

<i>SERFF Tracking Number:</i>	AMMA-125747899	<i>State:</i>	Arkansas
<i>Filing Company:</i>	Amica Mutual Insurance Company	<i>State Tracking Number:</i>	EFT \$100
<i>Company Tracking Number:</i>	AR-D-08-1-RR		
<i>TOI:</i>	01.0 Property	<i>Sub-TOI:</i>	01.0002 Personal Property (Fire and Allied Lines)
<i>Product Name:</i>	AR-D-08-1-RR		
<i>Project Name/Number:</i>	Rate and Rule Revision/		

Filing at a Glance

Company: Amica Mutual Insurance Company

Product Name: AR-D-08-1-RR

TOI: 01.0 Property

Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Filing Type: Rate/Rule

SERFF Tr Num: AMMA-125747899 State: Arkansas

SERFF Status: Closed

Co Tr Num: AR-D-08-1-RR

Co Status: pending

Authors: Brenda Miller, Carol Pedro, Brenda Walker, Christina Perfetti

Date Submitted: 10/14/2008

State Tr Num: EFT \$100

State Status: Fees verified and received

Reviewer(s): Becky Harrington, Betty Montesi

Disposition Date: 10/15/2008

Disposition Status: Filed

Effective Date Requested (New): 03/01/2009

Effective Date Requested (Renewal): 03/01/2009

Effective Date (New): 03/01/2009

Effective Date (Renewal): 03/01/2009

State Filing Description:

General Information

Project Name: Rate and Rule Revision

Project Number:

Reference Organization: Insurance Services Office

Reference Title:

Filing Status Changed: 10/15/2008

State Status Changed: 10/15/2008

Corresponding Filing Tracking Number:

Filing Description:

Your records will indicate that our Company is a member of Insurance Services Office.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number: DP-2008-RLA1, DP-2008-RTRP1, DP-2008-ODPRU

Advisory Org. Circular: LI-DP-2008-120, LI-DP-2008-032, LI-DP-2008-132

Deemer Date:

<i>SERFF Tracking Number:</i>	<i>AMMA-125747899</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Amica Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AR-D-08-1-RR</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>AR-D-08-1-RR</i>		
<i>Project Name/Number:</i>	<i>Rate and Rule Revision/</i>		

We wish to advise that we will not adopt the loss cost revision outlined in ISO Reference Filing Number DP-2008-RLA1 and the rule revision outlined in ISO Reference Filing Number DP-2008-ODPRU on ISO's date of January 1, 2009 but will adopt the rules and revise rates based on the loss costs effective March 1, 2009 for new business and renewal policies. We will apply the following loss cost multipliers to the loss costs to determine our rates:

Dwelling Fire 2.188
 Extended Coverage 2.350

The overall rate level effect associated with this revision is 4.3%.

In addition, we will adopt the rule revisions outlined in ISO Reference Filing Number DP-2008-RTRP1.

Company and Contact

Filing Contact Information

Brenda Walker, Sr. Rate Filing Specialist	bwalker@amica.com
P.O. Box 6008	(800) 652-6422 [Phone]
Providence, RI 02940	(401) 334-6518[FAX]

Filing Company Information

Amica Mutual Insurance Company	CoCode: 19976	State of Domicile: Rhode Island
P.O. Box 6008	Group Code: 28	Company Type:
Providence, RI 02940	Group Name:	State ID Number:
(800) 652-6422 ext. [Phone]	FEIN Number: 05-0348344	

Filing Fees

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

SERFF Tracking Number: AMMA-125747899 State: Arkansas
Filing Company: Amica Mutual Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: AR-D-08-1-RR
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: AR-D-08-1-RR
Project Name/Number: Rate and Rule Revision/

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Amica Mutual Insurance Company	\$100.00	10/14/2008	23167690

SERFF Tracking Number: AMMA-125747899

State: Arkansas

Filing Company: Amica Mutual Insurance Company

State Tracking Number: EFT \$100

Company Tracking Number: AR-D-08-1-RR

TOI: 01.0 Property

Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Product Name: AR-D-08-1-RR

Project Name/Number: Rate and Rule Revision/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	10/15/2008	10/15/2008

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	10/15/2008	10/15/2008	Brenda Walker	10/15/2008	10/15/2008

SERFF Tracking Number: AMMA-125747899
 Filing Company: Amica Mutual Insurance Company
 Company Tracking Number: AR-D-08-1-RR
 TOI: 01.0 Property
 Product Name: AR-D-08-1-RR
 Project Name/Number: Rate and Rule Revision/

State: Arkansas
 State Tracking Number: EFT \$100
 Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Disposition

Disposition Date: 10/15/2008
 Effective Date (New): 03/01/2009
 Effective Date (Renewal): 03/01/2009
 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:
Amica Mutual Insurance Company	4.300%	\$332	13	\$7,715	3.900%	-4.300%	%

SERFF Tracking Number: AMMA-125747899 State: Arkansas
 Filing Company: Amica Mutual Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: AR-D-08-1-RR
 TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
 Product Name: AR-D-08-1-RR
 Project Name/Number: Rate and Rule Revision/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines	Filed	Yes
Supporting Document (revised)	HPCS-Homeowners Premium Comparison Survey	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Rate	Revised Manual Pages	Filed	Yes

SERFF Tracking Number: AMMA-125747899 State: Arkansas
Filing Company: Amica Mutual Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: AR-D-08-1-RR
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: AR-D-08-1-RR
Project Name/Number: Rate and Rule Revision/

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/15/2008
Submitted Date 10/15/2008

Respond By Date

Dear Brenda Walker,

This will acknowledge receipt of the captioned filing.

Objection 1

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment:

Companies may not change the form in any way or include formulas. Re-submit using the form specified by the Department.

Please feel free to contact me if you have questions.

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.

