coverage A.

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Filed 07-27-2007

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC RATE RULE FILING SCHEDULE.PDF

Satisfied -Name: HPCS-Homeowners Premium
Comparison Survey **Review Status:** Filed 07-27-2007

Comments:

This will also be sent via e-mail to Becky Harrington, since we are unable to prevent this from being converted to a pdf file.

Attachment:

StateFilingForms02 - HPCS.PDF

Satisfied -Name: NAIC Loss Cost Filing Document
for OTHER than Workers' Comp **Review Status:** Filed 07-27-2007

Comments:

Attachment:

StateFilingForms04 - NAIC Loss Cost Data Entry.PDF

Satisfied -Name: Support_R17855, AR -
HOMEOWNERS ABSTRACT
FORM H 1 **Review Status:** Filed 07-27-2007

Comments:

Attachments:

Support_R17855.PDF
AR - HOMEOWNERS ABSTRACT FORM H 1.PDF

Satisfied -Name: Responses_to_AR_ObjectionsR17
855.doc **Review Status:** Filed 07-27-2007

Comments:

Response to Objection Letter Dated July 11, 2007

Attachment:

Responses_to_AR_ObjectionsR17855_doc.PDF

Review Status:

Filed

07-27-2007

Satisfied -Name: Response to 07.11.07 Objection

Comments:

Attachment:

Response to 07_11_07 Objection .PDF

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Allstate	008

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Allstate Insurance Company	IL	19232	36-0719665	

5. Company Tracking Number	R17855
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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
	Carrie M. Deppe 2775 Sanders Road, Suite A5 Northbrook IL 60062	Assistant State Filings Manager	800-366-2958 Ext. 22774	847-402-9757	cdepp@allstate.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Carrie M. Deppe

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

9.	Type of Insurance (TOI)	04.0 Homeowners
10.	Sub-Type of Insurance (Sub-TOI)	04.0003 Owner Occupied Homeowners
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Homeowners
13.	Filing Type	<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)
14.	Effective Date(s) Requested	New: 09/20/2007 Renewal: 09/20/2007
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	Not applicable
17.	Reference Organization # & Title	Not applicable
18.	Company's Date of Filing	June 28, 2007
19.	Status of filing in domicile	<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 #	R17855
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Allstate has again purchased countrywide catastrophe aggregate excess reinsurance agreements to mitigate our exposure to catastrophic losses. One agreement has a one year term, effective 6/1/2007 to 5/31/2008, and the other agreement has a two year term, effective 6/1/2007 to 5/31/2009. The one year term agreement has been 15% placed and the two year term agreement has been 80% placed, leaving Allstate the option of placing an additional 15% in year two. Together the catastrophe aggregate excess reinsurance agreements will apply to Allstate and Encompass brand personal auto and personal property policies nationwide (excluding Florida), providing coverage for the term 6/1/2007 to 5/31/2008 of 95% of the first \$2 billion in excess of \$2 billion of retained losses from storms named or numbered by the National Weather Service, earthquakes, and fire following earthquakes, subject to the terms, conditions, and limitations set forth in these agreements. These agreements replace Allstate's countrywide catastrophe aggregate excess reinsurance agreement that was effective from June 1, 2006 to May 31, 2007.

With this filing, information is provided to support the revision of the distinct charge to cover the fire following an earthquake portion of the net cost of reinsurance in Allstate Insurance Company for the Owners program in the state of Arkansas. The net cost of reinsurance is equal to the reinsurance premium paid, less expected reinsurance recoveries under the contract. Please refer to filing R17474 for additional information on the original net cost of reinsurance filing.

Allstate's decreased reinsurance cost will be reflected by revising the reinsurance rate adjustment factor in the rate calculation for the Owners program. The factor is currently 1.000 for Owners. The revised reinsurance rate adjustment factor will apply to the calculation of the reinsurance charge for all policies and will therefore have the same effect as a reinsurance base rate change. The proposed reinsurance rate adjustment factor is 0.957.

The target effective date for renewal business effective is September 20, 2007.

