Filing at a Glance

Company: Employers Mutual Casualty Company

Product Name: Adopt 2002 Program
SERFF Tr Num: EMCC-125220140
State: Arkansas

TOI: 01.0 Property
SERFF Status: Closed
State Tr Num: AR-PC-07-025278

Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Co Tr Num: AR-DWG-2007-02
State Status:

Filing Type: Rate
Co Status:
Reviewer(s): Becky Harrington, Betty Montesi

Author: Stephanie McBride
Disposition Date: 07-11-2007

Date Submitted: 06-29-2007
Disposition Status: Filed

Effective Date Requested (New): 10-01-2007
Effective Date (New): 10-01-2007

Effective Date Requested (Renewal): 10-01-2007
Effective Date (Renewal): 10-01-2007

General Information

Project Name:
Status of Filing in Domicile:

Project Number:
Domicile Status Comments:

Reference Organization: ISO
Reference Number: DL-2005-RLA1, DL-2004-RLA1, DL-2003-RLC1, DP-2006-RLA1, DP-2003-RLC1, & DP-2004-RLA1

Reference Title:
Advisory Org. Circular: LI-DL-2005-102, LI-DL-2004-093, LI-DL-2003-154, LI-DP-2006-090, LI-DP-2003-111, & LI-DP-2004-124

Filing Status Changed: 07-11-2007

State Status Changed: 06-29-2007
Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

June 29, 2007

Attn: Property & Casualty Division

Commissioner of Insurance

Arkansas Insurance Department

1200 West Third Street

Little Rock, AR 72201-1904

EMPLOYERS MUTUAL CASUALTY COMPANY 062-21415

Dwelling Property & Liability

Rate Revision

Adopt 2002 Program
Dwelling Liability Reference Numbers: DL-2005-RLA1, DL-2004-RLA1, DL-2003-RLC1
Dwelling Property Reference Numbers: DP-2006-RLA1, DP-2003-RLC1, DP-2004-RLA1
Company File Number: AR-DWG-2007-02
Effective Date: October 1, 2007

The captioned company is a member of Insurance Services Office. In the past we had non-adopted ISOs 2002 program. We are now in a position to adopt the revised loss costs applicable to this program. This revision will be applicable to policies effective on or after October 1, 2007. The corresponding rule and form filings will be sent under separate cover.

For Dwelling Liability we have selected a loss cost multiplier of 1.53 to be applied to the advisory loss costs found in DL-2004-RLA1 and DL-2005-RLA1. The effect on the Dwelling Liability 2006 written premium of $1,195 is -26.4. We are also adopting the 2002 Dwelling Liability loss costs found in DL-2003-RLC1. For Dwelling Property we have selected a loss cost multiplier of 1.53 to be applied to the advisory loss costs found in DP-2006-RLA1 and DP-2004-RLA1. The effect on the Dwelling Property 2006 written premium of $39,329 is .7%. The 2002 Dwelling Property loss costs we are adopting are found in DP-2003-RLC1.

We have attached the Reference Filing Adoption Form, Reference Filing Abstract, Estimated Investment Earnings on Unearned Premium and Loss Reserves, and Development of Permissible Loss & Loss Adjustment Expense Ratio separated by coverage. Also attached are the Transmittal Document, manual pages D-R-1 D-R-10 (replacing those same pages currently filed) and the filing fee in the amount of $100 (EFT).

We respectfully request your acknowledgment of this filing to be applicable to policies effective on or after October 1, 2007. Thank you.

Stephanie McBride
Filings Analyst
Rates and Filings Dept.
800-247-2128 Ext. 2684
Stephanie.M.McBride@EMCIns.com

Company and Contact

Filing Contact Information

Stephanie McBride, Filings Analyst
PO Box 712
Des Moines, IA 50306-0712

Stephanie.M.McBride@EMCIns.com
(515) 345-2684 [Phone]
(515) 345-2223[FAX]

Filing Company Information

Employers Mutual Casualty Company
717 Mulberry Street
Des Moines, IA 50309
(800) 247-2128 ext. [Phone]

CoCode: 21415
Group Code: 62
Group Name:
FEIN Number: 42-0234980

State of Domicile: Iowa
Company Type: P & C
State ID Number:

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Employers Mutual Casualty Company	$100.00	06-29-2007	14392058

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	07-11-2007	07-11-2007

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	**Created By**	**Created On**	**Date Submitted**	**Responded By**	**Created On**	**Date Submitted**
Pending Industry Response	Becky Harrington	06-29-2007	06-29-2007			

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Revised HPCS Form	Note To Reviewer	Stephanie McBride	07-10-2007	07-10-2007
HPCS	Note To Reviewer	Stephanie McBride	07-09-2007	07-09-2007
HPCS	Note To Filer	Becky Harrington	07-06-2007	07-06-2007
HPCS and RF-1 Forms	Note To Reviewer	Stephanie McBride	07-02-2007	07-02-2007

Disposition

Disposition Date: 07-11-2007
Effective Date (New): 10-01-2007
Effective Date (Renewal): 10-01-2007
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:
Employers Mutual Casualty Company	0.700%	$0	0	$0	0.000%	0.000%	0.000%

Created by SERFF on 07-11-2007 11:06 AM

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Rate	Manual Rate Pages	Filed	Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06-29-2007
Submitted Date	06-29-2007

Dear Stephanie McBride,

This will acknowledge receipt of the captioned filing.