Sincerely,

Becky Harrington

Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/15/2008
Submitted Date 10/15/2008

Dear Becky Harrington,

Comments:

Response 1

Comments: We apologize for the inconvenience.

Related Objection 1

SERFF Tracking Number: AMMA-125747899 State: Arkansas
Filing Company: Amica Mutual Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: AR-D-08-1-RR
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: AR-D-08-1-RR
Project Name/Number: Rate and Rule Revision/

Applies To:

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment:

Companies may not change the form in any way or include formulas. Re-submit using the form specified by the Department.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: HPCS-Homeowners Premium Comparison Survey

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Brenda Miller, Brenda Walker, Carol Pedro, Christina Perfetti

SERFF Tracking Number: AMMA-125747899
 Filing Company: Amica Mutual Insurance Company
 Company Tracking Number: AR-D-08-1-RR
 TOI: 01.0 Property
 Product Name: AR-D-08-1-RR
 Project Name/Number: Rate and Rule Revision/

State: Arkansas
 State Tracking Number: EFT \$100
 Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Rate Information

Rate data applies to filing.

Filing Method: File & Use
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: -8.300%
Effective Date of Last Rate Revision: 03/01/2007
Filing Method of Last Filing: File & Use

Company Rate Information

Company Name:	Overall % Indicated Change:	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):
Amica Mutual Insurance Company	%	4.300%	\$332	13	\$7,715	3.900%	-4.300%

SERFF Tracking Number: AMMA-125747899 State: Arkansas
 Filing Company: Amica Mutual Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: AR-D-08-1-RR
 TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
 Product Name: AR-D-08-1-RR
 Project Name/Number: Rate and Rule Revision/

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Revised Manual Pages		Replacement	AR-PC-06-021467 03 09 Revised Manual Pages.pdf

ARKANSAS (03)
DWELLING POLICY PROGRAM MANUAL
EXCEPTION PAGES

Effective **MARCH 1, 2009**

ADDITIONAL RULES

RULE A.1.
SPECIAL STATE REQUIREMENTS

A. Special Provisions Endorsement DP 01 03

Use this endorsement with all Dwelling Policies.

B. Water Exclusion Endorsement

Use Endorsement **DP 16 09** with all **DP 00 02** policies.

Use Endorsement **DP 16 10** with all **DP 00 01** and **DP 00 03** policies.

RULE A.2.
MODIFIED LOSS SETTLEMENT – DP 00 01 ONLY

A. Introduction

Form **DP 00 01** provides for loss settlement on buildings under Coverages **A** and **B** on an actual cash value basis. The policy may be endorsed to provide loss settlement on a repair cost/market value loss settlement basis for such buildings.

B. Coverage Description

Form **DP 00 01** with Modified Loss Settlement Endorsement **DP 00 08** may be issued to provide insurance under Coverage **A**; Coverages **B, C, D** and **E** may be added if coverage is selected.

C. Premium Computation

To develop the Base Premium, multiply the Base Premium for Form **DP 00 01** by the appropriate factor selected from the following table:

Coverage	Factor
A	1.10
C	1.00

Table A.2.C. Factors

D. Endorsement

Use Modified Loss Settlement Endorsement **DP 00 08**.

E. Options

1. Deductible amounts higher than the Base Deductible are available when Modified Loss Settlement Endorsement **DP 00 08** is attached.
2. No **other** options in this manual may be used.

RULE A.3. CONDITIONS CHARGES

A. Description

Apply when the building or addition has metal stovepipes, plain tile, terra cotta, brick-on-edge, concrete, or concrete block flue less than 4 inches in thickness, through combustible floors, ceilings, partitions, windows, roof or side of building.

Note 1.

No change should be made for type "B" vent pipes from domestic appliances using artificial or natural gas or for flues or vent pipes described above from domestic type gasburning appliances with approved down-draft diverters.

Note 2.

A type "B" vent is one listed by Underwriters' Laboratories as approved with domestic type appliances.

B. Premium

Refer to the state company rates/ISO loss costs.

RULE A.4. TERRORISM OPTIONS – FEDERAL BACKSTOP

A. The “Terrorism Risk Insurance Act” and accompanying regulations establish a program within the Department of the Treasury in which the Federal Government will share the risk of loss from terrorist attacks with the insurance industry. Federal participation will be triggered when the Secretary of the Treasury certifies an act of terrorism, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism committed by an individual(s), provided the terrorist act results in aggregate losses in excess of \$5 million. With respect to insured losses resulting from a certified act of terrorism, the Federal Government will reimburse individual insurers for 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention.

The insurer’s retention is based on a specified percentage of the insurer’s earned premium for the year preceding the loss. Insured losses covered by the program are capped at \$100 billion per year; this provision serves to limit insurers’ liability for losses.

B. All insurers providing commercial property and casualty insurance are required to participate in the program to the extent of making available coverage for certified acts of terrorism in accordance with the terms and conditions of coverage which apply to other perils. Certain risks written under the Dwelling Property Program may be considered commercial exposures for the purposes of this act and hence eligible for participation in the program. The following may be considered commercial exposures:

- 1.** 1 – 4 family rental dwellings owned for the business purpose of generating income for the property owner; or
- 2.** Policies on which incidental business premium is more than 25% of total direct earned premium.

C. The following applies to those insurers offering Dwelling policies who choose to be eligible for federal reinsurance by making the disclosures needed for such eligibility.

An insurer must extend coverage to insureds for losses caused by certified acts of terrorism. The insurer must disclose to the policyholder the premium for losses covered and the federal share of compensation for such losses under the program at the time of offer, purchase and renewal of the policy. Insurers may disclose the premium information on the Declarations or elsewhere in the policy.

