Form RF-9
Rev. 4/96

ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT

Insurer Name: Encompass Indemnity Company
NAIC Number: 008-15130
Name of Advisory Organization Whose Filing You Are Referencing: N/A
Co. Affiliation to Advisory Organization: Member ____ Subscriber ____ Service Purchaser ____
Reference Filing #: 05-R0285 Proposed Effective Date: September 21, 2005 New
October 6, 2005 Renewal

Contact Person: Michael Peterson
Signature: Michael Peterson
Telephone No: (773) 412-6236

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY (4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (if applicable)	(8) Co. Current Loss Cost Multiplier
Homeowners	N/A	-0.9%					
Tenant / Condo	N/A	-0.9%					
Earthquake	N/A	44.8%					
Dwelling Fire	N/A	-0.9%					
SPP	N/A	0.0%					
TOTAL OVERALL EFFECT	N/A	0.0%					

No Apply Loss Cost Factors to Future Filings? (Y or N)
35.8% Estimated Maximum Rate Increase for any Arkansas Insured (%)
20.9% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

5 Year History

Year	Policy Count	Rate Change History %	Rate Change History Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio
2000	N/A	N/A	N/A	N/A	N/A	N/A	60%
2001	N/A	N/A	N/A	N/A	N/A	N/A	56%
2002	11	N/A	N/A	15,373	0	0%	50%
2003	123	0.3%	8/15/03	168,555	0	0%	43%
2004	450	-0.4%	5/1/04	622,435	57,693	9.3%	35%

		Selected Provisions
A.	Total Production Expense	17.0%
B.	General Expense	10.1%
C.	Taxes, License & Fees	2.6%
D.	Underwriting Profit & Contingencies	8.4%
E.	Other (explain)	1.1%
F.	TOTAL	39.2%

FILED
SEP 16 2005
PROPERTY AND CASUALTY
COMPLIANCE DEPT.