Objection 1
No Objections
Comment:
Form HPCS must be submitted in Excel spreadsheet format. Companies may not change the form in any way or include formulas. This form is required for dwelling as well as homeowners.

Objection 2
No Objections
Comment: Form RF-1 is required with all rate/loss cost filing pursuant to Regulation 23.

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

Rate Information

Rate data applies to filing.

Filing Method:	File & Use
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	3.800%
Effective Date of Last Rate Revision:	10-15-2002
Filing Method of Last Filing:	File & 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:
Employers Mutual Casualty Company	0.000%	$0	0	$0	0.000%	0.000%	0.000%

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
Filed	Manual Rate Pages	D-R-1 - D-R-10	Replacement		Rate Pages.pdf

KEY FACTORS: FIRE

301. BASE PREMIUM COMPUTATION

ALL FORMS
COVERAGES A AND C

Limit of Liability	Cov. A	Cov. C
$1,000 #	0.310	0.350
2,000	0.346	0.480
3,000	0.382	0.610
4,000	0.419	0.740
5,000	0.455	0.870
6,000	0.491	1.000
7,000	0.528	1.130
8,000	0.564	1.260
9,000	0.600	1.390
10,000	0.637	1.520
11,000	0.673	1.650
12,000	0.709	1.780
13,000	0.746	1.910
14,000	0.782	2.040
15,000	0.818	2.170
16,000	0.855	2.300
17,000	0.891	2.430
18,000	0.927	2.560
19,000	0.964	2.690
20,000	1.000	2.820
21,000	1.016	2.950
22,000	1.033	3.080
23,000	1.049	3.210
24,000	1.065	3.340
25,000	1.082	3.470

Limit of Liability	Cov. A	Cov. C
26,000	1.098	3.600
27,000	1.114	3.730
28,000	1.131	3.860
29,000	1.147	3.990
30,000	1.163	4.120
31,000	1.180	4.250
32,000	1.196	4.380
33,000	1.212	4.510
34,000	1.229	4.640
35,000	1.245	4.770
36,000	1.261	4.900
37,000	1.278	5.030
38,000	1.294	5.160
39,000	1.310	5.290
40,000	1.327	5.420
41,000	1.343	5.550
42,000	1.359	5.680
43,000	1.376	5.810
44,000	1.392	5.940
45,000	1.408	6.070
46,000	1.425	6.200
47,000	1.441	6.330
48,000	1.457	6.460
49,000	1.474	6.590
50,000	1.490	6.720
Each Addl $1,000	0.016	0.130

Use the $1,000 limit of liability to develop premiums for policy amounts less than $1,000.

KEY FACTORS: EXTENDED COVERAGE

301. BASE PREMIUM COMPUTATION (Cont'd.)

BROAD AND SPECIAL FORMS
COVERAGES A AND C

Limit of Liability	Cov. A	Cov. C
$1,000 #	0.566	0.170
2,000	0.588	0.330
3,000	0.611	0.500
4,000	0.634	0.670
5,000	0.657	0.830
6,000	0.680	1.000
7,000	0.703	1.170
8,000	0.726	1.340
9,000	0.749	1.500
10,000	0.771	1.670
11,000	0.794	1.840
12,000	0.817	2.000
13,000	0.840	2.170
14,000	0.862	2.330
15,000	0.885	2.500
16,000	0.908	2.670
17,000	0.931	2.840
18,000	0.953	3.000
19,000	0.976	3.170
20,000	1.000	3.340
21,000	1.023	3.510
22,000	1.046	3.670
23,000	1.068	3.840
24,000	1.091	4.000
25,000	1.114	4.170

Limit of Liability	Cov. A	Cov. C
26,000	1.137	4.340
27,000	1.159	4.510
28,000	1.182	4.680
29,000	1.205	4.850
30,000	1.228	5.020
31,000	1.250	5.190
32,000	1.273	5.360
33,000	1.296	5.530
34,000	1.320	5.700
35,000	1.342	5.870
36,000	1.365	6.040
37,000	1.388	6.210
38,000	1.411	6.380
39,000	1.433	6.550
40,000	1.456	6.720
41,000	1.479	6.890
42,000	1.502	7.060
43,000	1.524	7.230
44,000	1.547	7.400
45,000	1.570	7.570
46,000	1.593	7.740
47,000	1.615	7.910
48,000	1.639	8.080
49,000	1.662	8.250
50,000	1.685	8.420
Each Addl $1,000	0.023	0.170

Use the $1,000 limit of liability to develop premiums for policy amounts less than $1,000.