D. There are no terrorism exclusions in the Dwelling Policy Program. The following endorsements specify that coverage for certified acts of terrorism is subject to the cap on liability for losses and subject to underlying policy exclusions such as nuclear hazard. They differ based on how the insurer chooses to disclose the premium and federal share of compensation for such losses to the insured:

1. For insurers who choose to disclose the premium and federal share by endorsement, use Cap On Losses From Certified Acts Of Terrorism; Disclosure Pursuant To Terrorism Risk Insurance Act Endorsement **DP 05 38**.
2. For insurers who choose to disclose the premium and federal share on the Declarations, use Cap On Losses From Certified Acts Of Terrorism Endorsement **DP 05 37**.

ADDITIONAL RULE – LOSS COST MULTIPLIERS

The following loss cost multiplier should be applied to the loss costs to determine Key Premiums:

Dwelling Fire:	2.188
E.C., Broad and Special	2.350

ADDITIONAL RULE – NON-DIVIDEND ENDORSEMENT

- A.** The policy may be endorsed to reflect that the policyholder shall not be eligible to receive any dividends declared.
1. Develop the BASE PREMIUM in accordance with Rule **301**.
 2. Multiply the above result by 0.795
 3. Additional charges or credits calculated as a percentage of BASE PREMIUM should be calculated using the ADJUSTED BASE PREMIUM resulting from step 2 above. Dollar charges or credits which are displayed in the manual should be multiplied by 0.795.
 4. Use Endorsement **AM 00 18**.

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ADDITIONAL RULE(S)

**RULE A3.
CONDITIONS CHARGES**

B. Premium

Calculate the premium as follows:

The sum of:

1. The Fire Base Premium for each Dwelling building or addition, plus
2. The following loss cost per \$1,000 of \$1.32.

**PART III
BASE PREMIUM COMPUTATION RULES**

**RULE 301.
BASE PREMIUM COMPUTATION**

A. Fire (All Forms), Extended Coverage (DP 00 01), Broad Form (DP 00 02), Or Special Form (DP 00 03) For Coverage A – Dwelling/Coverage C – Personal Property

Owner-Occupied Key Loss Costs – All Territories				
Fire – Coverage A – All Forms – Non-Seasonal And Seasonal				
Protection Class	Const.*	Number Of Families		
		1	2	3 Or 4
1	M	\$ 39.01	\$ 42.91	\$ 62.42
	F	52.75	58.03	84.40
2	M	39.56	43.52	63.30
	F	53.30	58.63	85.28
3	M	40.11	44.12	64.18
	F	53.85	59.24	86.16
4	M	40.66	44.73	65.06
	F	54.40	59.84	87.04
5	M	41.21	45.33	65.94
	F	54.95	60.45	87.92
6	M	41.76	45.94	66.82
	F	55.50	61.05	88.80
7	M	42.31	46.54	67.70
	F	65.94	72.53	105.50
8	M	49.46	54.41	79.14
	F	71.44	78.58	114.30
8B	M	60.99	67.09	97.58
	F	87.92	96.71	140.67
9	M	68.69	75.56	109.90
	F	98.91	108.80	158.26
10	M	87.92	96.71	140.67
	F	126.39	139.03	202.22

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

Table 301.A.#1(LC) Fire – Coverage A – All Forms – Non-Seasonal And Seasonal Owner-Occupied Key Loss Costs

Fire – Coverage A – All Forms – Owner And Non-Owner-Occupied – Non-Seasonal And Seasonal			
Key Factors			
Limit Of Liability (000's)	Coverage A	Limit Of Liability (000's)	Coverage A
\$ 1*	.310	\$ 40	1.327
2	.346	42	1.359
3	.382	44	1.392
4	.419	46	1.425
5	.455	48	1.457
6	.491	50	1.490
7	.528	55	1.570
8	.564	60	1.650
9	.600	65	1.730
10	.637	70	1.810
11	.673	75	1.890
12	.709	80	1.970
13	.746	85	2.050
14	.782	90	2.130
15	.818	95	2.210
16	.855	100	2.290
18	.927	105	2.370
20	1.000	110	2.450
22	1.033	115	2.530
24	1.065	120	2.610
26	1.098	125	2.690
28	1.131	130	2.770
30	1.163	135	2.850
32	1.196	140	2.930
34	1.229	145	3.010
36	1.261	Each Additional \$1,000	.016
38	1.294		

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

Table 301.A.#2(LC) Fire – Coverage A – All Forms – Owner And Non-Owner-Occupied – Non-Seasonal And Seasonal Key Factors

**RULE 301.
BASE PREMIUM COMPUTATION (Cont'd)**

Non-Owner-Occupied Key Loss Costs – All Territories				
Fire – Coverage A – All Forms – Non-Seasonal And Seasonal				
Protection Class	Const.*	Number Of Families		
		1	2	3 Or 4
1	M	\$ 48.76	\$ 53.64	\$ 78.02
	F	65.94	72.53	105.50
2	M	49.45	54.40	79.12
	F	66.63	73.29	106.61
3	M	50.14	55.15	80.22
	F	67.31	74.04	107.70
4	M	50.83	55.91	81.33
	F	68.00	74.80	108.80
5	M	51.51	56.66	82.42
	F	68.69	75.56	109.90
6	M	52.20	57.42	83.52
	F	69.38	76.32	111.01
7	M	52.89	58.18	84.62
	F	82.43	90.67	131.89
8	M	61.83	68.01	98.93
	F	89.30	98.23	142.88
8B	M	76.24	83.86	121.98
	F	109.90	120.89	175.84
9	M	85.86	94.45	137.38
	F	123.64	136.00	197.82
10	M	109.90	120.89	175.84
	F	157.99	173.79	252.78

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

Table 301.A.#3(LC) Fire – Coverage A – All Forms – Non-Seasonal And Seasonal Non-Owner-Occupied Key Loss Costs