22.	<p>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]</p> <p>Check #: Not applicable. Fee will be paid via Electronic Funds Transfer. Amount: \$100.00</p> <p>Rate Filing</p> <p style="text-align: center;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>
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***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PROPERTY & CASUALTY 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 #	R17855
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	Not applicable
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File and Use
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4a.	Rate Change by Company (As Proposed)
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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)
Allstate Insurance Company	0.0	0.0	0	18961	1520215 5		

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

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	0.0
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7.	Effective Date of last rate revision	09/04/2006
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File and Use
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Please refer to checking list	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AR-PC-06-020662
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	

NAIC Number: _____
 Company Name: _____
 Contact Person: _____
 Telephone No.: _____
 Email Address: _____
 Effective Date: _____

**Homeowners Premium Comparison Survey Form
 FORM HPCS - last modified August, 2005**

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*
 You may also attach to a SERFF filing or submit on a cdr disk

**USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE
 BLANK**

Survey Form for HO3 (Homeowners) - Use \$500 Flat Deductible (Risk of direct physical loss for dwelling and other structures; named perils for personal property, RC on dwelling, ACV on personal property, liab and med pay for others incl)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000																		
	\$120,000																		
	\$160,000																		
6	\$80,000																		
	\$120,000																		
	\$160,000																		
9	\$80,000																		
	\$120,000																		
	\$160,000																		

Survey Form for HO4 (Renters) - Use \$500 Flat Deductible (Named perils for personal property, actual cash value for loss, liability and medical payments for others included)

Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$5,000																		
	\$15,000																		
	\$25,000																		
6	\$5,000																		
	\$15,000																		
	\$25,000																		
9	\$5,000																		
	\$15,000																		
	\$25,000																		

Survey Form for DP-2 (Dwelling/Fire) - Use \$500 Flat Deductible (Named perils for dwelling and personal property; replacement cost for dwelling, actual cash value for personal property, no liability coverage)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$120,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$160,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6	\$80,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$120,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$160,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9	\$80,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$120,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$160,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

SPECIFY THE PERCENTAGE GIVEN FOR CREDITS OR DISCOUNTS FOR THE FOLLOWING:

HO3 and HO4 only

Fire Extinguisher	<input type="text" value="0"/>	%	Deadbolt Lock	<input type="text" value="0"/>	%
Burglar Alarm	<input type="text" value="0"/>	%	Window Locks	<input type="text" value="0"/>	%
Smoke Alarm	<input type="text" value="0"/>	%	\$1,000 Deductible	<input type="text" value="0"/>	%
			Other (specify)	<input type="text"/>	%
			Maximum Credit Allowed	<input type="text" value="0"/>	%

EARTHQUAKE INSURANCE

IMPORTANT, homeowners insurance does NOT automatically cover losses from earthquakes. Ask your agent about this coverage

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS? (yes or no)

WHAT IS YOUR PERCENTAGE DEDUCTIBLE? %

WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?

Zone	Brick	Frame
Highest Risk	\$ 0.38	\$ 0.32
Lowest Risk	\$ 0.35	\$ 0.27

NAIC Number: 19232
 Company Name: Allstate Insurance Company
 Contact Person: Carrie Deppe
 Telephone No.: 847-402-2774
 Email Address: cdeppe@allstate.com
 Effective Date: 8/6/2007

**Homeowners Premium Comparison Survey Form
 FORM HPCS - last modified August, 2005**

**USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE
 BLANK**

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
 You may also attach to a SERFF filing or submit on a cdr disk