KEY PREMIUMS: FIRE

301. BASE PREMIUM COMPUTATION (Cont'd.)

FIRE: Coverages A & C All Forms - Non Seasonal and Seasonal

OWNER OCCUPIED

ALL TERRITORIES

Prot. Class	Const *	Prem. Group No.	No. of Families						
			1		2		3 or 4		5 or more
			Cov.		Cov.		Cov.		Cov.
			A	C	A	C	A	C	C
01	M	1	66	18	73	18	106	23	33
	F	12	90	24	99	24	143	31	44
02	M	2	67	18	74	18	108	23	33
	F	13	91	24	100	24	145	31	44
03	M	3	68	18	75	18	109	23	33
	F	14	92	24	101	24	146	32	45
04	M	4	69	18	76	18	111	24	34
	F	15	92	24	102	24	148	32	45
05	M	5	70	19	77	19	112	24	34
	F	16	93	25	103	25	149	32	46
06	M	6	71	19	78	19	114	24	35
	F	17	94	25	104	25	151	32	46
07	M	7	72	19	79	19	115	25	35
	F	18	112	30	123	30	179	39	55
08	M	8	84	22	92	22	135	29	41
	F	19	121	32	134	32	194	42	60
8B	M	9	104	27	114	27	166	36	51
	F	20	149	40	164	40	239	51	73
09	M	10	117	31	128	31	187	40	57
	F	21	168	45	185	45	269	58	83
10	M	11	149	40	164	40	239	51	73
	F	22	215	57	236	57	344	74	105

* M=Masonry, F=Frame. Masonry Veneer is rated as masonry.
Aluminum or plastic siding over frame is rated as frame.

KEY PREMIUMS: FIRE

301. BASE PREMIUM COMPUTATION (Cont'd.)

FIRE: Coverages A & C All Forms - Non Seasonal and Seasonal

NON-OWNER OCCUPIED

ALL TERRITORIES

Prot. Class	Const *	Prem. Group No.	No. of Families						
			1		2		3 or 4		5 or more
			Cov.		Cov.		Cov.		Cov.
			A	C	A	C	A	C	C
01	M	1	83	18	91	18	133	23	33
	F	12	112	24	123	24	179	31	44
02	M	2	84	18	92	18	135	23	33
	F	13	113	24	125	24	181	31	44
03	M	3	85	18	94	18	136	23	33
	F	14	114	24	126	24	183	32	45
04	M	4	86	18	95	18	138	24	34
	F	15	116	24	127	24	185	32	45
05	M	5	88	19	96	19	140	24	34
	F	16	117	25	128	25	187	32	46
06	M	6	89	19	98	19	142	24	35
	F	17	118	25	130	25	189	32	46
07	M	7	90	19	99	19	144	25	35
	F	18	140	30	154	30	224	39	55
08	M	8	105	22	116	22	168	29	41
	F	19	152	32	167	32	243	42	60
8B	M	9	130	27	143	27	207	36	51
	F	20	187	40	206	40	299	51	73
09	M	10	146	31	161	31	234	40	57
	F	21	210	45	231	45	336	58	83
10	M	11	187	40	206	40	299	51	73
	F	22	269	57	295	57	430	74	105

* M=Masonry, F=Frame. Masonry Veneer is rated as masonry.
Aluminum or plastic siding over frame is rated as frame.

KEY PREMIUMS: EXTENDED COVERAGE

301. BASE PREMIUM COMPUTATION: KEY PREMIUMS (Cont'd.)

EXTENDED COVERAGE: Broad and Special Forms - Coverages A and C

	Prem.	Cov. A			Cov. C	
	Group	Forms DP 00			Forms DP 00	
Terr.	No.	01	02	03	01	02 & 03
ALL	1	48	72	87	4	10

***Rating Notes**
DP0001: Key Premiums are Non Seasonal and Seasonal.
DP0002 and **DP0003:** Key Premiums are Non Seasonal only and include the charge for E.C. and V.& M.M. perils.
To develop the Seasonal BASE PREMIUM, multiply the following factors by the **DP0001** E.C.,BASE PREMIUM:

Terr.	Cov.	DP0002	DP0003
ALL	A	1.75	2.10
	C	2.75	2.75

PERSONAL LIABILITY & MEDICAL RATES

301. BASE PREMIUM COMPUTATION (Cont'd.)

A. BASIC LIMITS: (Coverage L -- $100,000/Coverage M -- $1,000)

1. Initial Residence Premises Occupied by Owner or Apartment Occupied by Tenant (Named Insured)-(Rate as 1 Family)

a. No Business Occupancy

Number of Families	**1**	**2**	**3**	**4**
Class Code	201	202	203	204
Premium Per Location	21	34	42	53

b. Permitted Incidental Occupancy

Not Available

2. Other Insured Locations Occupied by Owner or Apartment Occupied by Tenant (Named Insured)-(Rate as 1 Family)

a. No Business Occupancy

Number of Families	**1**	**2**	**3**	**4**
Class Code	221	222	223	224
Premium Per Location	6	12	24	26

b. Permitted Incidental Occupancy

Class Code	231	232	233	234
Premium Per Location	21	28	40	42

3. Other Insured Locations Not Occupied By Owner

Number of Families	**1**	**2**	**3**	**4**
Class Code	273	274	275	276
Premium Per Location	18	29	63	79