Fire – Coverage A – All Forms – Owner And Non-Owner-Occupied – Non-Seasonal And Seasonal			
Key Factors			
Limit Of Liability (000's)	Coverage A	Limit Of Liability (000's)	Coverage A
\$ 1*	.310	\$ 40	1.327
2	.346	42	1.359
3	.382	44	1.392
4	.419	46	1.425
5	.455	48	1.457
6	.491	50	1.490
7	.528	55	1.570
8	.564	60	1.650
9	.600	65	1.730
10	.637	70	1.810
11	.673	75	1.890
12	.709	80	1.970
13	.746	85	2.050
14	.782	90	2.130
15	.818	95	2.210
16	.855	100	2.290
18	.927	105	2.370
20	1.000	110	2.450
22	1.033	115	2.530
24	1.065	120	2.610
26	1.098	125	2.690
28	1.131	130	2.770
30	1.163	135	2.850
32	1.196	140	2.930
34	1.229	145	3.010
36	1.261	Each Additional \$1,000	.016
38	1.294		

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

Table 301.A.#4(LC) Fire – Coverage A – All Forms – Owner And Non-Owner-Occupied – Non-Seasonal And Seasonal Key Factors

**RULE 301.
BASE PREMIUM COMPUTATION (Cont'd)**

Owner And Non-Owner-Occupied Key Loss Costs – All Territories				
Fire – Coverage C – All Forms – Non-Seasonal And Seasonal				
Protection Class	Const.*	Number Of Families		
		1 Or 2	3 Or 4	5 Or More
1	M	\$ 10.10	\$ 13.13	\$ 19.09
	F	13.65	17.75	25.81
2	M	10.24	13.31	19.36
	F	13.79	17.93	26.08
3	M	10.38	13.49	19.63
	F	13.94	18.12	26.35
4	M	10.52	13.68	19.90
	F	14.08	18.30	26.62
5	M	10.67	13.87	20.17
	F	14.22	18.49	26.89
6	M	10.81	14.05	20.44
	F	14.36	18.67	27.16
7	M	10.95	14.24	20.71
	F	17.06	22.18	32.27
8	M	12.80	16.64	24.20
	F	18.49	24.04	34.96
8B	M	15.78	20.51	29.85
	F	22.75	29.58	43.02
9	M	17.78	23.11	33.61
	F	25.60	33.28	48.40
10	M	22.75	29.58	43.02
	F	32.71	42.52	61.85

Table 301.A.#5(LC) Fire – Coverage C – All Forms – Non-Seasonal And Seasonal Owner and Non-Owner-Occupied Key Loss Costs

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

Fire – Coverage C – All Forms – Owner And Non-Owner-Occupied – Non-Seasonal And Seasonal			
Key Factors			
Limit Of Liability (000's)	Coverage C	Limit Of Liability (000's)	Coverage C
\$ 1*	.35	\$ 27	3.73
2	.48	28	3.86
3	.61	29	3.99
4	.74	30	4.12
5	.87	31	4.25
6	1.00	32	4.38
7	1.13	33	4.51
8	1.26	34	4.64
9	1.39	35	4.77
10	1.52	36	4.90
11	1.65	37	5.03
12	1.78	38	5.16
13	1.91	39	5.29
14	2.04	40	5.42
15	2.17	41	5.55
16	2.30	42	5.68
17	2.43	43	5.81
18	2.56	44	5.94
19	2.69	45	6.07
20	2.82	46	6.20
21	2.95	47	6.33
22	3.08	48	6.46
23	3.21	49	6.59
24	3.34	50	6.72
25	3.47	Each Addi-	
26	3.60	tional \$1,000	.13

Table 301.A.#6(LC) Fire – Coverage C – All Forms – Owner And Non-Owner-Occupied – Non-Seasonal And Seasonal Key Factors

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

**RULE 301.
BASE PREMIUM COMPUTATION (Cont'd)**

Extended Coverage, Broad And Special Forms – Coverage A Key Loss Costs*			
Territory	Forms		
	DP 00 01	DP 00 02	DP 00 03
Statewide	\$ 30.85	\$ 46.28	\$ 55.53

* **DP 00 01** Key Loss Costs are Non-Seasonal and Seasonal. **DP 00 02** and **DP 00 03** Key Loss Costs are Non-Seasonal only and include the charge for Extended Coverage and Vandalism and Malicious Mischief perils.

Table 301.A.#7(LC) Extended Coverage, Broad And Special Forms – Coverage A Key Loss Costs

To develop the Seasonal Base Loss Costs, multiply the following factors by the **DP 00 01** Extended Coverage Base Loss Costs:

Territory	DP 00 02	DP 00 03
ALL	1.75	2.10

Table 301.A.#8(LC) Extended Coverage, Broad And Special Forms – Coverage A Seasonal Key Loss Costs Forms DP 00 02 And DP 00 03

Extended Coverage, Broad And Special Forms – Coverage A			
Key Factors			
Limit Of Liability (000's)	Coverage A	Limit Of Liability (000's)	Coverage A
\$ 1*	.566	\$ 40	1.456
2	.588	42	1.502
3	.611	44	1.547
4	.634	46	1.593
5	.657	48	1.639
6	.680	50	1.685
7	.703	55	1.800
8	.726	60	1.915
9	.749	65	2.030
10	.771	70	2.145
11	.794	75	2.260
12	.817	80	2.375
13	.840	85	2.490
14	.862	90	2.605
15	.885	95	2.720
16	.908	100	2.835
18	.953	105	2.950
20	1.000	110	3.065
22	1.046	115	3.180
24	1.091	120	3.295
26	1.137	125	3.410
28	1.182	130	3.525
30	1.228	135	3.640
32	1.273	140	3.755
34	1.320	145	3.870
36	1.365	Each Additional \$1,000	.023
38	1.411		

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

Table 301.A.#9(LC) Extended Coverage, Broad And Special Forms – Coverage A Key Factors

**RULE 301.
BASE PREMIUM COMPUTATION (Cont'd)**

Extended Coverage, Broad And Special Forms – Coverage C Key Loss Costs*			
Territory	Forms		
	DP 00 01	DP 00 02	DP 00 03
Statewide	\$ 2.56	\$ 5.89	\$ 5.89

* DP 00 01 Key Loss Costs are Non-Seasonal and Seasonal. DP 00 02 and DP 00 03 Key Loss Costs are Non-Seasonal only and include the charge for Extended Coverage and Vandalism and Malicious Mischief perils.

