

State: North Carolina **Filing Company:** American Strategic Insurance Corp
TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations
Product Name: NC HO 2011 ISO
Project Name/Number: /

Filing at a Glance

Company: American Strategic Insurance Corp
Product Name: NC HO 2011 ISO
State: North Carolina
TOI: 04.0 Homeowners
Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Filing Type: Form
Date Submitted: 01/31/2014
SERFF Tr Num: AMSI-129389770
SERFF Status: Closed-Acknowledged
State Tr Num: AMSI-129389770
State Status: Acknowledged
Co Tr Num:

Effective Date: 04/01/2014
Requested (New):
Effective Date: 04/01/2014
Requested (Renewal):
Author(s): Daniel Carvin
Reviewer(s): Wanda Williams (primary)
Disposition Date: 02/03/2014
Disposition Status: Acknowledged
Effective Date (New): 04/01/2014
Effective Date (Renewal): 04/01/2014

State: North Carolina **Filing Company:** American Strategic Insurance Corp
TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations
Product Name: NC HO 2011 ISO
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General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 02/03/2014
State Status Changed: 02/03/2014 Deemer Date:
Created By: Daniel Carvin Submitted By: Daniel Carvin
Corresponding Filing Tracking Number:
State TOI: 04.0 Homeowners State Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Filing Description:

With this filing ASI is updating our HO forms to the 2011 ISO versions from ISO Filing Designation Number HO-2010-OFR10. Please do not hesitate to contact me with any questions or concerns regarding this filing.

Daniel Carvin
dcarvin@asicorp.org
866-274-8765 ext. 1233

Company and Contact

Filing Contact Information

Daniel Carvin, dcarvin@asicorp.org
1 ASI Way 727-821-8765 [Phone] 1316 [Ext]
St Petersburg, FL 33702

Filing Company Information

American Strategic Insurance Corp CoCode: 10872 State of Domicile: Florida
1 ASI Way Group Code: 1344 Company Type: P&C
St Petersburg, FL 33702 Group Name: ARX Holding Corp State ID Number:
(866) 274-8765 ext. 232[Phone] FEIN Number: 59-3459912

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

SERFF Tracking #:

AMSI-129389770

State Tracking #:

AMSI-129389770

Company Tracking #:

State:

North Carolina

Filing Company:

American Strategic Insurance Corp

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Acknowledged	Wanda Williams	02/03/2014	02/03/2014

State: North Carolina **Filing Company:** American Strategic Insurance Corp
TOI/Sub-TOI: 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations
Product Name: NC HO 2011 ISO
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Disposition

Disposition Date: 02/03/2014
Effective Date (New): 04/01/2014
Effective Date (Renewal): 04/01/2014
Status: Acknowledged

Comment:
We acknowledge this filing stating your company's intent to implement the reference mandatory filing on all policies to become effective April 1, 2014 .

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Form Filing Questionnaire FC-048		Yes
Supporting Document	Form Revision		Yes

SERFF Tracking #:

AMSI-129389770

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Supporting Document Schedules

Satisfied - Item:	Form Filing Questionnaire FC-048
Comments:	
Attachment(s):	Form Filing Questionnaire.pdf HO Forms Questionnaire Supplement.pdf
Item Status:	
Status Date:	
Bypassed - Item:	Form Revision
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

**NORTH CAROLINA DEPARTMENT OF INSURANCE
FORM(S) QUESTIONNAIRE**

(1) NAME OF FILING ORGANIZATION American Strategic Insurance Corp

(2) FILER'S FILE # NC HO ISO 2011

(3) PROGRAM TITLE Homeowners

(4) LINE(S) OF INSURANCE 04.0 Homeowners

(5) HOW MANY NEW FORMS AND/OR REVISED FORMS ARE BEING FILED?

*NEW _____ *REVISED _____

***Attach forms index, including form numbers, edition dates and titles.**

(6) LIST ALL OLD FORM(S) BEING WITHDRAWN AND DEPARTMENT FILE NUMBER

See attached Supplement

(7) EXPLAIN THE PURPOSE(S) OF THIS FILING. (ATTACH SEPARATE SHEET)

(8) LIST THE STATES WHERE THIS FILING HAS BEEN MADE

n/a

(9) HAS THIS FILING BEEN MADE IN YOUR DOMICILIARY STATE? YES NO
IF FILED, WHAT ACTION DID YOUR DOMICILIARY STATE TAKE?

(10) LIST THE STATES THAT HAVE APPROVED THIS FILING

n/a

(11) LIST THE STATES THAT HAVE DISAPPROVED THIS FILING AND REASON(S) FOR DISAPPROVAL (ATTACH SEPARATE SHEET)

(12) ATTACH COPIES OF ALL REQUIRED MODIFICATIONS REFERRED TO IN (10) ABOVE

(13) IF THE FILING IS SIMILAR OR IDENTICAL TO A FILING MADE WITH THE N.C. DEPARTMENT OF INSURANCE BY A LICENSED BUREAU OR LICENSED RATING ORGANIZATION, COMPLETE THE FOLLOWING:

(A) NAME OF AFFILIATED BUREAU OR RATING ORGANIZATION

Insurance Services Office

(B) NAME OF BUREAU OR RATING ORGANIZATION PROGRAM

Homeowners

(C) IDENTIFICATION NUMBER OF BUREAU OR RATING ORGANIZATION PROGRAM HO-2010-OFR10

(D) ARE YOU A MEMBER ; SUBSCRIBER ; SERVICE PURCHASER

(14) IF THE FILING IS SIMILAR OR IDENTICAL TO A FILING MADE WITH THE N.C. DEPARTMENT OF INSURANCE BY A LICENSED INSURANCE COMPANY IN NORTH CAROLINA, GIVE THE N.C. INSURANCE DEPARTMENT FILE NUMBER AND APPROVAL DATE FILE # n/a APPROVAL DATE n/a ON A SEPARATE SHEET, DESCRIBE THE DIFFERENCE(S), IF ANY, BETWEEN YOUR FORM(S) AND THOSE OF THE PREVIOUSLY APPROVED PROGRAM

(15) COMPUTER PRINTED DECLARATIONS PAGES SHOULD BE COMPLETED IN "JOHN DOE" FASHION AND ATTACHED.

(16) PROPOSED EFFECTIVE DATE AND RULE OF IMPLEMENTATION

04/01/2014

(17) IF FILING AN EXCLUSION, DOES THIS EXCLUSION HAVE ANY PREMIUM IMPACT?

NO YES. IS THIS COVERED IN A COMPANION FILING? NO YES

PROVIDE COMPANY/NCDOI FILE NO. FOR COMPANION FILING _____

(18) I CERTIFY THAT THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.



SIGNATURE OF OFFICER OF THE COMPANY OR HEAD OF THE FILINGS DEPARTMENT

FC-048 (02/06)

North Carolina Department of Insurance Forms Questionnaire Supplement

SERFF Tracking No: AMSI-129389770

Company File No: NC HO 2011 ISO

Question 7: Explain the purpose of this filing.

We are updating the ISO forms used from the 2000 versions to the 2011 versions. The previous policy forms were those approved for use by the NC DOI for Insurance Services Office under ISO Filing Designation Numbers HO-2003-000FR, HO-2008-OSPE1, HO-2009-OSPE1, and HO-2005-FFFFF. The new forms are under ISO Filing Designation Number HO-2010-OFR10. We will continue to use the Declarations, Application, and notices of Cancellation and Non-renewal previously approved under SERFF Tracking Number AMSI-126663227.

Question 11: List the states that have disapproved this filing and reason(s) for disapproval.

Not applicable.