4. Business Pursuits

Not Available

5. Employers Liability: Medical Payments in Excess of 2 Employees

Class Code	992
Premium Per Person	$ 4

6. Snowmobiles

Not Available

7. Watercraft

Not Available

8. Loss Assessment Liability Coverage - Rate per $1,000

Class Code	N/A
Each Location	$ 1

9. Personal Injury

Class Code	994
Premium Per Policy	$ 11

10. Incidental Low Power Recreational Vehicle

Not Available

301. BASE PREMIUM COMPUTATION (Cont'd.)

B. INCREASED LIMITS

1. Personal Liability
Refer to Personal Liability Supplement Rule 301.B.

2. Medical Payments To Others

a. Initial Residence Premises:
For each additional $1,000 of coverage, add $ 3

b. Other Insured Locations:
For each additional $1,000 of coverage, add $ 1

c. Additional Coverages:
Limits may be increased in $1,000 increments as shown below:

Class Code	$2,000	$3,000	$4,000	$5,000
992	1	2	3	4
994	Medical Payments Not Available			

Limits above $5,000: Not Available

ISO RULE RELATED RATES

ADDITIONAL RULE – CONDITIONS CHARGES

Rate per $1,000 of insurance $2.02

302. VANDALISM & MALICIOUS MISCHIEF – DP0001

(DP0001)	**Rates per $1,000**
Not Seasonal or Vacant	$ .09
Seasonal & Not Vacant	.44
Vacant	7.13
In Course of Construction	.09

500. MISCELLANEOUS RATES

	Rates per $1,000
A. Fire: Protection Class 1-8	$1.85
8B, 9 & 10	3.30
B. Extended Coverage (DP0001)	.80
C. Broad Form (DP0002)	1.16
D. Special Form (DP0003)	1.55
E. Broad Form (DP0002) with Endst. **DP0465**	1.55

Rates for A. are cumulative with either B., C., D., or E.

508. TREES, SHRUBS AND OTHER PLANTS

C. Premium

1. Fire, E.C., Broad and Special Forms

The following rates per $1,000 apply to all occupancies, territories, construction and protection classifications, unless otherwise specified:

Fire (DP0001):

Protection Class 1-8	$1.85
8B, 9 & 10	3.30

Extended Coverage:

a. (DP0001) — All Specified Perils

Including Wind or Hail	$43.70
Excluding Wind or Hail	.86

b. Windstorm or Hail

(DP0002/DP0003)	$42.84

2. V&MM (DP0001)

Refer to Rule 302. — V&MM.

509. EARTHQUAKE COVERAGE

5% DEDUCTIBLE
EARTHQUAKE COVERAGE RATES PER $1,000
(Not available on new business policies)

Column:		(A)	(B)	(C)
TABLE	**TERRITORY**	**Cov. A**	**Cov. C.**	**Covg's D and E**
A - FRAME	1 – 6	$.50	$.34	$.37
	7	.40	.28	.24
	8	.18	.20	.20
B - MASONRY	1 – 6	$1.04	$.77	.86
	7	.92	.75	.73
	8	.49	.55	.52
C - SUPERIOR	1 – 6	$.52	$.20	$.38
	7	.38	.18	.24
	8	.17	.18	.20

10% DEDUCTIBLE
EARTHQUAKE COVERAGE RATES PER $1,000

Column:		(A)	(B)	(C)
TABLE	**TERRITORY**	**Cov. A**	**Cov. C.**	**Covg's D and E**
A - FRAME	1 – 6	$.46	$.28	$.37
	7	.34	.23	.24
	8	.15	.17	.17
B - MASONRY	1 – 6	$.95	$.67	.84
	7	.83	.64	.72
	8	.44	.49	.50
C - SUPERIOR	1 – 6	$.44	$.15	$.37
	7	.31	.14	.24
	8	.15	.17	.17

510. THEFT COVERAGE

Rates per $1,000

On-Premises
Entire State $25.98
Off-Premises
Entire State 12.12

511. SINKHOLE COLLAPSE COVERAGE

Rates per $1,000

Cov. A or B & Other Bldg. options ..... $ .26
Cov. C or Personal Property options ..... .09

512. WINDSTORM OR HAIL COVERAGE — AWNINGS, SIGNS AND OUTDOOR RADIO AND TELEVISION EQUIPMENT

	Rates per $1,000
Awnings	$42.84
Signs	42.84
Outdoor Radio & TV Equipment	42.84

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Filed	07-11-2007

Comments:

Attachment:

P&C Transmittal- Rate.pdf

		Review Status:	
Satisfied -Name:	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	07-11-2007

Comments:

Attachments:

DP Reference Filing Adoption_RF2.pdf

DL Reference Filing Abstract_arrfaf2.pdf

DL Exhibits AR 07.pdf

DP Exhibits AR 07.pdf

DL Reference Filing Adoption_RF2.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:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
	h. Subject Codes	

3.	Group Name	Group NAIC #
	EMC Insurance Companies	062

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	Employers Mutual Casualty Company	Iowa	21415	42-0234980

5.	Company Tracking Number	AR-DWG-2007-02

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Stephanie McBride	Filings Analyst	800-247-2128 ext. 2684	515-345-2223	Stephanie.M.McBride @EMCIns.com
	P.O. Box 712 Des Moines, IA 50306				

