

# ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Form RF-1

Rev. 4/96

Insurer Name: G.U.I.C. Insurance Company  
 NAIC Number: 38652  
 Name of Advisory Organization Whose Filing You are Referencing N/A  
 Co. Affiliation to Advisory Organization: Member \_\_\_\_\_ Subscriber \_\_\_\_\_ Service Purchaser \_\_\_\_\_  
 Reference Filing #: 20060118-06 Proposed Effective Date: 04/01/06

Contact Person: Melissa Deller  
 Signature: \_\_\_\_\_  
 Telephone No: 1-800-759-9008 Ext. 5871

(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
Fire 1 Allied Lines 2.1	Initial Filing Initial Filing						
<b>TOTAL OVERALL EFFECT</b>							

\_\_\_\_ Apply Lost Cost Factors to Future Filings? (Y or N)  
 \_\_\_\_ Estimated Maximum Rate Increase for any Arkansas Insured (%)  
 \_\_\_\_ Estimated Maximum Rate Decrease for any Arkansas Insured (%)

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

							Selected Provisions
Year	Policy Count	Rate Change History % Eff. Date	5 Year History AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	
_____	_____	_____	_____	_____	_____	_____	A. Total Production Expense _____
_____	_____	_____	_____	_____	_____	_____	B. General Expense _____
_____	_____	_____	_____	_____	_____	_____	C. Taxes, License & Fees _____
_____	_____	_____	_____	_____	_____	_____	D. Underwriting Profit & Contingencies _____
_____	_____	_____	_____	_____	_____	_____	E. Other (explain) _____
_____	_____	_____	_____	_____	_____	_____	F. TOTAL _____