

SERFF Tracking Number: ELEC-125389748 State: Arkansas
Filing Company: Electric Insurance Company State Tracking Number: #1059832 \$100
Company Tracking Number: PEL-R-2008
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess
Product Name: PEL-2008
Project Name/Number: /

Filing at a Glance

Company: Electric Insurance Company

Product Name: PEL-2008

TOI: 17.0 Other Liability - Claims
Made/Occurrence

Sub-TOI: 17.0021 Personal Umbrella and
Excess

Filing Type: Rate

SERFF Tr Num: ELEC-125389748 State: Arkansas

SERFF Status: Closed

State Tr Num: #1059832 \$100

Co Tr Num: PEL-R-2008

State Status: Fees verified and
received

Co Status:

Reviewer(s): Alexa Grissom, Betty
Montesi, Brittany Yielding

Author: Adam Malo

Disposition Date: 02/15/2008

Date Submitted: 01/16/2008

Disposition Status: Filed

Effective Date Requested (New): 04/20/2008

Effective Date (New): 05/07/2008

Effective Date Requested (Renewal): 04/20/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/15/2008

State Status Changed: 02/15/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We wish to revise our rates for 2008 excess liability policies

Company and Contact

Filing Contact Information

Adam Malo,

adam.malo@electricinsurance.com

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75 Sam Fonzo Drive (800) 227-2757 [Phone]
Beverly, MA 01915

Filing Company Information

Electric Insurance Company CoCode: 21261 State of Domicile: Massachusetts
75 Sam Fonzo Drive Group Code: 57 Company Type: Property &
Beverly, MA 01915 Group Name: Electric Casualty
(800) 227-2757 ext. [Phone] FEIN Number: 04-2422119
State ID Number:

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Electric Insurance Company	\$0.00	01/16/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	02/15/2008	02/15/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Effective Dates	Note To Reviewer	Adam Malo	04/14/2008	04/14/2008

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Disposition

Disposition Date: 02/15/2008

Effective Date (New): 05/07/2008

Effective Date (Renewal):

- Effective Date (New) changed from 04/20/2008 to 05/07/2008 by Grissom, Alexa on 04/17/2008.

Status: Filed

Comment:

Rate data does NOT apply to filing.

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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
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Cover Letter	Filed	Yes
Supporting Document	Filing Form	Filed	Yes
Supporting Document	Exhibits	Filed	Yes
Supporting Document	Memo	Filed	Yes
Rate	Manual Pages	Filed	Yes

SERFF Tracking Number: ELEC-125389748 *State:* Arkansas
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Company Tracking Number: PEL-R-2008
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0021 Personal Umbrella and Excess
Product Name: PEL-2008
Project Name/Number: /

Note To Reviewer

Created By:

Adam Malo on 04/14/2008 07:05 AM

Subject:

Effective Dates

Comments:

Dear Ms. Grissom,

Thank you for your approval of our filing. Due to the implementation process, we will be using May 7, 2008 as effective dates for both new and renewal business. Please contact me with any questions.

Thank you,
Adam Malo

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Rate Information

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Manual Pages	3,4	Replacement	AR-PEL-06 Manual Pages.pdf

**ELECTRIC INSURANCE COMPANY
PERSONAL EXCESS LIABILITY
ARKANSAS
PREFERRED PROGRAM**

F. RATES & RATING Procedure

- (1) All applications will be submitted to the Company for rating.
 (2) Annual Rates for Basic Exposures.

Basic Exposures

	Option 1	Option 2
(a) Personal Liability - one residence or apartment or farm occupied by the insured	71	58
(b) Automobile Liability - the initial automobiles owned, leased or regularly used:	58	48
(c) Each additional vehicle owned, leased or regularly used	24	20
(d) Non-owned, leased, or regularly used automobile (non-ownership liability)	19	16