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

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

9.	**Type of Insurance (TOI)**	1.0000 & 17.0000			
10.	**Sub-Type of Insurance (Sub-TOI)**	**1.0002 & 17.0003**			
11.	**State Specific Product code(s)(if applicable)[See State Specific Requirements]**				
12.	**Company Program Title** (Marketing title)	**Dwelling and Personal Liability program**			
13.	**Filing Type**	☒ Rate/Loss Cost ☐ Rules ☐ Rates/Rules ☐ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)			
14.	**Effective Date(s) Requested**	New:	10/1/07	Renewal:	10/1/07

Property & Casualty Transmittal Document---

15.	**Reference Filing?**	☒ Yes ☐ No
16.	**Reference Organization** (if applicable)	ISO
17.	**Reference Organization # & Title**	DL-2005-RLA1, DL-2004-RLA1, DL-2003-RLC1,DP-2006-RLA1, DP-2003-RLC1, DP-2004-RLA1
18.	**Company's Date of Filing**	6/29/07
19.	**Status of filing in domicile**	☐ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved

20.	**This filing transmittal is part of Company Tracking #**	AR-DWG-2007-02

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

The captioned company is a member of Insurance Services Office. In the past we had non-adopted ISO's 2002 program. We are now in a position to adopt the revised loss costs applicable to this program. This revision will be applicable to policies effective on or after October 1, 2007. The corresponding rule and form filings will be sent under separate cover.

For Dwelling Liability we have selected a loss cost multiplier of 1.53 to be applied to the advisory loss costs found in DL-2004-RLA1 and DL-2005-RLA1. The effect on the Dwelling Liability 2006 written premium of $1,195 is -26.4. We are also adopting the 2002 Dwelling Liability loss costs found in DL-2003-RLC1. For Dwelling Property we have selected a loss cost multiplier of 1.53 to be applied to the advisory loss costs found in DP-2006-RLA1 and DP-2004-RLA1. The effect on the Dwelling Property 2006 written premium of $39,329 is .7%. The 2002 Dwelling Property loss costs we are adopting are found in DP-2003-RLC1.

We have attached the Reference Filing Adoption Form, Reference Filing Abstract, Estimated Investment Earnings on Unearned Premium and Loss Reserves, and Development of Permissible Loss & Loss Adjustment Expense Ratio separated by coverage. Also attached are the Transmittal Document, manual pages D-R-1 – D-R-10 (replacing those same pages currently filed) and the filing fee in the amount of $100 (EFT).

We respectfully request your acknowledgment of this filing to be applicable to policies effective on or after October 1, 2007. Thank you.

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT
Amount: **$100**

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

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

ARKANSAS INSURANCE DEPARTMENT

Form RF-2
Rev. 4/96

INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION
PROSPECTIVE LOSS COSTS REFERENCE
FILING ADOPTION FORM

1. Insurer Name Employers Mutual Casualty Company
   Address 717 Mulberry St
   Des Moines, IA 50306-0712

   Person Responsible for Filing Stephanie McBride

   Title Filings Analyst Telephone No. 800-247-2128 ext 2684

2. Insurer NAIC No. 21415 Group No. 62

3. Line of Insurance Dwelling Property

4. Advisory Organization ISO

5. Advisory Organization Reference Filing No. DP-2006-RLA1, DP-2004-RLA1, DP-2004-RRU1, DP-2003-RLC1, DP-2002-RLC1

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

7. Proposed Rate Level Change 0.7 % Effective Date October 1, 2007

8. Prior Rate Level Change 3.8 % Effective Date October 15, 2002

9. Attach "Summary of Supporting Information Form"
   (Use a separate Summary for each insurer-selected loss cost multiplier.)

10. Check one of the following:

☑ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

☐ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

ARKANSAS INSURANCE DEPARTMENT

Form RF-2
Rev. 4/96

Insurer Name: Employers Mutual Casualty Company Date: June 29, 2007
NAIC No. 21415 Group No. 62

INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS
SUMMARY OF SUPPORTING INFORMATION FORM
CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies:
2. Loss Cost Modification:
   A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
   (Check One)
   - [x] Without Modification (factor = 1.000)
   - [ ] With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.)
   B. Loss Cost Modification Expressed as a Factor: 1.000 (See Examples Below)

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

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

	Selected Provisions
A. Total Production Expense	21.0 %
B. General Expense	5.5 %
C. Taxes, Licenses & Fees	3.3 %
D. Underwriting Profit & Contingencies*	4.9 %
E. Other (explain)	%
F. TOTAL	34.7 %

* Explain how investment income is taken into account.