Table 301.A.#10(LC) Extended Coverage, Broad And Special Forms – Coverage C Key Loss Costs

To develop the Seasonal Base Loss Costs, multiply the following factors by the DP 00 01 Extended Coverage Base Loss Costs:

Territory	DP 00 02	DP 00 03
ALL	2.75	2.75

Table 301.A.#11(LC) Extended Coverage, Broad And Special Forms – Coverage C Seasonal Key Loss Costs Forms DP 00 02 And DP 00 03

Extended Coverage, Broad And Special Forms – Coverage C			
Key Factors			
Limit Of Liability (000's)	Coverage C	Limit Of Liability (000's)	Coverage C
\$ 1*	.17	\$ 27	4.51
2	.33	28	4.68
3	.50	29	4.85
4	.67	30	5.02
5	.83	31	5.19
6	1.00	32	5.36
7	1.17	33	5.53
8	1.34	34	5.70
9	1.50	35	5.87
10	1.67	36	6.04
11	1.84	37	6.21
12	2.00	38	6.38
13	2.17	39	6.55
14	2.33	40	6.72
15	2.50	41	6.89
16	2.67	42	7.06
17	2.84	43	7.23
18	3.00	44	7.40
19	3.17	45	7.57
20	3.34	46	7.74
21	3.51	47	7.91
22	3.67	48	8.08
23	3.84	49	8.25
24	4.00	50	8.42
25	4.17	Each Additional \$1,000	.17
26	4.34		

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

Table 301.A.#12(LC) Extended Coverage, Broad And Special Forms – Coverage C Key Factors

**RULE 302.
VANDALISM & MALICIOUS MISCHIEF – DP 00 01**

Loss Costs Per \$1,000	
Not Seasonal or Vacant	\$.06
Seasonal and Not Vacant	.29
Vacant	4.66
In Course of Construction	.06

Table 302.(LC) Vandalism And Malicious Mischief (DP 00 01)

**PART IV
ADJUSTED BASE PREMIUM COMPUTATION RULES**

**RULE 404.
MOBILE OR TRAILER HOMES – DP 00 01 ONLY**

Multiply the One Family, Coverage A or C, Frame Base Premium by 1.00.

**PART V
ADDITIONAL COVERAGES AND INCREASED LIMITS
RULES**

**RULE 500.
MISCELLANEOUS LOSS COSTS**

Loss Costs Per \$1,000*	
Exposure	Loss Costs
A. Fire: Protection Class 1-8	\$ 1.09
Fire: Protection Class 8B, 9 & 10	1.94
B. Extended Coverage (DP 00 01)	.51
C. Broad Form (DP 00 02)	.74
D. Special Form (DP 00 03)	.99
E. Broad Form (DP 00 02) with Endorsement DP 04 65	.99
* These loss costs apply to all occupancies, territories, construction and protection classifications, unless otherwise specified. Loss Costs for A. are cumulative with either B., C., D., or E.	

Table 500.(LC) Miscellaneous Loss Costs

**RULE 508.
TREES, SHRUBS AND OTHER PLANTS**

C. Premium Computation

1. Fire, Extended Coverage, Broad And Special Forms

The loss costs in the following table apply to all occupancies, territories, construction and protection classifications, unless otherwise specified:

Fire (DP 00 01)		
Protection Class	Loss Costs Per \$1,000	
1-8	\$ 1.09	
8B, 9 and 10	1.94	
Extended Coverage (DP 00 01) – All Specified Perils		
Territory	Loss Costs Per \$1,000	
	Including Wind Or Hail	Excluding Wind Or Hail
All	\$ 27.96	\$.56
Windstorm Or Hail (DP 00 02 And DP 00 03)		
Territory	Loss Costs Per \$1,000	
All	\$ 27.40	

Table 508.C.1.(LC) Premium Computation

**RULE 509.
EARTHQUAKE COVERAGE**

E. Premium For Base Deductible

5% Deductible – Loss Cost Per \$1,000			
Table A – Frame			
Territory	Coverage A	Coverage C	Coverages D And E
1	\$.33	\$.22	\$.24
2	.33	.22	.24
3	.33	.22	.24
4	.33	.22	.24
5	.33	.22	.24
6	.33	.22	.24
7	.26	.18	.16
8	.12	.13	.13
Table B – Masonry			
1	\$.68	\$.50	\$.56
2	.68	.50	.56
3	.68	.50	.56
4	.68	.50	.56
5	.68	.50	.56
6	.68	.50	.56
7	.60	.49	.48
8	.32	.36	.34
Table C – Superior			
1	\$.34	\$.13	\$.25
2	.34	.13	.25
3	.34	.13	.25
4	.34	.13	.25
5	.34	.13	.25
6	.34	.13	.25
7	.25	.12	.16
8	.11	.12	.13

Table 509.E.#1(LC) Premium For Base Deductible 5% Deductible

10% Deductible – Loss Cost Per \$1,000			
Table A – Frame			
Territory	Coverage A	Coverage C	Coverages D And E
1	\$.30	\$.18	\$.24
2	.30	.18	.24
3	.30	.18	.24
4	.30	.18	.24
5	.30	.18	.24
6	.30	.18	.24
7	.22	.15	.16
8	.10	.11	.11
Table B – Masonry			
1	\$.62	\$.44	\$.55
2	.62	.44	.55
3	.62	.44	.55
4	.62	.44	.55
5	.62	.44	.55
6	.62	.44	.55
7	.54	.42	.47
8	.29	.32	.33
Table C – Superior			
1	\$.29	\$.10	\$.24
2	.29	.10	.24
3	.29	.10	.24
4	.29	.10	.24
5	.29	.10	.24
6	.29	.10	.24
7	.20	.09	.16
8	.10	.11	.11