Survey Form for HO3 (Homeowners) - Use \$500 Flat Deductible (Risk of direct physical loss for dwelling and other structures; named perils for personal property, RC on dwelling, ACV on personal property, liab and med pay for others incl)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$202.00	\$235.00	\$205.00	\$238.00	\$323.00	\$374.00	\$365.00	\$438.00	\$365.00	\$438.00	\$280.00	\$325.00	\$256.00	\$297.00	\$253.00	\$304.00	\$307.00	\$357.00
	\$120,000	\$281.00	\$326.00	\$285.00	\$331.00	\$449.00	\$520.00	\$507.00	\$608.00	\$507.00	\$608.00	\$390.00	\$452.00	\$356.00	\$412.00	\$352.00	\$422.00	\$435.00	\$505.00
	\$160,000	\$373.00	\$434.00	\$379.00	\$440.00	\$597.00	\$692.00	\$674.00	\$809.00	\$674.00	\$809.00	\$519.00	\$601.00	\$472.00	\$549.00	\$468.00	\$561.00	\$590.00	\$686.00
6	\$80,000	\$222.00	\$260.00	\$224.00	\$264.00	\$353.00	\$415.00	\$438.00	\$492.00	\$438.00	\$492.00	\$306.00	\$360.00	\$279.00	\$328.00	\$304.00	\$341.00	\$336.00	\$395.00
	\$120,000	\$308.00	\$362.00	\$311.00	\$366.00	\$491.00	\$577.00	\$608.00	\$684.00	\$608.00	\$684.00	\$425.00	\$500.00	\$389.00	\$457.00	\$422.00	\$475.00	\$476.00	\$559.00
	\$160,000	\$410.00	\$481.00	\$414.00	\$486.00	\$653.00	\$766.00	\$809.00	\$909.00	\$809.00	\$909.00	\$566.00	\$666.00	\$517.00	\$607.00	\$561.00	\$632.00	\$646.00	\$758.00
9	\$80,000	\$674.00	\$789.00	\$682.00	\$799.00	\$1,074.00	\$1,258.00	\$1,275.00	\$1,548.00	\$1,275.00	\$1,548.00	\$933.00	\$1,092.00	\$851.00	\$995.00	\$885.00	\$1,075.00	\$1,024.00	\$1,199.00
	\$120,000	\$937.00	\$1,098.00	\$948.00	\$1,111.00	\$1,495.00	\$1,761.00	\$1,789.00	\$2,225.00	\$1,789.00	\$2,225.00	\$1,297.00	\$1,519.00	\$1,183.00	\$1,385.00	\$1,231.00	\$1,496.00	\$1,449.00	\$1,701.00
	\$160,000	\$1,246.00	\$1,460.00	\$1,262.00	\$1,477.00	\$2,034.00	\$2,469.00	\$2,462.00	\$3,041.00	\$2,462.00	\$3,041.00	\$1,732.00	\$2,072.00	\$1,573.00	\$1,866.00	\$1,637.00	\$2,035.00	\$2,009.00	\$2,396.00

Survey Form for HO4 (Renters) - Use \$500 Flat Deductible (Named perils for personal property, actual cash value for loss, liability and medical payments for others included)

Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$6,000	\$46.00	\$46.00	\$46.00	\$46.00	\$46.00	\$46.00	\$46.00	\$46.00	\$46.00	\$46.00	\$46.00	\$46.00	\$46.00	\$46.00	\$46.00	\$46.00	\$46.00	\$46.00
	\$15,000	\$82.00	\$82.00	\$82.00	\$82.00	\$82.00	\$82.00	\$82.00	\$82.00	\$82.00	\$82.00	\$82.00	\$82.00	\$82.00	\$82.00	\$82.00	\$82.00	\$82.00	\$82.00
	\$25,000	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00
6	\$6,000	\$53.00	\$53.00	\$53.00	\$53.00	\$53.00	\$53.00	\$53.00	\$53.00	\$53.00	\$53.00	\$53.00	\$53.00	\$53.00	\$53.00	\$53.00	\$53.00	\$53.00	\$53.00
	\$15,000	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00
	\$25,000	\$132.00	\$132.00	\$132.00	\$132.00	\$132.00	\$132.00	\$132.00	\$132.00	\$132.00	\$132.00	\$132.00	\$132.00	\$132.00	\$132.00	\$132.00	\$132.00	\$132.00	\$132.00
9	\$6,000	\$63.00	\$63.00	\$63.00	\$63.00	\$63.00	\$63.00	\$63.00	\$63.00	\$63.00	\$63.00	\$63.00	\$63.00	\$63.00	\$63.00	\$63.00	\$63.00	\$63.00	\$63.00
	\$15,000	\$112.00	\$112.00	\$112.00	\$112.00	\$112.00	\$112.00	\$112.00	\$112.00	\$112.00	\$112.00	\$112.00	\$112.00	\$112.00	\$112.00	\$112.00	\$112.00	\$112.00	\$112.00
	\$25,000	\$156.00	\$156.00	\$156.00	\$156.00	\$156.00	\$156.00	\$156.00	\$156.00	\$156.00	\$156.00	\$156.00	\$156.00	\$156.00	\$156.00	\$156.00	\$156.00	\$156.00	\$156.00

Survey Form for DP-2 (Dwelling/Fire) - Use \$500 Flat Deductible (Named perils for dwelling and personal property; replacement cost for dwelling, actual cash value for personal property, no liability coverage)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$120,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$160,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6	\$80,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$120,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$160,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9	\$80,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$120,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$160,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

SPECIFY THE PERCENTAGE GIVEN FOR CREDITS OR DISCOUNTS FOR THE FOLLOWING:

HO3 and HO4 only

Fire Extinguisher	0 %	Deadbolt Lock	0 %
Burglar Alarm	0 %	Window Locks	0 %
Smoke Alarm	0 %	\$1,000 Deductible	0 %
		Other (specify)	0 %
		Maximum Credit Allowed	0 %

EARTHQUAKE INSURANCE

IMPORTANT, homeowners insurance does NOT automatically cover losses from earthquakes. Ask your agent about this coverage

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS? yes (yes or no)

WHAT IS YOUR PERCENTAGE DEDUCTIBLE? %

Zone	Brick	Frame
Highest Risk	\$ 0.38	\$ 0.32
Lowest Risk	\$ 0.35	\$ 0.27

WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	R17855
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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.	Allstate Insurance Company	B.	19232

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.	Owners	B.	