4.	A. Expected Loss Ratio: ELR = 100% - 3F = A.	65.3 %
	B. ELR in Decimal Form =	0.653
5.	Company Formula Loss Cost Multiplier: (2B ÷ 4B) =	1.531 %
6.	Company Selected Loss Cost Multiplier =	1.53 %

Explain any differences between 5 and 6:
Rounding

7.	Rate level change for the coverages to which this page applies:	0.7 %

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

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

FORM RF2-Reference filing abstract NAIC LOSS COST FILING DOCUMENT—*OTHER THAN WORKERS' COMPENSATION*

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking # AR-DWG-2007-02	
This filing corresponds to form filing number AR-DWG-2007-03 (Company tracking number of form filing, if applicable)	

(X) Loss Cost Reference Filing ISO DL-2005-RLA1, DL-2004-RLA1, DL-2003-RLC1, DL-2002-RLC1 **( ) Independent Rate Filing**

(Advisory Org, & Reference filing #)

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

1. Check one of the following:

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

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

3. Loss cost modification:

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

(X) Without Modification (factor = 1.000)

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

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

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

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

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

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

		Selected Provisions	
A.	**Total Production Expense**	**21.0**	**%**
B.	**General Expense**	**5.5**	**%**
C.	**Taxes, Licenses & Fees**	**3.3**	**%**
D.	**Underwriting Profit & Contingencies (explain how investment income is taken into account)**	**4.9**	**%**
E.	**Other (explain)**	**0.0**	**%**
F.	**Total**	**34.7**	**%**

5.	**A.**	**Expected Loss Ratio: ELR = 100% - 4F = A**	**65.3**	**%**
	B.	**ELR in Decimal Form =**	**.653**	
6.		**Company Formula Loss Cost Multiplier (3B/5B)**	**1.53**	
7.		**Company Selected Loss Cost Multiplier =** **(Attach explanation for any differences between 6 and 7)**	**1.53**	
8.		**Rate Level Change for the coverage(s) to which this page applies**	**-26.4**	**%**

FORM RF2-Reference filing abstract NAIC LOSS COST FILING DOCUMENT—*OTHER THAN WORKERS' COMPENSATION*

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking # AR-DWG-2007-02	
This filing corresponds to form filing number AR-DWG-2007-03 (Company tracking number of form filing, if applicable)	

(X) Loss Cost Reference Filing ISO DP-2006-RLA1, DP-2004-RLA1, DP-2004-RRU1, DP-2003-RLC1, DP-2002-RLC1 **( ) Independent Rate Filing**

(Advisory Org, & Reference filing #)

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

1. Check one of the following:

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

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

3. Loss cost modification:

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

(X) Without Modification (factor = 1.000)

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

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

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

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

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

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

		Selected Provisions	
A.	**Total Production Expense**	**21.0**	**%**
B.	**General Expense**	**5.5**	**%**
C.	**Taxes, Licenses & Fees**	**3.3**	**%**
D.	**Underwriting Profit & Contingencies (explain how investment income is taken into account)**	**4.9**	**%**
E.	**Other (explain)**	**0.0**	**%**
F.	**Total**	**34.7**	**%**

5.	**A.**	**Expected Loss Ratio: ELR = 100% - 4F = A**	**65.3**	**%**
	B.	**ELR in Decimal Form =**	**.653**	
6.		**Company Formula Loss Cost Multiplier (3B/5B)**	**1.53**	
7.		**Company Selected Loss Cost Multiplier =** **(Attach explanation for any differences between 6 and 7)**	**1.53**	
8.		**Rate Level Change for the coverage(s) to which this page applies**	**0.7**	**%**

ARKANSAS
DWELLING LIABILITY

EMC INSURANCE COMPANIES

ESTIMATED INVESTMENT EARNINGS ON UNEARNED PREMIUM AND LOSS RESERVES

A.	UNEARNED PREMIUM RESERVE	
	1. Direct Earned Premium for Calendar Year Ended December 31, 2005	$1,447
	2. Countrywide Ratio of Mean Unearned Premium Reserve to Earned Premium	43.5%
	3. Estimated Mean Unearned Premium Reserve for Arkansas (line A.1 × line A.2)	$629
	4. Percentage Total of Prepaid Expense	
	a. Commission & Brokerage	15.0%
	b. Taxes,Licenses & Fees	3.3%
	c. 50% of Other Acquisition Cost	3.0%
	d. 50% of General Expense	2.8%
	e. Total	24.1%
	5. Federal Income Tax Payable on Unearned Reserve	7.0%
	6. Dollar Total of Prepaid Expense & Federal Income Tax on Unearned Reserve [line 3 × (line 4e + line 5)]	$196
	7. Subject to Investment (line 3 - line 6)	$433
B.	DELAYED REMISSION OF PREMIUMS	
	1. Mean Agents' Balances (Annual Statement, page 2, line 9)	$267,936,855
	2. Countrywide Earned Premium (Annual Statement, page 4, line 1)	$1,159,737,897
	3. Delayed Remission of Premium for Arkansas [(line B.1 ÷ line B.2) × A.1]	$334
C.	EXPECTED LOSS & LOSS ADJUSTMENT RESERVE	
	1. Direct Earned Premium (line A.1)	$1,447
	× (Expected Loss & Loss Adjustment Ratio)	0.653
	2. Expected Incurred Loss & Loss Adjustment	$945
	× (Countrywide Reserve to Incurred Ratio, Adjusted for Federal Income Tax Payable on Loss & LAE Reserves)	0.62
	3. Adjusted Expected Loss & Loss Adjustment Reserve for Arkansas	$586
D.	NET SUBJECT TO INVESTMENT (line A.7 - line B.3 + line C.3)	$685
E.	AVERAGE RATE OF RETURN ON INVESTED ASSETS (AFTER TAX)	3.9%
F.	INVESTMENT EARNINGS ON NET SUBJECT TO INVESTMENT	$27
G.	RATIO OF INVESTMENT EARNINGS TO EARNED PREMIUM (line F ÷ line A.1)	1.8%