Table 509.E.#2(LC) Premium For Base Deductible 10% Deductible

**RULE 510.
THEFT COVERAGE**

B. Premium Computation

On-Premises	Loss Cost Per \$1,000
Entire State	\$ 16.98
Off-Premises	Loss Cost Per \$1,000
Entire State	\$ 7.92

Table 510.B.(LC) Premium Computation

**RULE 511.
SINKHOLE COLLAPSE COVERAGE**

B. Premium Computation

Loss Cost Per \$1,000	
Cov. A or B and Other Bldg. Options	\$.17
Cov. C or Personal Property Options	.06

Table 511.B.(LC) Premium Computation

**RULE 512.
WINDSTORM OR HAIL COVERAGE – AWNINGS, SIGNS
AND OUTDOOR RADIO AND TELEVISION EQUIPMENT**

B. Premium Computation

Loss Cost Per \$1,000			
Territory	Awnings	Signs	Outdoor Radio And TV Equipment
All	\$ 28.00	\$ 28.00	\$ 28.00

Table 512.B.(LC) Premium Computation

**RULE 513.
WATER BACK UP AND SUMP OVERFLOW**

C. Premium Computation

Charge per location is \$50.

**RULE 514.
ASSISTED LIVING CARE COVERAGE**

C. Premium

For Basic Limits, the loss cost per unit is \$35.00.

For increased Coverage C limit, the loss cost per \$1,000 is \$ 4.03.

**RULE 515.
MOTORIZED GOLF CART – PHYSICAL LOSS
COVERAGE**

E. Premium Computation

Per Motorized Golf Cart*	
Exposures	Loss Cost Per \$500
Without collision	\$ 4.00
With collision	7.00

* The charges shown are the minimum annual premium for each motorized golf cart for any period within a policy year

Table 515.E.(LC) Premium Computation

SERFF Tracking Number: AMMA-125747899 State: Arkansas
 Filing Company: Amica Mutual Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: AR-D-08-1-RR
 TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
 Product Name: AR-D-08-1-RR
 Project Name/Number: Rate and Rule Revision/

Supporting Document Schedules

Satisfied -Name: Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines **Review Status:** Filed 10/15/2008

Comments:

Attachment:

NAIC Loss Cost Data Form.pdf

Satisfied -Name: HPCS-Homeowners Premium Comparison Survey **Review Status:** Filed 10/15/2008

Comments:

Attachment:

Copy of HO Survey FORM HPCS.xls

Satisfied -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp **Review Status:** Filed 10/15/2008

Comments:

Exhibits are bookmarked under support data.

Attachments:

DF ARRF2.pdf

EC ARRF2.pdf

Support Data.pdf

Bypassed -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 10/15/2008

Bypass Reason: Information is located on the Rate/Rule Filing Schedule tab.

Comments:

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	AR-D-08-1-RR
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	Insurance Service Office, DP-2008-RLA1
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	Company Name	Company NAIC Number
3.	A. Amica Mutual Insurance Company	B. 028-19976

	Product Coding Matrix Line of Business (i.e., Type of Insurance)	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A. 01.0 Property	B. 01.0002 Personal Property (Fire & Allied Lines)

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
Dwelling Fire	N/A	-4.0%	.457	1.000	2.188	N/A	2.058
Extended Coverage	N/A	13.0%	.468	1.100	2.350	N/A	2.037
TOTAL OVERALL EFFECT	N/A	4.3%					

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
2003	19	+22.4%	10/01/03	9	(2)	(.222)	.579
2004	18	---	----	10	5	.500	.792
2005	13	-16.2%	02/01/05	9	3	.333	.484
2006	12	---	----	7	1	.143	.445
2007	13	-8.3%	03/01/07	7	0	.000	.442

7.

Expense Constants	Selected Provisions DF EC	
A. Total Production Expense	17.7%	17.5%
B. General Expense	3.9%	3.9%
C. Taxes, License & Fees	2.7%	2.7%
D. Underwriting Profit & Contingencies	5.0%	5.0%
E. Other (anticipated dividend)	25.0%	25.0%
F. TOTAL	54.3%	53.2%

- 8.** N Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** 3.9% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): N/A
- 10.** -4.3% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): N/A

PC RLC

NAIC Number: 19976
 Company Name: Amica Mutual Insurance Company
 Contact Person: Brenda M. Walker
 Telephone No.: 1-800-652-6422 ext. 24584
 Email Address: bwalker@amica.com
 Effective Date: 3/1/2009

**Homeowners Premium Comparison Survey Form
 FORM HPCS - last modified August, 2005**

Submit to: Arkansas Insurance Department
 1200 West Third Street
 Little Rock, AR 72201-1904
 Telephone: 501-371-2800
 Email as an attachment to insurance_pnc@arkansas.gov
 You may also attach to a SERFF filing or submit on a cdr disk

**USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE
 BLANK**

Survey Form for HO3 (Homeowners) - Use \$500 Flat Deductible (Covers risk of direct physical loss for dwelling and other structures; named perils for personal property, replacement cost on dwelling, actual cash value on personal property)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000																		
	\$120,000																		
	\$160,000																		
6	\$80,000																		
	\$120,000																		
	\$160,000																		
9	\$80,000																		
	\$120,000																		
	\$160,000																		

Survey Form for HO4 (Renters) - Use \$500 Flat Deductible (Named perils for personal property, actual cash value for loss, liability and medical payments for others included)

Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$5,000																		
	\$15,000																		
	\$25,000																		
6	\$5,000																		
	\$15,000																		
	\$25,000																		
9	\$5,000																		
	\$15,000																		
	\$25,000																		

Survey Form for DP-2 (Dwelling/Fire) - Use \$500 Flat Deductible (Named perils for dwelling and personal property; replacement cost for dwelling, actual cash value for personal property, no liability coverage)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$403.00	\$460.00	\$403.00	\$460.00	\$403.00	\$460.00	\$403.00	\$460.00	\$403.00	\$460.00	\$403.00	\$460.00	\$403.00	\$460.00	\$403.00	\$460.00	\$403.00	\$460.00
	\$120,000	\$548.00	\$625.00	\$548.00	\$625.00	\$548.00	\$625.00	\$548.00	\$625.00	\$548.00	\$625.00	\$548.00	\$625.00	\$548.00	\$625.00	\$548.00	\$625.00	\$548.00	\$625.00
	\$160,000	\$693.00	\$789.00	\$693.00	\$789.00	\$693.00	\$789.00	\$693.00	\$789.00	\$693.00	\$789.00	\$693.00	\$789.00	\$693.00	\$789.00	\$693.00	\$789.00	\$693.00	\$789.00
6	\$80,000	\$410.00	\$467.00	\$410.00	\$467.00	\$410.00	\$467.00	\$410.00	\$467.00	\$410.00	\$467.00	\$410.00	\$467.00	\$410.00	\$467.00	\$410.00	\$467.00	\$410.00	\$467.00
	\$120,000	\$557.00	\$633.00	\$557.00	\$633.00	\$557.00	\$633.00	\$557.00	\$633.00	\$557.00	\$633.00	\$557.00	\$633.00	\$557.00	\$633.00	\$557.00	\$633.00	\$557.00	\$633.00
	\$160,000	\$705.00	\$800.00	\$705.00	\$800.00	\$705.00	\$800.00	\$705.00	\$800.00	\$705.00	\$800.00	\$705.00	\$800.00	\$705.00	\$800.00	\$705.00	\$800.00	\$705.00	\$800.00
9	\$80,000	\$522.00	\$648.00	\$522.00	\$648.00	\$522.00	\$648.00	\$522.00	\$648.00	\$522.00	\$648.00	\$522.00	\$648.00	\$522.00	\$648.00	\$522.00	\$648.00	\$522.00	\$648.00
	\$120,000	\$706.00	\$874.00	\$706.00	\$874.00	\$706.00	\$874.00	\$706.00	\$874.00	\$706.00	\$874.00	\$706.00	\$874.00	\$706.00	\$874.00	\$706.00	\$874.00	\$706.00	\$874.00
	\$160,000	\$890.00	\$1,099.00	\$890.00	\$1,099.00	\$890.00	\$1,099.00	\$890.00	\$1,099.00	\$890.00	\$1,099.00	\$890.00	\$1,099.00	\$890.00	\$1,099.00	\$890.00	\$1,099.00	\$890.00	\$1,099.00

SPECIFY THE PERCENTAGE GIVEN FOR CREDITS OR DISCOUNTS FOR THE FOLLOWING:

HO3 and HO4 only

Fire Extinguisher	<input type="text"/>	%	Deadbolt Lock	<input type="text"/>	%
Burglar Alarm	<input type="text"/>	%	Window Locks	<input type="text"/>	%
Smoke Alarm	<input type="text"/>	%	\$1,000 Deductible	<input type="text"/>	%
			Other (specify)		

EARTHQUAKE INSURANCE

IMPORTANT, homeowners insurance does NOT automatically cover losses from earthquakes. Ask your agent about this co

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS? (yes or no)

WHAT IS YOUR PERCENTAGE DEDUCTIBLE? %

Zone Brick Frame

**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-D-08-1-RR
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A

(X) **Loss Cost Reference Filing** DP-2008-RLA-1 () **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:

<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	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 Fire

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	17.7	%
B.	General Expense	3.9	%
C.	Taxes, Licenses & Fees	2.7	%
D.	Underwriting Profit & Contingencies (explain how investment income is taken into account)	5.0	%
E.	Other (Anticipated Dividend)	25.0	%
F.	Total	54.3	%

5.	A. Expected Loss Ratio: ELR = 100% - 4F = A	45.7	%
	B. ELR in Decimal Form =	.457	
6.	Company Formula Loss Cost Multiplier (3B/5B)	2.188	
7.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	2.188	
8.	Rate Level Change for the coverage(s) to which this page applies	-4.3	%

**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-D-08-1-RR
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A

(X) Loss Cost Reference Filing DP-2008-RLA-1 () 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:

<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	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: Extended Coverage

3. Loss cost modification:

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

() Without Modification (factor = 1.000)

(X) 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) 1.100

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	17.5	%
B.	General Expense	3.9	%
C.	Taxes, Licenses & Fees	2.7	%
D.	Underwriting Profit & Contingencies (explain how investment income is taken into account)	4.1	%
E.	Other (Anticipated Dividend)	25.0	%
F.	Total	53.2	%

5.	A. Expected Loss Ratio: $ELR = 100\% - 4F = A$	46.8	%
	B. ELR in Decimal Form =	.468	
6.	Company Formula Loss Cost Multiplier (3B/5B)	2.350	
7.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	2.350	
8.	Rate Level Change for the coverage(s) to which this page applies	13.0	%

**Amica Companies
Dwelling Fire Countrywide
Expense Exhibit**

2005 - 2007

<u>Other Acquisition</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>3 Year Total</u>
1. Expense	514,670	635,805	667,333	1,817,808
2. Earned Premium	3,364,012	3,529,058	3,767,542	10,660,612
3. Ratio (1) / (2)	0.153	0.180	0.177	0.171
Selected				0.177

