

## NAIC LOSS COST DATA ENTRY DOCUMENT

By bharrington at 7:59 am, 9/1/06

<b>1.</b>	This filing transmittal is part of Company Tracking #	AR-HO-11-06
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<b>2.</b>	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	AAIS / AAIS-2006-15HO
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**PROPERTY & CASUALTY  
ARKANSAS INSURANCE DEPARTMENT**

	Company Name	Company NAIC Number
<b>3. A.</b>	Pharmacists Mutual Insurance Company	<b>B.</b> 13714

	Product Coding Matrix Line of Business (i.e., Type of Insurance)	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
<b>4. A.</b>	Homeowners	<b>B.</b> Homeowners

**5.**

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(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
Forms 1, 2, 3, 5, & 8			70.3%	-20%	1.138		1.138
Forms 4 & 6			70.3%	-17%	1.181		1.181
<b>TOTAL OVERALL EFFECT</b>							

**6. 5 Year History Rate Change History**

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2005	438	10.4%	5/1/05	441	51	11.6%	94.4%
2004	425	0.0%	N/A	385	196	50.9%	65.5%
2003	406	0.0%	N/A	329	199	60.5%	76.6%
2002	386	+7.42%	10/1/02	288	92	31.9%	77.9%
2001	374	-3.9%	6/1/01	259	498	192.3%	118.3%

**7.**

Expense Constants	Selected Provisions
A. Total Production Expense	18.5
B. General Expense	5.0
C. Taxes, License & Fees	2.5
D. Underwriting Profit & Contingencies	3.7
E. Other (explain)	
<b>F. TOTAL</b>	<b>29.7</b>

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