(3) Additional Charges

(a) Each additional residence, apartment or farm occupied by the insured	10	8
(b) Each watercraft owned, hired or regularly used		
(i) if under 26 feet in length and:		
(a) outboard over 25 horsepower	29	24
(b) inboard or inboard/outboard over 50 horsepower	29	24
(c) all other under 26 feet in length	No Charge	No Charge
(ii) All watercraft 26 feet to 44 feet in length		
(a) sail (with or without auxillary power)	53	44
(b) inboard or inboard/outboard	71	58
(c) outboard	91	75
(iii) All watercraft over 44 feet in length		
(a) All watercraft over 44 feet in length plus for each additional 5 feet	91 17	75 15

PREFERRED PROGRAM

(c) Additional Exposures

		<u>Exposure</u>	<u>Option 1</u>	<u>Option 2</u>
(i)		Owned Aircraft	144	n/a
(ii)		Aircraft leased for more than 10 days	91	n/a
(iii)		Rental Dwellings:		
	(a)	Owner - occupied 3 or 4 family dwellings	15	11
	(b)	Each 1 to 4 family dwelling not owner occupied	15	11
	(c)	No additional charge would be made for 2 family dwellings that are owner occupied		

G. Increased Limits Table

\$1M	\$	1,000,000	1.00
\$2M	\$	2,000,000	1.50
\$3M	\$	3,000,000	1.85
\$4M	\$	4,000,000	2.20
\$5M	\$	5,000,000	2.55
\$10M	\$	10,000,000	4.00

H. Credits

If Self-Insured Retention is

\$	1,000	Deduct \$1.00
\$	5,000	Deduct \$2.00

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Filed 02/15/2008

Comments:

Attachment:

Transmittal form.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp
Review Status: Filed 02/15/2008

Bypass Reason:

N/A

Comments:

Bypassed -Name: NAIC loss cost data entry document
Review Status: Filed 02/15/2008

Bypass Reason:

N/A

Comments:

Satisfied -Name: Cover Letter
Review Status: Filed 02/15/2008

Comments:

Attachment:

Cover Letter.pdf

Satisfied -Name: Filing Form
Review Status: Filed 02/15/2008

Comments:

Attachment:

Filing Form.pdf

Satisfied -Name: Exhibits
Review Status: Filed 02/15/2008

SERFF Tracking Number: ELEC-125389748 State: Arkansas
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Comments:

Attachment:

Exhibits.pdf

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Product Name: PEL-2008
Project Name/Number: /

Review Status:

Satisfied -Name: Memo

Filed

02/15/2008

Comments:

Attachment:

Non Indication Memo.pdf

Property & Casualty Transmittal Document

<p>1. Reserved for Insurance Dept. Use Only</p>	<p>2. Insurance Department Use only</p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Electric Insurance Company	MA	057-21261		

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Adam Malo 75 Sam Fonzo Drive Beverly, MA 01915	State Filing Specialist	800-227-2757 ext 5048	978-236-5048	Adam.malo@electricinsurance.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer				

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

9. Type of Insurance (TOI)	Personal Umbrella
10. Sub-Type of Insurance (Sub-TOI)	N/A
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 04/20/08 Renewal: 04/20/08
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	12/27/07
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AR-PEL-2008
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Electric Insurance Company of Beverly, MA submits for your review, changes to our Personal Excess Liability Preferred Program. We have conducted a review of our current program and feel these changes are necessary to achieve profitable and sustainable growth in the future. Our proposed changes are based on our countrywide loss ratio.

We have also enclosed revised manual pages and exhibits showing the effect this change will have on our book of business in the state.

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]
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Check #:
Amount:

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

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



January 7, 2008

Honorable Mike Pickens
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: Electric Insurance Company (NAIC 057-21261)
Personal Excess Liability - Preferred Program Rate Filing
Our File Number: AR-PEL-08

Dear Commissioner Pickens,

Electric Insurance Company, submits for your review, a revision to our Personal Excess Liability Preferred Program. We propose to revise our base rates. The overall change will be 4.8%. Further details of our proposal can be found in the enclosed explanatory memorandum and exhibits.

If you have any questions, please feel free to contact me by phone at 1-800-227-2757 ext 5048, by fax at 978-236-5048 or by email at Adam.Malo@electricinsurance.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Adam Malo". The signature is fluid and cursive, written over a white background.