<u>General Expense</u>				
1. Expense	125,599	135,528	145,286	406,413
2. Earned Premium	3,364,012	3,529,058	3,767,542	10,660,612
3. Ratio (1) / (2)	0.037	0.038	0.039	0.038
Selected				0.039

Miscellaneous Taxes

<u>Licenses & Fees</u>				
1. Expense	5,570	8,192	8,674	22,436
2. Earned Premium	3,364,012	3,529,058	3,767,542	10,660,612
3. Ratio (1) / (2)	0.002	0.002	0.002	0.002
Selected				0.002

**Countrywide
Amica Companies
Dwelling Fire**

**Estimated Investment Earnings On Unearned
Premium Reserves And On Loss Reserves**

A. Unearned Premium Reserve

1. Direct Earned Premium for 2007		\$3,496,379
2. Mean Unearned Premium Reserve: (1) x	0.597	\$2,087,338
3. Deduction for Prepaid Expenses		
Commission and Brokerage Expense		0.0%
Taxes, Licenses and Fees		2.7%
50% of Other Acquisition Expense		8.9%
50% of Company Operating Expense		2.0%
Total		13.6%
4. Deduction for Federal Taxes Payable		0.79%
5. [(2) x [(3) + (4)]]		\$300,368
6. Net Subject to Investment (2) - (5)		\$1,786,970

B. Delayed Remission Of Premium (Agent's Balances)

1. Direct Earned Premium (A-1)		\$3,496,379
2. Average Agents' Balance		0.29
3. Delayed Remission (1) x (2)		\$1,013,950

C. Loss Reserve

1. Direct Earned Premium (A-1)		\$3,496,379
2. Expected Incurred Losses and Loss Adjustment Expenses (1) x	0.457	\$1,597,845
3. Expected Mean Loss Reserves (2) x	0.362	\$578,420

**D. Net Subject To Investment
(A-6) - (B-3) + (C-3)**

\$1,351,440

E. Average Rate of Return

0.036

**F. Investment Earnings On Net Subject To Investment
(D) X (E)**

\$48,652

**G. Average Rate Of Return As a Percent Of Direct Earned
Premium (F) ÷ (A-1)**

0.014

**H. Average Rate Of Return As a Percent Of Direct Earned
Premium After Federal Income Taxes (G) X**

0.709

0.010

**Amica Companies
Extended Coverage Countrywide
Expense Exhibit**

2005 - 2007

<u>Other Acquisition</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>3 Year Total</u>
1. Expense	564,407	696,196	758,217	2,018,820
2. Earned Premium	3,845,613	4,043,507	4,322,393	12,211,513
3. Ratio (1) / (2)	0.147	0.172	0.175	0.165
Selected				0.175
<u>General Expense</u>				
1. Expense	157,112	153,900	166,556	477,568
2. Earned Premium	3,845,613	4,043,507	4,322,393	12,211,513
3. Ratio (1) / (2)	0.041	0.038	0.039	0.039
Selected				0.039
<u>Miscellaneous Taxes Licenses & Fees</u>				
1. Expense	5,611	12,221	9,436	27,268
2. Earned Premium	3,845,613	4,043,507	4,322,393	12,211,513
3. Ratio (1) / (2)	0.001	0.003	0.002	0.002
Selected				0.002

**Countrywide
Amica Companies
Extended Coverage**

**Estimated Investment Earnings On Unearned
Premium Reserves And On Loss Reserves**

A. Unearned Premium Reserve

1. Direct Earned Premium for 2007		\$4,066,295
2. Mean Unearned Premium Reserve: (1) x	0.595	\$2,419,446
3. Deduction for Prepaid Expenses		
Commission and Brokerage Expense		0.0%
Taxes, Licenses and Fees		2.7%
50% of Other Acquisition Expense		8.8%
50% of Company Operating Expense		2.0%
Total		13.5%
4. Deduction for Federal Taxes Payable		0.8%
5. [(2) x [(3) + (4)]]		\$345,981
6. Net Subject to Investment (2) - (5)		\$2,073,465

B. Delayed Remission Of Premium (Agent's Balances)

1. Direct Earned Premium (A-1)		\$4,066,295
2. Average Agents' Balance		0.29
3. Delayed Remission (1) x (2)		\$1,179,226

C. Loss Reserve

1. Direct Earned Premium (A-1)		\$4,066,295
2. Expected Incurred Losses and Loss Adjustment Expenses (1) x	0.468	\$1,903,026
3. Expected Mean Loss Reserves (2) x	0.310	\$589,938

**D. Net Subject To Investment
(A-6) - (B-3) + (C-3)**

\$1,484,177

E. Average Rate of Return

0.036

**F. Investment Earnings On Net Subject To Investment
(D) X (E)**

\$53,430

**G. Average Rate Of Return As a Percent Of Direct Earned
Premium (F) ÷ (A-1)**

0.013

**H. Average Rate Of Return As a Percent Of Direct Earned
Premium After Federal Income Taxes (G) X**

0.709

0.009

**Extended Coverage
Amica Companies
Countrywide**

Loss Ratio and Net Income Exhibit

<u>Year</u>	<u>Collected Earned Premium</u>	<u>Incurred Losses and LAE</u>	<u>Loss Ratio</u>	<u>Net Income</u>	<u>Net Income as % of Premium</u>
2002	2,479,508	2,720,400	1.097	(1,124,275)	-45.3%
2003	2,910,904	1,818,049	0.625	(13,181)	-0.5%
2004	3,587,328	3,684,129	1.027	(1,229,646)	-34.3%
2005	3,825,342	3,326,747	0.870	(797,258)	-20.8%
2006	4,478,553	2,927,222	0.654	41,017	0.9%
Total	17,281,636	14,476,547	0.838	(3,123,343)	-18.1%

Permissible Loss Ratio (a) 0.586

(a) Permissible loss ratio based off of collected earned premium.