ARKANSAS
DWELLING LIABILITY

EMC INSURANCE COMPANIES

DEVELOPMENT OF PERMISSIBLE LOSS & LOSS ADJUSTMENT EXPENSE RATIO

We believe a 15.0% return on equity after federal income taxes is reasonable. We have assigned statutory surplus to line of business on the basis of premium plus loss and loss adjustment expense reserves. The resulting premium to statutory surplus ratios by line of business are then adjusted to achieve an overall all-lines premium to statutory surplus ratio of approximately 2 to 1. With this methodology, the selected premium to statutory surplus ratio for this line is 2.75, which translates into a 2.200 premium to equity (GAAP) ratio. The 1.8% investment income on premium is a 4.0% return on equity after federal taxes. Based on an average after tax investment yield we earn an additional 3.9% return on equity. The difference of 0.071 (0.150-0.040-0.039) is the necessary after tax return on equity required from underwriting. The federal tax rate on underwriting profit is 35%, resulting in an underwriting profit loading of 0.049 [(0.071/2.200)/0.65]. Shown below is the development of the permissible loss and loss adjustment expense ratio.

ITEM	Selected Provision	
Commission & Brokerage	15.0%	
Other Acquisition	6.0%	*
General Expense	5.5%	*
Premium Taxes	3.0%	
Misc. Taxes, Licenses & Fees	0.3%	*
Profit & Contingencies	4.9%	
TOTAL	34.7%	
	100.0%	
	- 34.7%	
Permissible Loss & Loss Adjustment Expense Ratio	65.3%	

* Based on study of I.E.E. for 2003-2005

MINNESOTA
DWELLING LIABILITY

EMC INSURANCE COMPANIES

EFFECT OF ADOPTING ISO'S LOSS COSTS (Filing DL-2004-RLA1 and DL-2005-RLA1)

	LIABILITY
A. Rate change attributable to the new loss costs assuming no change to the current loss cost multiplier: (From ISO Circular DL-2004-068 and DL-2005-063)	-28.3%
B. Rate change attributable to the change from the current loss cost multiplier to the filed loss cost multiplier:	
(1) Current Loss Cost Multiplier	1.49
(2) Filed Loss Cost Multiplier	1.53
(3) Percent Change from Current to Filed Multiplier (B2 ÷ B1) - 1	2.7%
C. Overall Percent Change [(1 + (A)) x (1 + (B3))] - 1	-26.4%
D. Dollar effect of filed rate change:	
(1) 2006 Arkansas Current Level Written Premium	$1,195
(2) Overall Percent Change (C)	**-26.4%**
(3) Estimated Dollar Effect [(D1) x (D2)]	($315)

ARKANSAS
DWELLING PROPERTY
EMC INSURANCE COMPANIES

ESTIMATED INVESTMENT EARNINGS ON UNEARNED PREMIUM AND LOSS RESERVES

A.	UNEARNED PREMIUM RESERVE	
	1. Direct Earned Premium for Calendar Year Ended December 31, 2005	$39,329
	2. Countrywide Ratio of Mean Unearned Premium Reserve to Earned Premium	43.5%
	3. Estimated Mean Unearned Premium Reserve for Arkansas (line A.1 × line A.2)	$17,108
	4. Percentage Total of Prepaid Expense	
	a. Commission & Brokerage	15.0%
	b. Taxes,Licenses & Fees	3.3%
	c. 50% of Other Acquisition Cost	3.0%
	d. 50% of General Expense	2.8%
	e. Total	24.1%
	5. Federal Income Tax Payable on Unearned Reserve	7.0%
	6. Dollar Total of Prepaid Expense & Federal Income Tax on Unearned Reserve [line 3 × (line 4e + line 5)]	$5,321
	7. Subject to Investment (line 3 - line 6)	$11,787
B.	DELAYED REMISSION OF PREMIUMS	
	1. Mean Agents' Balances (Annual Statement, page 2, line 9)	$267,936,855
	2. Countrywide Earned Premium (Annual Statement, page 4, line 1)	$1,159,737,897
	3. Delayed Remission of Premium for Arkansas [(line B.1 ÷ line B.2) × A.1]	$9,085
C.	EXPECTED LOSS & LOSS ADJUSTMENT RESERVE	
	1. Direct Earned Premium (line A.1)	$39,329
	× (Expected Loss & Loss Adjustment Ratio)	0.653
	2. Expected Incurred Loss & Loss Adjustment	$25,682
	× (Countrywide Reserve to Incurred Ratio, Adjusted for Federal Income Tax Payable on Loss & LAE Reserves)	0.62
	3. Adjusted Expected Loss & Loss Adjustment Reserve for Arkansas	$15,923
D.	NET SUBJECT TO INVESTMENT (line A.7 - line B.3 + line C.3)	$18,625
E.	AVERAGE RATE OF RETURN ON INVESTED ASSETS (AFTER TAX)	3.9%
F.	INVESTMENT EARNINGS ON NET SUBJECT TO INVESTMENT	$726
G.	RATIO OF INVESTMENT EARNINGS TO EARNED PREMIUM (line F ÷ line A.1)	1.8%