5.			FOR LOSS COSTS ONLY				
(A) COVERAGE (See Instructions)	(B) Indicated Reinsurance Change	(C) Requested Reinsurance 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
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
	N/A			N/A			M/A

7.	
Expense Constants	Selected Provisions
A. Other Acquisition	4.4%
B. General Expense	3.9%
C. Taxes, License & Fees	3.1%
D. Underwriting Profit	13.2%
E. Commissions	13.5%
F. TOTAL	38.1%

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

**ALLSTATE INSURANCE GROUP
OWNERS
ARKANSAS**

DEVELOPMENT OF THE AVERAGE INDICATED REINSURANCE CHARGE

With this filing, Allstate is revising the distinct charge to cover the net cost of reinsurance for fire following an earthquake in Arkansas. The net cost of reinsurance is equal to the reinsurance premium paid, which includes premium for a countrywide reinsurance contract, less expected reinsurance recoveries under this contract, and represents the incremental cost to Allstate of the contract. This is the net cost for Allstate Insurance Group as allocation to the company level was not available. Net cost figures were only available at the state and line level.

The reinsurance premium, net of expected Benfield Inc.'s premium adjustment provision, has been distributed to the individual states and lines in proportion to their expected loss recovery. Allstate has relied on expected loss recoveries provided by Benfield Inc. These expected losses have been loaded, by Benfield Inc., with Allstate's loss adjustment expense. The inclusion of this adjustment increases the expected recoveries under the contract, resulting in a lower net cost of reinsurance. Note: The adjustment was applied to gross modeled losses, then the terms of the contract were applied to determine expected loss recoveries.

Additionally, the countrywide annual aggregate reinsurance contract premiums displayed in this filing represent the current cost of this contract. However, the final costs may increase, remain unchanged or decrease, based on Allstate's exposures as of June 30, 2007 and December 31, 2007.

This packet further displays, in greater detail, the determination of the indicated reinsurance charge per Amount of Insurance Year (AIY)* for the Owners line.

*1 AIY = One Amount of Insurance Year
= \$1000 of Coverage in Force for One Year

**ALLSTATE INSURANCE GROUP
OWNERS
ARKANSAS**

**DETERMINATION OF THE AVERAGE INDICATED REINSURANCE CHARGE
EXPLANATORY MEMORANDUM**

Page 4 shows the development of the indicated reinsurance charge. An explanation, with references to the supporting exhibit, is provided below.

1. Reinsurance Premium:
Reinsurance premium paid, net of expected Benfield Inc. premium adjustment provision.
2. Loss Savings Due to Reinsurance:
Provided loss recoveries under the reinsurance contracts.
3. Net Cost of Reinsurance: (1) - (2)
Provided loss recoveries are subtracted from the reinsurance premium to determine the net cost of reinsurance.
4. 2007 Reinsurance Expense Provision per 2006 AIY Distributions:
Allstate calculated a reinsurance expense provision per AIY in 2006 of 0.041 by dividing the 2006 net cost of reinsurance by the expected AIYs associated with the reinsurance contracts effective 6/1/2006 to 5/31/2007. To reflect this reinsurance expense provision in terms of the 2007 net cost of reinsurance, the 0.041 is multiplied by the change in the net cost of reinsurance between years 2006 and 2007. [$0.041 * (\$312,177 / \$289,950)$]
5. Commissions, Taxes, and Profit Ratio:
Expense ratio for commissions, taxes, and profit. **Page 5** details the expense ratios.
6. Reinsurance Charge per 2006 AIY Distributions:
This line shows the charge per AIY, by loading the reinsurance expense provision per AIY, (4) / [1 - line (5)], with commissions, taxes, and profit.
7. Allstate's Expected Recovery of the Net Cost of Reinsurance:
This is the amount of the net cost of reinsurance Allstate would recover assuming the 2006 base rates applied to expected AIY distributions associated with the reinsurance contracts effective 6/1/2007 to 5/31/2008.
8. Reinsurance Rate Adjustment Factor:
To attain the Reinsurance Charge per AIY shown in Line (6), Allstate will revise the reinsurance rate adjustment factor. The revised reinsurance rate adjustment factor will apply to the calculation of the reinsurance charge for all policies and will therefore have the same effect as a reinsurance base rate change. However, Line (6) is the reinsurance charge needed assuming an AIY distribution associated with the reinsurance contracts effective 6/1/2006 to 5/31/2007.