Adam Malo
State Filing Specialist

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AR-PEL-08
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a. Rate Change by Company (As Proposed)							
Company Name	Overall % Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Electric Insurance Company	4.8%	4.8%	541	47	11265	6.5%	3.5%

4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	8.10%
7.	Effective Date of last rate revision	7/6/2006
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File and Use

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state if required by state
01	Page 3, Page 4	New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/>	
02		New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/>	
03		New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/>	

ELECTRIC INSURANCE COMPANY
COUNTRYWIDE PERSONAL EXCESS LIABILITY
ACCIDENT YEAR LOSS RATIOS
AS OF DECEMBER 31 2006

Accident	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>
<u>Year</u>										
EP	2,669,069	2,975,455	3,231,457	3,417,598	3,519,625	3,976,038	4,847,458	5,427,170	5,744,154	6,076,815
OnLevel Factor	2.0278	2.0345	2.0328	2.0352	2.0367	1.8308	1.5107	1.3618	1.2722	1.1097
OnLevel EP	5,412,399	6,053,515	6,568,962	6,955,371	7,168,255	7,279,309	7,323,264	7,390,634	7,307,553	6,743,608
Reported Losses	4,004,894	4,818,325	4,878,793	3,806,076	1,788,263	3,218,274	3,885,057	7,867,977	1,413,978	2,497,002
Development Factor	1.0000	1.0000	1.0000	1.0100	1.0302	1.0560	1.0824	1.2718	1.4943	2.2687
Ultimate Losses	4,004,894	4,818,325	4,878,793	3,844,137	1,842,269	3,398,352	4,205,007	10,006,224	2,112,943	5,664,994
Loss Ratios										
Reported-to-Earned	150.0%	161.9%	151.0%	111.4%	50.8%	80.9%	80.1%	145.0%	24.6%	41.1%
Ultimate-to-OnLevel	74.0%	79.6%	74.3%	55.3%	25.7%	46.7%	57.4%	135.4%	28.9%	84.0%

Electric Insurance Company
Arkansas Personal Excess Liability Filing
Exhibit A

	Change	Distribution
Option 1 Change	4.8%	89.2%
Option 2 Change	5.0%	10.8%
Total	4.8%	

Electric Insurance Company
Arkansas Personal Excess Liability Filing
Exhibit B

	Option 1				Option 2			
	Premium Distribution	Current Rate	Proposed Rate	Change	Premium Distribution	Current Rate	Proposed Rate	Change
First Home	40.5%	68	71	4.4%	41.0%	55	58	5.5%
Additional Home	1.1%	9	10	11.1%	0.0%	7	8	14.3%
Rental Units	0.0%	14	15	7.1%	1.5%	10	11	10.0%
First Auto	32.8%	55	58	5.5%	34.2%	46	48	4.3%
Additional Auto	15.7%	23	24	4.3%	15.5%	19	20	5.3%
Watercraft Under 26 Feet	0.9%	28	29	3.6%	7.7%	23	24	4.3%
Watercraft Over 26 Feet Inboard	6.1%	68	71	4.4%	0.0%	55	58	5.5%
Sailboats	0.0%	50	53	6.0%	0.0%	42	44	4.8%
Watercraft Over 26 Feet Outboard	2.2%	87	91	4.6%	0.0%	71	75	5.6%
Owned Planes	0.0%	137	144	5.1%	0.0%	137	144	5.1%
Loss Surcharge	0.4%	Not changing		0.0%	0.0%	Not changing		0.0%
Youthful Surcharge	0.3%	Not changing		0.0%	0.0%	Not changing		0.0%
Total	100.0%			4.8%	100.0%			5.0%



Electric Insurance Company
Personal Excess Liability Preferred Program
Explanatory Memorandum

Electric Insurance Company of Beverly, MA submits for your review, changes to our Personal Excess Liability Preferred Program. We have conducted a review of our current program and feel these changes are necessary to achieve profitable and sustainable growth in the future. Our proposed changes are based on our countrywide performance, which is included with this submission.

We have also enclosed revised manual pages and exhibits showing the effect this change will have on our book of business in the state.