ARKANSAS
DWELLING PROPERTY

EMC INSURANCE COMPANIES

DEVELOPMENT OF PERMISSIBLE LOSS & LOSS ADJUSTMENT EXPENSE RATIO

We believe a 15.0% return on equity after federal income taxes is reasonable. We have assigned statutory surplus to line of business on the basis of premium plus loss and loss adjustment expense reserves. The resulting premium to statutory surplus ratios by line of business are then adjusted to achieve an overall all-lines premium to statutory surplus ratio of approximately 2 to 1. With this methodology, the selected premium to statutory surplus ratio for this line is 2.75, which translates into a 2.200 premium to equity (GAAP) ratio. The 1.8% investment income on premium is a 4.0% return on equity after federal taxes. Based on an average after tax investment yield we earn an additional 3.9% return on equity. The difference of 0.071 (0.150-0.040-0.039) is the necessary after tax return on equity required from underwriting. The federal tax rate on underwriting profit is 35%, resulting in an underwriting profit loading of 0.049 [(0.071/2.200)/0.65]. Shown below is the development of the permissible loss and loss adjustment expense ratio.

ITEM	Selected Provision
Commission & Brokerage	15.0%
Other Acquisition	6.0% *
General Expense	5.5% *
Premium Taxes	3.0%
Misc. Taxes, Licenses & Fees	0.3% *
Profit & Contingencies	4.9%
TOTAL	34.7%
	100.0%
	- 34.7%
Permissible Loss & Loss Adjustment Expense Ratio	65.3%

* Based on study of I.E.E. for 2003-2005

ARKANSAS
DWELLING FIRE AND EXTENDED COVERAGE

EMC INSURANCE COMPANIES

EFFECT OF ADOPTING ISO'S LOSS COSTS (Filing DP-2004-RLA1 and DP-2006-RLA1)

	FIRE	E.C.	TOTAL
A. Rate change attributable to the new loss costs assuming no change to the current loss cost multiplier: (From ISO Circular DP-2004-104 and DP-2006-083)	-9.9%	10.9%	
B. Rate change attributable to the change from the current loss cost multiplier to the filed loss cost multiplier:			
(1) Current Loss Cost Multiplier	1.49	1.49	
(2) Filed Loss Cost Multiplier	1.53	1.53	
(3) Percent Change from Current to Filed Multiplier (B2 ÷ B1) - 1	2.7%	2.7%	
C. Overall Percent Change [(1 + (A)) x (1 + (B3))] - 1	-7.5%	13.9%	
D. Dollar effect of filed rate change:			
(1) 2006 Arkansas Current Level Written Premium	$24,306	$15,023	$39,329
(2) Overall Percent Change (C)	**-7.5%**	**13.9%**	**0.7%**
(3) Estimated Dollar Effect [(D1) x (D2)]	($1,823)	$2,088	$265

ARKANSAS INSURANCE DEPARTMENT

Form RF-2
Rev. 4/96

INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION
PROSPECTIVE LOSS COSTS REFERENCE
FILING ADOPTION FORM

1. Insurer Name Employers Mutual Casualty Company
   Address 717 Mulberry St
   Des Moines, IA 50306-0712

   Person Responsible for Filing Stephanie McBride

   Title Filings Analyst Telephone No. 800-247-2128 ext 2684

2. Insurer NAIC No. 21415 Group No. 62

3. Line of Insurance Dwelling Liability

4. Advisory Organization ISO

5. Advisory Organization Reference Filing No. DL-2005-RLA1, DL-2004-RLA1, DL-2003-RLC1, DL-2002-RLC1

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

7. Proposed Rate Level Change (26.4) % Effective Date October 1, 2007

8. Prior Rate Level Change (14.3) % Effective Date July 15, 2002

9. Attach "Summary of Supporting Information Form"
   (Use a separate Summary for each insurer-selected loss cost multiplier.)

10. Check one of the following:

☑ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

☐ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

ARKANSAS INSURANCE DEPARTMENT

Form RF-2
Rev. 4/96

Insurer Name: Employers Mutual Casualty Company Date: June 29, 2007
NAIC No. 21415 Group No. 62

INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS
SUMMARY OF SUPPORTING INFORMATION FORM
CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies:
2. Loss Cost Modification:
   A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
   (Check One)
   - [x] Without Modification (factor = 1.000)
   - [ ] With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.)

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

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

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

	Selected Provisions
A. Total Production Expense	21.0 %
B. General Expense	5.5 %
C. Taxes, Licenses & Fees	3.3 %
D. Underwriting Profit & Contingencies*	4.9 %
E. Other (explain)	%
F. TOTAL	34.7 %

* Explain how investment income is taken into account.

4. A. Expected Loss Ratio: ELR = 100% - 3F = A. 65.3 %
   B. ELR in Decimal Form = 0.653

5. Company Formula Loss Cost Multiplier: (2B ÷ 4B) = 1.531 %

6. Company Selected Loss Cost Multiplier = 1.53 %
   Explain any differences between 5 and 6:
   Rounding

7. Rate level change for the coverages to which this page applies: (26.4) %

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

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