To accurately reflect distributional AIY shifts that have occurred, the reinsurance rate adjustment factor was calculated by applying the commissions, taxes, and profit to the net cost of reinsurance and comparing it to the expected recovery of the net cost of reinsurance found in Line (7).

*1 AIY = One Amount of Insurance Year
= \$1,000 of Coverage in Force for One Year.

**ALLSTATE INSURANCE GROUP
OWNERS
ARKANSAS
DETERMINATION OF THE AVERAGE INDICATED REINSURANCE CHARGE**

	<u>2007</u>
1. Reinsurance Premium	\$344,048
2. Loss Savings Due to Reinsurance	\$31,931
3. Net Cost of Reinsurance	\$312,117
4. 2007 Reinsurance Expense Provision per 2006 AIY Distributions	0.044
5. Commissions, Taxes, and Profit Ratio	28.8%
6. Reinsurance Charge Per 2006 AIY Distribution (4) / [1 - (5)]	0.062
7. Allstate's Expected Recovery of the Net Cost of Reinsurance	\$458,262
8. Reinsurance Rate Adjustment Factor [(3) / (1 - (5))] / (7)	0.957

*1 AIY = One Amount of Insurance Year
= \$1000 of Coverage in Force for One Year

**ALLSTATE INSURANCE GROUP
OWNERS
ARKANSAS
COMMISSIONS, TAXES, AND PROFIT RATIO USED IN THE
DETERMINATION OF THE AVERAGE INDICATED REINSURANCE CHARGE**

	Provision in Rate
Commission and Brokerage	13.5%
Taxes, Licenses and Fees *	3.1%
Underwriting Profit**	12.2%
	<hr/> <hr/>
Commissions, Taxes, and Profit Ratio	28.8%

* State Taxes - Does not include Federal Income Tax

** Reflects a Total After-Tax Operating Profit of 10.20%

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	Allstate Insurance Company
NAIC # (including group #)	008-19232

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.
The company began using the Boeckh index in 1979. However, its impact cannot be estimated.

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.
A factor of 150%, representing relations of replacement cost to market value, is used to determine eligibility for Allstate Insurance Company.

4. If you use an Inflation Guard form or similar type of coverage, describe the coverage(s) and estimate the impact.
A Boeckh index is employed for the area. Its impact is included in estimating changes for amount of insurance at approximately 3.5%

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

- | | |
|---|------------------|
| a. Fire Extinguisher | 5 % |
| b. Burglar Alarm | 5 % |
| c. Smoke Alarm | 5 % |
| d. Insured who has both homeowners and auto with your company | 15 % |
| e. Deadbolt Locks | 5 % |
| f. Window or Door Locks | Not applicable % |
| g. Other (specify) | % |

Complete Central Burglar Alarm	10 %
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Complete Central Fire Alarm	10 %
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Central Home Sprinkler System	10
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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.
Yes - unprotected areas, since they are in excess of 5 miles from a responding fire department.

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

Form		Premium Volume
Homeowner		\$15,202,155

8. Do you write homeowner risks which have aluminium, steel or vinyl siding? Yes No
9. Is there a surcharge on risks with wood heat? No
- If yes, state the surcharge Not applicable
- Does the surcharge apply to conventional fire places? Not applicable
- If yes, state the surcharge Not applicable

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



Signature

Carrie M. Deppe

Printed Name

Assistant State Filings Manager

Title

847-402-2774 Ext. 22774

Telephone Number

cdepp@allstate.com

Email address

**Arkansas
Department of Insurance Objections**

July 11, 2007

Objection #1)

The After-Tax Operating Profit used in the determination of the average indicated reinsurance charge and permissible loss ratio has approximately doubled from that of the previous filing and appears excessive. Explain and provide the pre-tax provision amount.

Response #1)

The after-tax operating profit is comparable to the after-tax operating profit originally filed by Allstate in the previous filing. At the time of the previous filing Allstate came to an agreement with the Arkansas Department of Insurance to lower the after-tax operating profit. With this filing, we are including the after-tax operating profit necessary to achieve the appropriate return to Allstate. Please see **Attachment IV** in the document titled Support_R17858 for the development of the after-tax operating profit as well as the pre-tax provision amount.

**ALLSTATE INSURANCE COMPANY
OWNERS
ARKANSAS**

RESPONSE TO DOI OBJECTION

OBJECTION:

Our previous position remains unchanged. The provision results in excessive rates and will be disapproved if not reduced. 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.

Regarding the distinct charge for the net cost of reinsurance, in order to expedite the approval of filing R17855, Allstate has selected a reinsurance rate adjustment factor of 0.900. This selection is consistent with the reinsurance rate adjustment factor developed using an after-tax underwriting profit of 5% (7.7% pre-tax), which is the profit requested by the Arkansas Department of Insurance last year with regard to Allstate filing R17474. The development of the net cost of reinsurance using a 5% after-tax underwriting profit provision is shown on Exhibit 1.

The target effective date for renewal business has been revised to October 18, 2007.

**ALLSTATE INSURANCE GROUP
OWNERS
ARKANSAS
DETERMINATION OF THE AVERAGE REINSURANCE CHARGE**

	Indicated Average Reinsurance Charge	Average Reinsurance Charge Using 5% After-Tax Underwriting Profit Provision	<u>Selected</u>
1. Reinsurance Premium	\$344,048	\$344,048	
2. Loss Savings Due to Reinsurance	\$31,931	\$31,931	
3. Net Cost of Reinsurance	\$312,117	\$312,117	
4. 2007 Reinsurance Expense Provision per 2006 AIY* Distributions	0.044	0.044	
5. Commissions, Taxes, and Profit Ratio	28.8%	24.3%**	
6. Reinsurance Charge Per AIY (4) / [1 - (5)]	0.062	0.058	
7. Allstate's Expected Recovery of the Net Cost of Reinsurance	\$458,262	\$458,262	
8. Reinsurance Rate Adjustment Factor [(3) / (1 - (5))] / (7)	0.957	0.900	0.900

* 1 AIY = One Amount of Insurance Year
= \$1000 of Coverage in Force for One Year

** Commissions Provision: 13.5%
Taxes, Licenses, and Fees: 3.1%
Pre-tax Underwriting Profit: 7.7%

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	CheckingListR17855	06-28-2007	R17855.PDF
No original date	Rate and Rule	ManualR17855	06-28-2007	R17855.PDF

CHECKING LIST FOR HOMEOWNERS

Printing dates are shown on each page to facilitate identification of different editions, but have no direct connection with the effective date of the page.

RATE PAGE CALCULATION OPTIONS

Enclosed: Page HORC-2 dated 7-1-2007

Withdrawn: Page HORC-2 dated 8-1-2006

- 12. Home and Auto Discount - Multiply by .85 (Rule 17)
- 13. The Good Hands People ® Discount - Multiply by .95 (Rule 22)
- 14. Apply the appropriate deductible factor, subject to any applicable maximum dollar credit.

<u>Deductible Option</u>	<u>Deductible Relativity</u>	<u>Maximum Deductible Credit *</u>
\$ 50	1.44	-
100	1.25	-
250	Base	-
250/500 WIND/HAIL	.94	\$100
250/1000 WIND/HAIL	.92	140
500	.87	250
500/1000 WIND/HAIL	.84	480
750	.80	550
1000	.75	800
1500	.70	1050
2000	.65	1200
3000	.60	1350
5000	.53	1550

* relative to the \$250 deductible premium

- 15. \$250 Theft Deductible - Multiply the \$50 or \$100 Deductible premium by .95
- 16. Add the Fixed Expense Policy Fee shown on the Supplementary Rate Page
- 17. For 3/4 Family Dwelling add amount shown on Supplementary Rate Pages
- 18. Add the appropriate Reinsurance Charge. Determine the charge as follows:
 - a. Determine the appropriate Base Reinsurance Charge from the Reinsurance Charge Pages.
 - b. Multiply the appropriate charge by a Reinsurance Rate Adjustment Factor of 0.957 (round to three decimals).
 - c. Multiply by the appropriate Coverage A Reinsurance Limit Factor as shown in the Reinsurance Charge Pages (penny round).
- 19. Add the additional premium applicable for increased limits or additional coverage and subtract any applicable credit for reduced coverage shown on the Supplementary Rate Pages. Where applicable, use the same deductible amount as Coverage A.